

THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association.*]

No. 87. NEW SERIES,
NO. 51. OCTOBER, 1873. VOL. XIX.

PART 1.—ORIGINAL ARTICLES.

The Medico-Psychological Association. The President's Address for 1873. By T. HARRINGTON TUKE, F.R.C.P.

(*Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, London, August 6th, 1873.*)

GENTLEMEN,—I must again express my deep sense of the distinction conferred upon me in my election as your President. It is a great honour to occupy a place which has been held by so many eminent men, masters in mental philosophy, distinguished in science, and in literature, taken in its wider sense, as well as in that strictly medical. I am fully conscious of inability to follow them with equal steps, but supported by some of you, whom I am privileged to call my friends, and by many other valued associates, I venture to hope that your interests will not suffer in my hands. I say this, reckoning confidently on the ready help which the less advanced among us have always received from the honoured heads of our Association; one, especially, is present to my mind, by whose friendly encouragement many probationers have been induced to put forth their powers for the advancement of mental science. Distinguished in medicine, in science, and in general literature, the Founder of our Journal, and as its Editor for many years, ever courteous, considerate, and just, no one has done more for the best and highest interests and objects of this Association, than our esteemed colleague and former President, Dr. Bucknill.

In performing this, the first of my new duties, I am not discouraged by the recollection of the wisdom and the eloquence to which you have been accustomed in the ad-

dresses of those who have preceded me in this chair, from the earliest of your Presidents, to the last in order of time; from that honoured relative of mine, at whose feet I sat when my professional life began, down to my immediate predecessor, whose masterly address on the Causes of Insanity, and as perfect in its kind, whose cordial welcome to Edinburgh we can never forget. Dr. Conolly, Dr. Browne, Dr. Thurnam, Sir James Coxe, are great names, but I am not discouraged, because nothing can be farther from me than the design to vie with them. I am here to learn rather than to teach. After not many words of my own, I shall bring before you questions which engage the attention of the public, as well as of our profession; and in the friendly encounter of conflicting opinions that will follow, thoughts may be struck out to advance the good purpose for which we meet together.

Since our last yearly meeting we have lost a friend, who, although not a member of the Society nor of our profession, had been long engaged in the work in which we are still hopefully toiling. For more than thirty years he acted as Secretary to the Commissioners in Lunacy, and afterwards as Commissioner; and during the tenure of this important office he lost his useful life in the performance of his duty. I am sure you will feel, that as your President, I am right to pay my and your tribute of respect to the memory of Mr. Lutwidge.

Our Association has this year sustained a great loss in the death of our friend and former President, Dr. Skae, a physician of considerable note, a man eminently kind and humane. In his Presidential Address he laid before you a new classification of mental disease, based upon its physical causation, which is of great practical value, evincing much power of original thought and careful study.

The public career of both these gentlemen, commencing in the year 1842, was contemporary with a grand revolution in the treatment of the insane in England. In the year 1839, Dr. Conolly, following Pinel, Esquirol, and our countrymen, Tuke and Charlesworth, had published his first yearly report. In 1840 he could tell the world that there had not been one single instance of mechanical restraint at Hanwell through the preceding year. In the next year this Society held its first meeting, and began with a resolution which had powerful influence in accomplishing the great change which Dr. Conolly was working out, and assisting him in that struggle

against the difficulties which are invariably opposed to the overthrow of long-established custom:—

“That without pledging themselves to the opinion that mechanical restraint may not be found occasionally useful in the management of the insane, the members now present have the greatest satisfaction in recording their approbation of, and in proposing their thanks to, those gentlemen who are now engaged in endeavouring to abolish its use in all cases.”

Starting with these cautious words, men of acute intellect and compassionate hearts applied themselves, not to speculate upon new methods, but to investigate, and practically to learn, and to teach that better way which has been since invariably followed. In the next year our Association became thoroughly informed of the system which had been introduced at Hanwell, and offered their co-operation to Lord Shaftesbury, already distinguished by his endeavours to better the condition of the insane. In 1845 the legislature enlarged the powers of the Commissioners in Lunacy, constituting them a permanent body. From that time the work has gone bravely on. Chains and darkness and solitary confinement have given place to comparative freedom, light, and social intercourse; every art that could minister to the mind diseased has been called into action; and *that* refuge, in which the most miserable may hope for solace, has been opened to them by the appointment of resident Chaplains in public establishments, and provision for the same purpose in Private Asylums. Close bonds knit together the duties of the divine and the general physician; but in no branch of medicine, when admissible at all, is religious consolation more necessary than in the treatment of mental depression or morbid fear; no functions can be more closely united than those which require us to firmly yet trustfully attempt to heal those that are *broken in heart, to give medicine to heal their sickness.*

