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## OFFICIAL REPORT.

### ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS, &c.

THE stated annual meeting of the association was held at Reynolds's Hotel, Sackville Street, Dublin, on Thursday, the 15th of August, 1861. The members present were as follows :

Dr. Lalor, Richmond Asylum, Dublin, President ; Dr. Bucknill, Devon, ex-President ; Dr. Power, Cork ; Dr. R. Stewart, Belfast ; Dr. McCullough, Abergavenny ; Dr. Gilchrist, Dumfries ; Dr. Burton, Maryborough ; Dr. Delany, Kilkenny ; R. H. Sankey, Esq., Oxford ; Dr. Corbet, Dundrum ; Dr. Flynn, Clonmel ; Dr. Boisragon, Birmingham ; Dr. MacMunn, Sligo ; Dr. Wing, Northampton ; Dr. Thurnam, Wilts ; Dr. Duffey, Dublin ; Dr. Duke, Donnybrook ; Dr. John Eustace, jun., Glasnevin ; Mr. McKinstry, Armagh ; W. S. Stanley, Esq., Rathfarnham ; Dr. H. H. Stewart, Lucan.

Dr. Bucknill, the retiring President, having taken the chair, and Dr. R. Stewart, Belfast, having been requested to act as secretary to the meeting, in the absence of Dr. Robertson, the general secretary, Dr. Bucknill said :

#### DR. BUCKNILL'S *Valedictory Address.*

GENTLEMEN,—Before I vacate the honorable position in which you have placed me, I must request your indulgence while I call your attention to some of the occurrences of the past year which interest us most deeply. And, first, I have to remark on the lunacy legislation, or rather the non-legislation of the year. At our last annual meeting we were led to expect that before the circle of months had rolled round, new and important laws, deeply affecting our own interests and those of our patients, would be sanctioned by the legislature. An influential parliamentary committee, containing

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no fewer than three ex-secretaries of the Home Department, had been occupied for two years in an exhaustive investigation of all matters relating to the insane, and it was considered that the labours of this committee concluded, and its blue-book in the hands of our law-makers, the promise of the latter to introduce a comprehensive scheme of Lunacy Law reform would be redeemed. It will scarcely, however, be needful to inform you that no attempt has actually been made to redeem this promise. I shall not venture to divine to what we may attribute this result; whether to the fact that the urgency of reform did not appear so needful as the general public had at one time supposed—whether upon investigation, the present law, both in its spirit and its administration, was not found to be passably good—or whether the difficulties of amendment, and of procuring for the insane new benefits without counter-vailing evil, did not seem too great, I shall not attempt to decide. This at least, however, must be apparent to those who have carefully watched the progress of the inquiry, and the schemes of reform which have successively arisen and been forgotten, that the outcry, which three years ago was made by the newspaper press against almost everybody and everything connected with the insane, was, as might have been expected, as evanescent as it was senseless. The accusations of wrongful imprisonments in asylums preferred by a small number of half-and-half lunatics, respecting whom reasonable men will differ as to whether the greater mistake was to admit them into asylums or to set them free—these accusations are now tolerably well estimated at what they are worth. And I think it a very noteworthy result of the late inquiry, that whereas it was heralded by various schemes to put a drag upon the admission of alleged lunatics into asylums, the current of public opinion appears now to have completely changed, and the tendency of future legislation may be expected rather to remove than to increase any obstacles to the early and curative treatment of the insane. It has been proved by the parliamentary inquiry that the danger to the liberty of the subject, involved in the supposed possibility of entrapping sane people into lunatic asylums, is, at least in present times, a mere delusion, an idol of the market entwined around the understanding of the public from the asylum associations of the past; while, on the other hand, the danger of preventing proper care and treatment being extended to the insane during the early period while their malady is curable is a real and urgent danger, fraught with ever-present evil. This opinion has, indeed, become developed so far that I have heard men of great experience and authority in these matters declare their earnest wish that, in public asylums at least, all the impediments and formalities of law should be swept away from the path of the patient's admission, and that the lunatic should be regarded, as to his admission into the asylum, exactly in the same light as another