This Society may honestly claim the praise of having well acted a part in the great and good work. Our progress has been as sure as might have been foretold from the caution and care with which it was begun. Very early the chiefs among us were ardent supporters of the new method, and now, when we number nearly three hundred members, and can show upon our roll the name of every eminent physician in Europe, however we may differ on details, there is not one

who doubts that the power of gentleness and kindness is universal, and not least effectual with those who, in the old times, were treated as the outcasts of humanity. The persevering labour and thought with which the great object has been pursued by this Society, are recorded in our Journal, and more than that is shown there, or our duty would have been but half done. The principle of non-restraint being established, to alleviate becomes the easier part of the physician's task, and does not belong to him exclusively. It is true that in the case of insanity, irregulars contending against the particular form of evil, without proper training, would probably find that they had entered upon a warfare without counting the cost. Wanting medical knowledge, they would not always rightly divide the rational liberty which may, from the wild freedom which may not, be safely allowed. Yet they participate with the physician in forbidding harsh restraint, and prescribing pure air; all things necessary to comfort; amusement, and unvarying kindness; but because without these nothing can be done, the outer world is disposed to believe that nothing more can be done. That is not the creed of the physician. Such treatment may sometimes cure a patient, or rather may permit him to recover; but if it were regarded as all-sufficient, there would be but few cures. The special aim of the physician is to heal disease, not merely to care for the incurable. The most diligent heed to one duty will not excuse neglect of the other. Let our Journal bear witness that this Society has neglected neither. It teems with new remedies, and new combinations of those that are old. During the last ten years many drugs have been added to the pharmacopœia, and the experience of every year adds to our knowledge of their efficacy.

I speak of therapeutics in its higher sense. The indiscriminate administration of medicine is useless. Medical treatment is only valuable, when based upon sound reasoning, conjoined with prolonged experience.

At an early period, the Board of Lunacy included medical treatment in their supervision. They asked for general reports, and afterwards they enquired into the particular employment of water as one of the means of cure. From that time they have discontinued to specially notice medical treatment. We find a legal member of their board declaring before a Committee of the House of Commons, that their duty is limited to the prevention of illegal confinement, superintendence of restraint, lodging, and the like. To physicians,

this seeming indifference to medical treatment has naturally been surprising; and, in truth, our special functions seem not to be very highly esteemed, since the Chairman of the Board has pronounced that any sensible man is as good a judge of insanity as a doctor. While altogether differing from this opinion, we must acknowledge that Lord Shaftesbury and the Board have done well and wisely all that they have done, and perhaps not less in what they have forborne to do, leaving medicine and the medicinal art to our care. It might be shown that we have proved ourselves worthy of confidence, and that the trust has not been exercised carelessly, but it is unnecessary. I need not detain you with proof, it will be enough to resolve that we will perpetuate this Society, still united together to discover new remedies, and to improve modes of treatment for the better prevention and cure of mental disease.

And now it remains for me to lay before you the subjects for discussion to which I have alluded, and which I will mention in the order in which it may be convenient to consider them.

1.—Is medicine, in its narrow sense, of paramount importance in the treatment of mental disease?

2.—The increase of insanity in England.

3.—Can the present system of treating the insane be improved?

1.—If medicinal science be anything more than a name, it is hard to understand how the first question can be answered otherwise than in the affirmative. Let me remind you of the eloquent words of Dr. Browne, delivered in the course of his address from this chair, in 1866; and no one could speak from greater experience, or knowledge of the subject:—

“Such a view does not exclude enlightened therapeutical treatment; it enhances its value, and gives not only a wider scope, but a more precise and intelligible aim in its employment. If our knowledge of the physical changes upon which the different forms of alienation depend was more extensive and sound, the limits and effects of remedies might be as much relied upon as in other maladies; but, even in the present state of our science, when treatment is founded and judiciously conducted on the principle of restoring to health the organization generally with which mind is connected, and upon the normal state of which its soundness depends, success attends the attempt in a large number of cases.”

With these views I entirely concur, and I think it most important that on the subject of the value of therapeutics in the treatment of insanity, this Association should pronounce

no uncertain opinion. A cloud of scepticism has appeared in the horizon of modern science, has darkened medicine, and would, if it could, obscure still higher truths. I am proud to preside over a Society in which the practical work and earnest writing of the majority of its members, shew that they are true to their faith as physicians, and can trust in the resources of their art with confident hope in their still further development.

To name the workers in the great field of therapeutical enquiry is really to nominate almost all those I see around me. We may expect to hear from Dr. Macintosh his further experience in the use of the hypodermic injection of morphia; from Dr. Clouston and Dr. S. D. Williams their views as to the action of the Bromides and their combinations; Dr. Lockhart Robertson, ever interested in medicine, can speak to us of the use of digitalis, and the value of the Turkish bath; the action of conium, of nitrous oxide gas, of the continued galvanic current, has been investigated by Dr. Burman, Dr. Mitchell, and Dr. Newth. Within the last few days, Dr. Crichton Browne, already known for his successful application of the Calabar bean and ergot of rye, has given an able contribution to medical literature, and added a new remedy to our list, by his discovery of the value of nitrite of amyI in the treatment of epilepsy. The paper is published in the last number of the *West Riding Asylum Reports*.

From these gentlemen we may hope to learn much, and from other members of the Association we may hear the result of their individual experience. As physicians, we have no higher aim than the relief of disease; as members of this Association, I believe we can not better employ our meetings than in discussing the means and agencies by which such relief can be accomplished.

One of the most important questions that can engage the attention of the physician practising in one branch of medicine—one, indeed of momentous consequence to the community—is the alleged increase of insanity; is it possible that, despite our exertions, the disease, which it is the business of our lives to subdue, is gradually gaining upon us? Very opposite opinions are held upon this subject, and in some very able papers in the "*Journal of Mental Science*" Dr. Lockhart Robertson has exhausted all that can be said, has adduced all that can be brought forward in advocacy of the hopeful view that the statistical returns lead to a fallacious conclusion, and that insanity has not increased in any undue

proportion. I regret to say that the elaborate annual reports of the Commissioners in Lunacy, and the inference to be drawn from them, seem to me to unanswerably demonstrate the reverse. The subject naturally attracts much public attention; it is one well worthy of our most careful consideration.

In 1861 the Commissioners in Lunacy reported that they have no reason to believe that insanity is increasing, of course admitting that the absolute number of the insane was larger. They ascribe that to improved registration; wide recognition of the advantages of asylums, and to other causes, which have obvious weight. I am not aware that they have since expressed any opinion, but the materials to form a judgment upon the subject are amply afforded in their valuable annual reports. In the report for 1872 the Commissioners have given the table now before you.

TABLE II.—The Ratio per 1,000 of the Total Number of Lunatics, Idiots, and Persons of Unsound Mind, to the Population, in each year from 1859-1873, both inclusive.

| YEAR. | Population. | Total Number of Lunatics, Idiots, &c., on 1st January. | Ratio per 1,000 to the Population. |
|------------|-------------|--|------------------------------------|
| 1859 | 19,686,701 | 36,762 | 1·86 |
| 1860 | 19,902,713 | 38,058 | 1·91 |
| 1861 | 20,119,314 | 39,647 | 1·97 |
| 1862 | 20,336,467 | 41,129 | 2·02 |
| 1863 | 20,554,137 | 43,118 | 2·09 |
| 1864 | 20,772,308 | 44,795 | 2·15 |
| 1865 | 20,990,646 | 45,950 | 2·18 |
| 1866 | 21,210,020 | 47,648 | 2·24 |
| 1867 | 21,429,508 | 49,086 | 2·29 |
| 1868 | 21,649,377 | 51,000 | 2·35 |
| 1869 | 21,869,607 | 53,177 | 2·43 |
| 1870 | 22,090,163 | 54,713 | 2·47 |
| 1871 | 22,712,266 | 56,755 | 2·49 |
| 1872 | 23,074,600 | 58,640 | 2·54 |
| 1873 | 23,356,414 | 60,296 | 2·58 |

It will be seen from this return that in the ten years ending in June, 1873, there has been an absolute increase of the insane from 43,118 to 60,296, in other words, the number of the insane upon the register of the Commissioners is each year increased by 2,000. That there is a much greater increase than is commensurate with the growth of the population is shown by the ratio of the insane to the sane having increased from 1·86 per thousand to 2·58.