person suffering from bodily disease is regarded in his admission into a general hospital. I only mention this in order to show the tendency of opinion among instructed and thoughtful men, and do not wish you to think that I concur in it; for I cannot as yet bring my mind to recognise the similarity of the cases of the man who goes to a general hospital with his free consent, and the man who is taken to an asylum without his consent. I believe, however, that the above opinion expresses the tendency of opinion at the present time, and that in any future legislation we may at least expect that the legal formalities in providing early care and treatment for the insane, if they are not diminished, will at least not be augmented. But if the path is left smooth for the admission of patients into asylums, I think we may expect that in the new law, when it comes, some additional provisions will be made for the examination into the state of mind of patients at different periods of their detention. Although early care and treatment in an asylum is undoubtedly one of the greatest boons which can be conferred upon a lunatic, it does not follow that continued detention is equally desirable; and indeed, after the early and curable stage has passed by without the desired restoration to mental health having taken place, it may well be, and indeed ought to be, an ever-present question to what degree, and for what time, it is desirable to interfere with the personal liberty. Speaking only of public asylums, and especially of public asylums for the poorer classes, I think we shall feel some difficulty in putting from our shoulders the imputation made by the Commissioners in Lunacy for Scotland, in their last report, that we are apt to detain uncured patients in our asylums as a matter of routine, and simply because they are not cured. The routine, no doubt, arises from our not knowing where to place uncured patients under circumstances, I will not say favorable, but such as would not be absolutely adverse and injurious to them. Still I think it is incumbent upon us to seek for and, if possible, to provide some condition of circumstances into which we may transmit the harmless and easily manageable mental cripples of our hospitable treatment; and, as it appears to me, the necessity for this in England is very likely to be forced upon us by an act of legislature, which has attracted less of our attention than it deserves,—I mean that part of the new settlement law which will make a pauper lunatic in an asylum chargeable upon the common fund of the union, instead of upon the rates of his own parish. It requires small prophetic powers to foretell that this change will increase the pressure for admission into the already over-crowded asylums, to an extent which will render it more than ever needful for us to solve, if possible, the question of finding suitable provision for patients selected by ourselves as fit for residence out of an asylum.

And this leads me to refer to a question which has recently been

much and worthily agitated, namely, the suitability of cottage treatment for the insane. We have heard of late a great deal about the colony of Gheel, but yet, as I think, we have not heard enough. We have heard the statements of its advocates and its adversaries, but I should not know where to turn for an impartial description, founded upon a complete and recent examination, and which, neither extenuating nor exaggerating the actualities and the possibilities of the system, would enable us to form a sound, unbiassed judgment upon the extent to which this system may be made available for our own purposes.

I have recently had the pleasure of forming the acquaintance of a gentleman who, devoting his life to the investigation of the condition of the insane, has visited the asylums, not of one country only, but of all the countries of the continent, with the exception of Spain, and who, after a residence of three months at Gheel, has become the uncompromising advocate of its system, in opposition to what he considers the needless and irrational seclusion of the insane in our strong houses of detention. Now, although I do not consider M. Mundy by any means an unprejudiced judge, and although I resist his conclusions, so hostile to the asylum system which we practise, I should be very unwilling to neglect any instruction which we may derive from this most diligent investigator, in so far at least that I earnestly desire to pick out and use the kernel of good, if there be any, from the system of which at least he is the zealous and undoubtedly the disinterested apostle.