The Commissioners, in their report, have compared the aggregate number of the insane with the entire population. In the following table, to which I am mainly indebted to the kind courtesy of Dr. Farr, our most eminent statistician, the increase of insanity is more strikingly shown by dividing the population into groups of those below twenty, those of middle life, and of advanced age.

TABLE shewing the number of insane in each year from 1861 to 1871, the ratio per 1,000 of the population at different ages.

| DATE. | Ratio of Insane per 1,000 of population. | Ratio per 1000, from 20 to 60. | Ratio per 1,000 from 20 to 60 and upwards. |
|------------|--|--------------------------------|--|
| 1861 | 1·97 | 4·1 | 3·6 |
| 1862 | 2·02 | 4·3 | 3·7 |
| 1863 | 2·09 | 4·4 | 3·8 |
| 1864 | 2·15 | 4·5 | 3·9 |
| 1865 | 2·18 | 4·6 | 4·0 |
| 1866 | 2·24 | 4·7 | 4·1 |
| 1867 | 2·29 | 4·8 | 4·2 |
| 1868 | 2·35 | 4·9 | 4·3 |
| 1869 | 2·43 | 5·1 | 4·4 |
| 1870 | 2·47 | 5·2 | 4·5 |
| 1871 | 2·49 | 5·3 | 4·6 |

Mental alienation being most frequent in its occurrence between the ages of 20 and 60, excluding children and the aged, in figures counted by millions, will make a very great difference in the gross returns, but does not affect the rate of increase. It will be seen at once that the ratio of the insane to the sane, in the adult population, has increased during ten years from 4·1 to 5·3 per thousand, an increase of more than 20 per cent.

In the first column the ratio per 1,000 of the insane is given in reference to the whole population; the second is the ratio of the insane in the age between 20 and 60—it is to this I have specially drawn your attention.

These figures would appear to prove that a great wave of insanity is slowly advancing, but making each year a definite progress; further examination may show that the danger it presages is more apparent than real, but it is incumbent upon us to examine it carefully, to study well the laws by which it is formed and directed, and to carry boldly against this sea of trouble all the arms of science and medicine, all the arts of prevention and cure.

Various reasons have been suggested to explain this increase, supposing it to be such, and some of these it may be useful to consider.

It has been thought that the congregation of large bodies of men in towns and cities, the confinement arising from the nature of their toil, and the restriction of their space, has given us a degenerate population, subject to mental disease; but this is not altogether so, such causes would induce idiocy in children, and diminish the average duration of human life, but would not necessarily induce insanity in men of mature years; moreover, it is by no means certain that the inhabitants of the crowded city are more prone to mental disorders than the inhabitants of agricultural districts.

The emigration of the adult population, which has been steadily increasing during the last half century, may also have had some influence upon these returns, but it cannot be a great one; if emigration takes to other and kindred shores some of the finest of our peasantry, the best of our workmen, it also fortunately tempts the unstable, the enthusiastic, the adventurous, the disappointed, who, perhaps, remaining here, fretful and despairing, would have swollen the number of the insane.

The hypothesis has been advanced, that the progress of civilization, and the spread of education among the masses, have with a greater activity of brain produced a corresponding increase of nervous exhaustion and disease. This is a melancholy theory; it would unsettle our belief in the onward progress of mankind, it would shake the very foundation of our faith. Such a theory receives no support from statistics; if intellectual training and mental exertion were causes of insanity, then it should be more frequent in those ranks in which during the last half-century, the mental powers have been so much more cultivated and exercised. The statistics of lunacy show that the increase of insanity has been amongst the poorer classes

only. The Commissioners in their eighth table state the percentage of poor lunatics to the total number of the poor to be 3.66 per thousand, in 1859, but the large proportion of 5.98 per thousand in 1873, or nearly double in 15 years.

This increase has been notably great during the last two years. I fear the explanation is to be found in higher wages, and the consequent means of undue indulgence. But there is another aspect to this view. It may be that the inexorable laws of supply and demand, while giving more than due wages to some of the working class, plunge others into dire distress. The knowledge of this can only add to our tender pity for the insane poor. That poverty and the absence of mental training have much to do with the production of insanity is shewn by the return of the Commissioners in Lunacy for Ireland. From 1846 to 1861 there was an increase of *one-third* in the number of the insane in this part of Great Britain, the population by emigration and other causes having diminished during the same period by nearly three millions!

The Chief Commissioner for Scotland, in his presidential address last year, spoke well and wisely in counselling that this state of things should be met, not by "increasing our asylums," not by "waiting till insanity is produced," but by "arresting its progress and stepping in before the mischief is accomplished."

This is, perhaps, the business of the state rather than ours, but we can at least help, by shewing that only "dull fools suppose" that education can be instrumental in the increase of brain disorder. On the contrary, it will prove the chief means of its prevention, if by education is understood the training that teaches the control of the passions and the emotions, the careful exercise of reasoning power, and calm trust and belief in the One sure Guide, our *present help in trouble*.

In order to examine whether the treatment of the insane, apart from therapeutics and the so-called non-restraint system, can be still further improved, it is essential to consider the present methods of treatment and their results. As in a great majority of cases separation from home and its associations is unavoidable, the law recognizes for their safe care and detention seven various forms of institutions; in the case of the rich, who can command treatment at home, there is no legal provision.

The following table, taken from the same valuable reports of the Commissioners as the former one, gives the numbers in each class of institutions, and the percentage of cures in them:—

TABLE showing the Proportion of stated Recoveries to the Admissions in each Year.

| | Number of stated Recoveries to 100 Admissions. | | | | | | | | | | | | | Averages. | |
|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-------|
| | 1859. | 1860. | 1861. | 1862. | 1863. | 1864. | 1865. | 1866. | 1867. | 1868. | 1869. | 1870. | 1871. | | 1872. |
| County and Borough Asylums ... | 34.04 | 30.65 | 35.42 | 39.28 | 36.93 | 37.11 | 33.88 | 35.71 | 36.19 | 36.10 | 35.72 | 36.36 | 33.78 | 38.35 | 35.68 |
| Registered Hospitals ... | 46.65 | 35.99 | 43.23 | 37.71 | 39.95 | 36.10 | 37.24 | 48.70 | 37.67 | 36.72 | 36.74 | 40.09 | 37.20 | 30.98 | 38.91 |
| Metropolitan Licensed Houses ... | 32.04 | 30.79 | 28.29 | 29.85 | 32.01 | 30.93 | 23.04 | 23.75 | 21.24 | 24.05 | 24.24 | 21.83 | 26.94 | 20.83 | 26.41 |
| Provincial Licensed Houses ... | 39.33 | 33.56 | 31.70 | 32.32 | 33.07 | 29.52 | 24.49 | 33.95 | 34.11 | 28.62 | 29.88 | 29.26 | 32.55 | 27.15 | 31.39 |
| Naval and Military Hospitals, and Royal India Asylum ... | 25.22 | 23.13 | 18.16 | 21.12 | 17.94 | 19.56 | 16.94 | 5.26 | 22.33 | 15.28 | 31.82 | 17.98 | 30.37 | 40.56 | 21.83 |
| Criminal Asylum ... | ... | ... | ... | ... | 1.01 | 8.07 | 7.41 | 13.95 | 9.33 | 4.21 | 18.75 | 32.25 | 22.07 | 17.64 | 12.96 |
| Private Single Patients ... | 15.63 | 4.00 | 5.88 | 13.11 | 9.52 | 8.77 | 9.64 | 12.50 | 6.34 | 8.09 | 10.06 | 8.22 | 10.10 | 11.25 | 9.15 |
| Proportion per cent. of the aggregate Number of Re- coveries to the aggregate Number of Admissions ... | 35.12 | 31.06 | 34.11 | 36.81 | 35.34 | 34.37 | 31.56 | 34.22 | 33.68 | 33.06 | 33.95 | 34.14 | 33.01 | 34.87 | 33.95 |

Although it would be unwise to give undue weight to minor statistics, these figures involve large numbers, and include many years; in the absence of any other indication it may be as well to take them for what they are worth; even if imperfect, they are at least some measure of the success or failure of the methods in question, in relation to the great object, the cure of the insane.

First as to the county asylums, the table shews us that during ten years the average percentage of the cured, calculated upon the admissions, was about 35, and in the registered hospitals 38. As there is a higher class of patients in the latter, this is further proof, if such were needed, how surely linked together are poverty and insanity. The fact that the cures in these institutions are nearly equal speaks well for the management of the former.

I shall not enter into the details of the methods by which these large asylums may be improved; they are still in a transition state, and the boarding out of selected cases, of building pavilions, of a more extended intercourse between the sexes are all questions under consideration. Admitting that the first cost of some of these asylums has been too great, and has unduly pressed upon the ratepayer, the present expenditure is very carefully regulated, and in some institutions the result has been all that could be desired. It must, however, be remarked that the exact figures which are to be found in the Commissioners' reports, show that there is a very great variance in the ratio of cures in different asylums. Why is it that the average rate of cure in all should be only 35 per cent., while in one asylum 55 per cent. are cured, and in another the rate of cure sinks down to only 28 in the hundred?