I would, therefore, beg to suggest to the Association that we should appoint a committee to visit Gheel, and thoroughly to investigate its present condition; and it will not be enough for our purpose merely to follow in the steps of most of the visitors of Gheel, and be satisfied with seeing what we may consider the show patients—those quiet and harmless “daft” folk, who wander at large through the streets of the town; for we do not need to be told that harmless lunatics may wander through town and country, since fifty years ago they did this through the length and breadth of our own land. We must see all the patients; those who, for one reason or another, are still adorned with chains; those who are of dirty habits, and those who are sunken in melancholy; and we must attempt to discover, not so much what utmost amount of liberty it is possible to give to the insane, as what amount of care and treatment it is possible for them to receive in the cottages of peasants placed for this purpose under medical inspection. Should you think fit to adopt my suggestion, and appoint a committee to visit and report upon the condition of Gheel, I am sure M. Mundy would feel happy to accept an invitation to accompany the committee, and that he would afford us valuable services in so doing. My esteemed friend, Dr. Browne, one of the Scotch Commissioners in Lunacy, would

also, I know, gladly afford us the pleasure and the profit which we should derive from his being associated with us; and I may also say that the Hon. Francis Scott, who has done good service to the insane in England by his strenuous and successful efforts to prevent the perpetration of another mammoth asylum blunder in the County of Surrey, would also gladly consent to be of our party. Both Dr. Browne and Mr. Scott are deeply interested in the Gheel question, on account of the very practical and important consideration of the hints it may be possible to derive from it in the construction and arrangement of new asylums; and for my own part, I think it very possible that although we may come back from Gheel more than ever convinced that an asylum is a needful instrument in the care and treatment of the insane, yet that it may give us confidence in the modern heresy in routine asylum architecture, which I know not how better to designate than the separate block system. Although we may, perhaps, not be persuaded that it is good to scatter lunatics over the face of the country, it is very possible that we may be convinced that it is better to scatter them over a large asylum area.

When the coming consolidated Lunacy Bill really comes, there is one question very personal to many of us, on which I beg to suggest the exertion of your utmost personal influence. It is that the bill may contain provisions for the retiring pensions of superintendents of asylums, granted in such a manner as may not be derogatory to our professional position, and of such amount as may not be inadequate to our public claims. This is an old subject, though a near one, and I have no intent to attempt to please by its three-fold repetition; but I must remind you of circumstances which have arisen during the year, which mark pointedly the importance for us that our retiring pensions, at whatever rate they may be fixed, may be made a rightful claim, and not left an act of grace. I have to remind you that the magistrates of the County of Cornwall have, during the past year, granted a retiring pension to a gentleman who has been the superintendent of their asylum; and that after the grant had been made, the boards of guardians throughout the county took it upon themselves to petition and expostulate against that which they designated a reckless and extravagant expenditure of the public funds. The cry of the guardians was taken up and re-echoed by the editors of newspapers. The personal appearance and manners of the gentleman to whom the pension was granted were commented upon most offensively. Politicians took up the cry, and members of parliament who were magistrates were threatened with pains and penalties upon the next hustings. So that it may emphatically be said, that the insults and annoyances to which the asylum officer was subjected were such as would make most of us dread to ask for a pension after any amount of services, if it would subject us

to the like. They were also such as will undoubtedly influence magistrates in other counties to our prejudice; for it is not in human nature that a body of gentlemen should willingly draw down upon themselves such a storm of anger and spite as that with which the guardians of Cornwall favoured the magistrates who voted the act of parliament pension to the late superintendent of the Cornwall asylum. It needs no words of mine to show the peculiar claims of the superintendents of asylums to retiring pensions after long service. The physician in ordinary practice can work on comfortably at a time of life when the superintendent of an asylum is well used up. He, moreover, has the opportunity of accumulating property from the savings of his professional income, which it is impossible to compass from the modest salary of an asylum appointment. Moreover, the income of the general physician increases as his reputation extends, so that golden showers of well-deserved fees fall upon his gray hairs. But the asylum physician, in the full maturity of his experience, can enjoy scarcely more than the modest income which he perhaps has just seen granted to the youngest of his assistants, who may recently have received an appointment similar to his own. These asylum appointments, indeed, are good things enough to young men just entering the profession, affording as they do a few hundreds a year, sufficient to begin life upon; but they are poor things to end life upon; and if the young practitioner may sometimes have reason to envy the young superintendent, let him wait and work for a few years, and in all probability he will see the tables turned. There is nothing to compensate the medical man who has grown old in asylum work except the retiring pension, and this after a certain length of service we ought to be enabled by the legislature to claim as a right, and not merely to hope for on the humiliating condition that our services and their reward will be submitted to the indirect control of boards of guardians, whose general treatment of our profession I need not comment upon.

There is another subject upon which I regret to feel that there is a necessity for speaking; one which at the present time very properly engages the attention of the central authorities, and which deserves to receive our own most earnest consideration. I allude to the injuries received by patients in asylums, injuries which in some recent instances have proved fatal, and have been the subject of prosecutions of attendants by whom they were supposed to have been inflicted. It would be very unreasonable to expect that the 30,000 known cases of insanity in this country could be managed on any system or in any manner which would entirely, and on all occasions, exempt them from injury. It is not in the nature of things that such a result of care and skill should be attainable. But this consideration does not remove from our shoulders the unquestionable and onerous responsibility of adopting every possible means to prevent the occurrence of acci-

dents and injuries to the helpless beings who are placed under our charge. Not only do the common feelings of humanity instigate the medical officers of asylums to prevent these occurrences by every means in their power, but motives of self-interest must also urge them to exert themselves in this matter; for however blameless the conduct of the medical officer may be, there can be no doubt that the indiscriminating judgment of the public will always attribute a share of culpability to those who are placed in immediate authority over those who have the immediate and personal charge of the patients. Apart from the feeling of this readiness to attribute blame to superintendents for all that may go wrong in asylums, there can be no possible motive on the part of superintendents either to conceal or to extenuate any harsh or cruel conduct on the part of the attendants. Feelings of humanity and of self-interest, would, on the other hand, urge them to be the foremost to prosecute the evil-doers, and I trust that every one of us will always be found most ready to do so. But prevention is better than retribution; and I shall not, I think, unprofitably occupy a few minutes of your time in directing your attention to what I consider the preventible causes of injuries inflicted by attendants upon patients. The first and most potent of these I certainly consider to be the insufficient number of attendants with which we consent to work our asylums on the non-restraint system. If you will take the trouble to refer to the works of the early advocates of this system, and especially to those of our illustrious colleague, Dr. Conolly, to whose exertions we really owe its existence as an established system, you will everywhere find it laid down as an essential part of the system that there should be an abundant supply of attendants—a supply so abundant that the very show of their overwhelming force would, in most cases, be sufficient to overcome the resistance of refractory patients, or at least to overcome with facility, by force of numbers, the resistance of patients whose violence was not to be restrained by mental impressions. If a refractory patient was to be secluded, it was laid down that he must be surrounded by a number of attendants sufficient to prevent a personal conflict. Any one who has seen a stalwart navigator in the hands of half a dozen policemen must know how helpless one man is in his resistance against numbers. But I will ask with what fidelity is this system of non-restraint carried out in the present day? Has it not practically been surrendered under the gripe of the demand for economical management? At the call of economists, we practically manage our asylums with the smallest number of attendants possible—a number just sufficient for the ordinary and fair-weather work of the asylum, but quite inadequate to meet the emergencies that are certain to occur; so that, where in these emergencies there ought to be four or five attendants, there are only one or two, who are sometimes less than a

match in personal strength for the fierce, reckless, and irresponsible madman with whom they have to contend. I say that the management of asylums at a cheap rate, which is more and more pressed upon us by local authorities, is in this, among other matters almost equally important, inconsistent with the principles of the non-restraint system, and that these violences and injuries to patients are the indications of our failure to mingle the oil and water of economy and efficiency.

As well might we expect freedom from accidents on a railway where law expenses and lavish engineering have reduced the directors to the necessity of employing half the needful number of pointsmen and signalmen, as to expect freedom from accidents in an asylum where there is a poor attempt to compensate for architectural extravagance by a parsimonious provision of personal attendance upon the inmates.