Let there be no Gheel colonies, no material change in a system that at its best is so successful; but it will be well to explain the variance referred to, to take measures to improve those asylums which fall so far behind the rest. If the rate of cure in all public asylums were more nearly equal, the difficulty as to the increase of the insane would be removed, cures of fifty-five per cent., or even forty-five, would soon palpably diminish the number, that now assumes so formidable an aspect. As to private asylums, the table before us does not give the proper means to judge the question of their usefulness; the result as given is obtained by grouping together a number of large and small asylums, some not under the charge of medical practitioners at all, others con-

taining large numbers of the poor; and no one could form a correct judgment upon such data.

More careful classification of private asylums would lead to a very different conclusion, and certainly it must be conceded that the report of the Commissioners appears to prove that the progress of insanity in the upper classes has received a material check. It should be remembered that comparing the results as to cure in public and private asylums, is hardly fair to the latter. To the poor the asylum is a welcome refuge; they have skilled medical attendance, kind treatment, and in the best asylums in a great proportion of cases a certainty of cure. In the higher ranks of society the asylum is as much as possible avoided, and the object of the physician is to cure the patient without resorting to this the last measure. In the present state of public opinion, the physician is frequently right; but I confess I have grieved to see prejudice interfering with and delaying proper treatment, and valuable time lost, and I certainly agree with Lord Shaftesbury in his emphatic declaration given in the report of the Select Committee of the House of Commons, in 1859. His lordship says:—

From the bottom of my heart, I would advise anybody, if it should please Providence to afflict any member of his family, to send him or her to a private asylum; if my own wife or daughter were so afflicted, and I could not keep her in my own house, under my own eye, I would send her to a private asylum—a good private asylum.

Lord Shaftesbury goes on to state as his reason “that there are some most remarkable examples of excellence and comfort among them.” And this shows, as I believe, that the private asylums, like the public ones, vary in their mode of treatment and in their rate of cure.

That the decrease in the number of the insane of the higher ranks is not due to their being sent away from home into other houses than asylums is fully shewn by the returns of the Commissioners; less than one in ten of such cases the Commissioners register as recovered.

The diminution in the number of the insane of the upper classes is due, I believe, to the improved knowledge of the disease amongst the medical profession; hence arise an earlier recognition of the malady, and a quicker application of remedies. These, moreover, have recently been much increased in number, and their action and those of the older ones more studied and better understood.

Sanitary Science, too, has achieved much; the muscular training of our youth, now so universal, has done great good; again, our country during the last decade has had a happy immunity from those disturbing influences that act as banefully upon the intellectual powers of a nation as upon individuals, and the wider spread of education has not only trained the mind to fight against imaginary evils, but to bear patiently those that are real and unavoidable.

It only remains for me to ask your opinion upon the subjects I have named; it is impossible that in this large meeting of the most eminent of our profession but that something may be struck out to advance the interests we have so much at heart, and that which I may elicit from you will recompense for those deficiencies in my own address of which I am so conscious. I sincerely thank you for your kind attention, and again must express my gratitude for the honour you have done me in my election as your President.

The Morisonian Lectures on Insanity for 1873. By the late DAVID SKAE, M.D., F.R.C.S.E., Physician Superintendent of the Royal Edinburgh Asylum, &c., &c. Edited by T. S. CLOUSTON, M.D.

I take this my first public opportunity of thanking the Patron of the Morisonian Lectureship on Insanity, for the honour of nominating me to the appointment of lecturer. Permit me also to say that I feel very highly gratified and honoured in addressing the Fellows of the Royal College of Physicians in their own hall. This gratification is, however, alloyed with a very strong conviction of my inability to do justice to my subject or myself in this course of lectures. It would be absurd in me to give to you a systematic course of lectures upon insanity, the subject being one with which you are all, as physicians, more or less familiar. The duty devolving upon me is, I presume, that of giving you any special opinions I may have formed from my point of view, and from my long-continued and very large opportunities of observation.

This I shall have much pleasure in attempting, although it will lead me necessarily to repeat myself to a certain extent, as I have already published on most of the subjects which will pass under review. I shall endeavour to avoid repetition as much as possible, and I trust you will bear with me, while I endeavour to explain how far these opinions

.