And let us not deceive ourselves as to what an attendant upon the insane really is. He is certainly not an artizan, or gardener, or labourer, who eats and sleeps in the wards, and takes a gang of patients great or small with him to help in his daily labour. I have recently had this fact brought prominently under my own notice in the following manner. The Commissioners in Lunacy, in a visit to my asylum this summer, asked the following question in each ward, "How many attendants are there *here*?" and in writing their report, their statement of the proportion of attendants to patients was by no means satisfactory, and one which took me by surprise, seeing that I had always counted as attendants men who were occupied in workshops and out of doors. But on reflection I saw that the Commissioners were perfectly right, and that no one ought to be considered as an attendant whose time was not mainly, if not wholly, devoted to attendance upon the patients.

Another cause of injuries to patients, on which I cannot be silent, is, as I believe, the intemperance of attendants. I do not believe that injuries are often inflicted by intentional blows or direct violence; they are, as I believe, far more frequently the result of struggles resulting in heavy falls, the patient losing his balance, and being tripped and falling on his back, with the attendants upon him, in such a manner as to break many of the ribs without external bruises—a peculiar form of injury, of which we have recently had painful record. Whenever ribs are broken by blows or kicks, we know that there must be external bruises to correspond; but such bruises have been absent in the cases to which I refer, and I think you will agree with me that such injuries are far more likely to have occurred in consequence of one heavy man falling upon another, and perhaps also, as I have heard it said, by brutal attempts to keep the fallen man down by kneeling upon his chest. This is the kind of struggle in which intoxicated men engage. The direct blow



of a drunken man is comparatively innocuous; but his brute weight is even more hurtful than when he is sober, and has the sense to break the force of a fall. Now, I wish only to speak of my own experience on the question of drunkenness in attendants; and what I have to say is this, that it is my conviction, derived from that experience, that a man who at any time drinks more than is consistent with perfect sobriety is utterly unfit to have the personal charge of the insane. Different classes of society have their different vices, and without doubt the peculiar vice of the class from which we draw our attendants is that of drunkenness; so that it becomes no easy matter to maintain a staff of attendants who are habitually sober. Sober men are at a premium, and even in the peasant class can find no great difficulty in "bettering themselves," as it is said; still, as I say, sober men must be had in an asylum, must be had at any cost or any trouble, and I am proud to believe in my own asylum at the present time that there is not one attendant or servant who is not habitually sober. I confess to having had experience to the contrary; but I now make it a rule to dismiss an attendant for the very first act of intemperance in drink that comes to my knowledge, whether the culprit be on duty or not; and the increased feeling of security to the patients, and comfort to myself, is greater than I can well find words to express. I do not forget, however, in making these remarks, that I reside in an agricultural district, and that it is not difficult to find recruits for my staff of attendants from the hardy-nurtured sons of toil. But in the large metropolitan asylums this facility does not exist. There in the immediate neighbourhood of the great mart of labour, it is no doubt very difficult to obtain the services of untried men; and the tried men whose services are available are too often those who have been tried and found wanting elsewhere. And this disadvantage, under which the metropolitan asylums labour, leads me to comment upon another of their disadvantages, which it seems probable may have contributed its share to the fact that most of these painful instances of violence to patients have occurred in them. I allude to the relative position of the superintendents of those asylums, and those of provincial asylums, in reference to the power and authority intrusted to them. In provincial asylums the medical superintendent is almost invariably the supreme and unquestioned head of the establishment; but in the metropolitan asylums, either the impracticable magnitude of the establishments, or the jealous policy of the committees, refuses to the medical superintendents the position of the unquestioned master and head of the household. He finds rivals to his authority in the matron or in the steward, or in the meddling interference of members of his committee, to such a degree that it is impossible to maintain that kindly but strict discipline which would, more than anything else, conduce to the good conduct of the attendants and the well-being and safety of the patients; so that

we may say that, without any fault of his own, the superintendent of a metropolitan asylum has worse material for recruiting his attendants, and weaker authority by which to bring them into discipline. We are all too intimately and personally acquainted with the difficulties of asylum management to withhold our very hearty sympathy from those of our brethren whose cares and responsibilities are thus increased.

Gentlemen, I have now done ; and after thanking you for the kind support I have received while occupying this chair, my only remaining duty is to vacate it in favour of my friend, Dr. Lalor, who, as an accomplished physician, a kind-hearted gentleman, a genial Irishman, and the superintendent of the largest lunatic asylum of this country, will, I am sure, do honour to your choice as the president of the ensuing year. The association has right gladly accepted the invitation to hold its meeting in this fair metropolis, and I venture to anticipate as a consequence of this meeting, and under the presidency of Dr. Lalor, that we shall be able, during the ensuing year, with your kind help, to make no inconsiderable advance in our specialty, both as a science and as an art—in the science of mental disease, and in the art of the management of asylums and the treatment of the insane.

*Dr. Lalor* then took the chair, and read his address, as follows :

#### THE PRESIDENT'S *Address.*

The connexion between medical and mental science presents itself as a most natural topic for observation in addressing a society of physicians cultivating mental science as their specialty. Any unwillingness on my part to enter on so comprehensive and difficult a subject, arising from my own inadequacy to deal with it, gives way to the reflection that my audience are so fully competent to supply from the stores of their own knowledge and experience my short-comings.

In addressing the society on this subject, there is little more for me to do than to suggest, as it were, a skeleton theme, full of interest to all, and, at the same time, so familiar that each one can endow it with the flesh and blood of his own conception, clothed in the language of his own ideas.

The mind of man is so noble a domain, that it is not surprising to find that its guardianship and its care, even in its so-called diseased state, should be a subject of contention ; and that even in our day, though with diminished energy, it is sought to wrest the charge of the insane from medicine, to which this trust naturally and rightfully belongs.

The claims of medicine to deal with disordered intellect should not be disputed by any one who admits the well-known though mysterious connexion between mind and matter ; and it is to be hoped that the science of hygiene may yet acquire an undisputed

right to lay down those rules by which the mind may be preserved in a state of health. The old and universally admitted adage, "*Mens sana in corpore sano,*" should form the motto, as it lays down the right of hygiene to this rich but little cultivated territory. It is impossible that the observing physician, with any tolerable amount of practice, whether amongst the rich or poor, can fail to be struck, almost daily, with the intimate and inseparable connexion between the bodily and mental functions. The reciprocal dependence of the one on the other, commencing with the breath of life, and ending with the agony of death, is described in the language of strict medical science, no less than in that of poetry, by terms sometimes expressive of the mental, sometimes of the bodily conditions which unite to form the wonderful phenomena of those termini of human existence.

Is the mind depressed by any moral or mental cause, and does not the body sympathise? Is the soul glad, and does not the heart leap for joy? Can the mind remain undisturbed and unruffled in the midst of bodily sufferings, though the strong spirit may curb the outward manifestations of its inward state?—"C'est le ventre qui gouverne le monde," said the first Napoleon; and the same idea is shadowed forth in wise saws innumerable in every language, and its truth recognised amongst every people, "from sultry India to the pole."

Herein lieth the physician's opportunity, which he is not wise if he reject. To study the relations of mind and matter, who so fitted by education, by opportunity, and by habits of thought? To the resident physician of a lunatic asylum, this is the beginning and the end of his mission. The physician who ignores the study of the physiological relations of mind and matter, whether in the healthy or the diseased condition of either or both, but imperfectly understands the soil he has to cultivate, and the weeds he has to eradicate. The sick man's dreams, the ravings of the fevered brain, are they not pages alike in the book of mental and of medical knowledge? Are not the therapeutics of insanity analogically illustrated by the action of medicine in allaying bodily pain no less than mental anguish? or is not the one the appropriate gloss on the other? That physician omits a large and perhaps the nobler portion of his art, who neglects to note the action and reaction of bodily disease on the mind, and the action and reaction of the mind on bodily disease. Is the brain primarily inflamed, or its integrity impaired by physical disease or accident; and are not the resultant mental phenomena as noteworthy and as sure indices of the relation which this organ bears to mental manifestations, as when cerebral disorganizations occur in the course of what appears to be a primary or essential affection of the mind? The effects of human passions and affections of the mind in influencing the progress and results of disease are familiar to every physician. Hope is a salve as balmy to the wounded flesh as it is to the wounded spirit:

ulcers, that have been skinned over, break out anew under the influence of depressing passions; excessive grief and excessive joy have their electric shock; and the mind's lightning, when it killeth, leaves the same physical appearances in the dead body as does that which cometh out of the thunderbolt. The substitution of convulsive for mental affections, or the alternation of one with the other, are ordinary phenomena in epilepsy and other diseases. Physical decay, physical degeneration, or physical degradation, accompany or give rise to moral debasement; and so also does moral debasement often indicate physical deterioration.

In the famine fever of 1846-47, I have frequently been led, from their mental or moral state, to predict the death of one patient and the recovery of another, both of whom appeared, so far as physical symptoms, in about the same condition. Rarely did the patient whose moral degradation was marked in an extreme degree by blasphemous or obscene language recover; whilst many patients have rallied from what appeared the lowest physical prostration, whose ravings were of an innocent character. And again, this fever was almost invariably fatal to the idiots and epileptics in the workhouse to which I was one of the medical attendants; and on the subsidence of the epidemic, the idiot wards were found to be without their old occupants. So also, when Asiatic cholera attacks the insane, it is almost always fatal.

Shall the psychological physician pass by those footmarks which lead to the inner temple of the science of mind; and shall the physician, who is daily engaged in the treatment of so-called bodily diseases, not study those mortal clouds that foreshadow death, or those rays of sunshine that light up the soul with hope? Should not both rather co-operate, by close and patient investigation in their kindred walks, to unravel that mysterious chain which links together mind and matter, whether as cause or effect?

Is it a dream to hope that hygiene or preventive medicine may yet largely supersede the office of her elder-born and well-beloved sister, whose charitable mission is with the cure or alleviation of disease? Unquestionably, true science and true humanity have a more grateful employment in preventing than in curing sickness; and mental no less than bodily diseases present a large and inviting field for the cultivation of hygiene. But the psychologist requires aid from other branches of science as well as that of medicine, and an acquaintance with the principles of guiding or educating the human mind is a most valuable acquisition to the physician engaged in the treatment of insanity. The larger is the amount of those two branches of knowledge separately, and the more intimate is their combination in the same individual, the more complete is the educational capacity of the psychiatric physician for his vocation.

The sciences of medicine and psychology are no less interwoven

with one another, than they are connected with other branches of human knowledge, and more especially with those embraced under the general head of social science. On this account, it enhances not a little my pleasure in presiding at this meeting, that I am afforded the opportunity of congratulating my fellow-members that our reunion should occur now, for the first though I hope not for the last time, at the same period and place as the congress of the Social Science Association.

The connexion between social science and the science of medicine and psychology is broad and obvious. What branch of social science is there which does not throw light on some question or other coming within the range of the duties of the physician; and on the other hand, does not the science of medicine, and its specialty of psychology, throw light on the many branches of social science? Strange would it be, if the physician did not take his place side by side with the statesman, the jurist, the social economist—with those who concern themselves in matters affecting the public health, the punishment or the reformation of the criminal, with trade or international law. In all these departments, the opinion of the physician is required, sometimes more, sometimes less; and the value of that opinion, and the estimation in which the profession is held, and its usefulness, will plainly be not a little enhanced by the possession of sufficient knowledge of the general principles of those sciences, and their practical application, to enable the person giving an opinion to appreciate the connexion between medicine and that branch of social science on which his knowledge is brought to bear. The healthiness or unhealthiness of trades, and the means of increasing the one, or lessening the other, the health of towns and cities, the visitations of epidemic bodily diseases, are a few amongst the many instances in which state medicine and science come in contact. The psychiatric physician, too, has the necessity, and happily also the occasion, for the acquisition of some of those sister branches of knowledge.

In the administration of justice and the laws relating to property, how often are the services of the general physician or his brother engaged in the specialty of psychology required? In the architectural arrangement of schools as they regard ventilation, and in the various school arrangements as they may effect general health, or the wear and tear of that nerve-fibre which, as the organ of the mind, is necessary to be preserved in the most healthy condition for the success of education, medical knowledge is also necessary. In the department of public health, the physician is recognised as the normal consultee. In social economy, the physician is peculiarly fitted to advise, from his intimate knowledge of the habits and domestic economy of his fellow-men, as well as of the vital laws, which cannot be overlooked with safety in devising the means of humane improvement. In questions of trade and international law, the subject of

quarantine is an instance of the connexion between medicine and this branch of social science.

When we consider how largely the study of bodily disease has led, and is leading, to a proper understanding of the best means of preserving and increasing health, may we not hope that the study of the diseased mind, and the means, whether moral, mental or physical, most conducive to its cure, may contribute somewhat towards a fuller knowledge of the best means of preserving or increasing the human intellect and its various endowments. For it can scarcely be supposed that different laws regulate the healthy from those which regulate the unhealthy mind, any more than that the processes of disease are under a different set of vital laws from those which regulate the healthy functions of the body. Is the impulsive lunatic to be won or warned to the exercise of self-control by language or by treatment that would be unsuited to the wayward child? Are the unsocial habits, the fitful gusts of passion, the sullen broodings of revenge, so totally different in their nature and cause in the insane from similar states of mind in the sane, as to call for different modes of management? To me I confess it has often appeared, both from theoretical and practical considerations, that the more we treat our fellow-man in the insane state as the rules of good sense, of religion, of morality, and of science would lead us to treat our sane fellow-creatures, the more nearly shall we approach to a correct rule.

Certainly those rules which regulate the relations of sane people with one another should not be much, if at all, reversed in the intercourse of the sane with the insane. In many points, they have common feelings, common ideas, common perceptions of right and wrong, and of the relations of things to one another. The imitative propensities of the insane, the tendency to the propagation of the emotions natural to man, and not less so to the insane than to the sane, may be taken advantage of in both, for good as well as for evil.

At the present moment the attention of educational bodies, as well as of individuals who take an interest in this question is a good deal directed to the subject of the improvement of the general or preliminary education of those intended for the medical profession, and the more general extension of the knowledge of psychology amongst the profession is also an object of no little importance.

It is to be hoped that some means will soon be devised to secure that every person entering the medical profession has had the means of acquiring this knowledge, and made successful use of them, and that this may be effected without any undue encroachment on the other essential parts of medical education; a difficulty which heretofore appears to have been the main obstacle to the accomplishment of this desirable end. But let the physician be ever so well educated and qualified for the treatment of mental diseases, his success will still be

largely influenced by the qualifications of the attendants who are his chief instruments; and unless they be a class not only mentally but morally educated, the best directed efforts of the physician will but too frequently fail, when under more favorable circumstances a different result might have been obtained. To secure the services of such a class of attendants, there is no doubt that remunerative pay must be given; but high pay alone will not of itself suffice, and the higher the pay, the more necessary is it to guard by rigid preliminary examination into the educational and other qualifications of candidates, against the introduction of incompetent mercenaries, tempted by their cupidity to force or insinuate themselves into a false position, for which they are totally unfit.

The elevation of the social status of attendants on the insane is another means conducive to the establishment of a better class of attendants than generally prevails at present. With this view the immunity from servile or menial duties on the higher class of attendants who are to carry out the moral treatment directed by the physicians is absolutely necessary, and for this reason it is often unwise to raise those employed in menial or servile offices about the insane to the higher class of duties, as the qualities for those different offices are frequently antagonistic of each other. The belief which is sometimes entertained, that constant communication with the insane has a tendency to impair the intellect, is calculated to prevent the most desirable persons from engaging in this service. Happily, the progress of psychological knowledge, and the statistics of lunatic asylums, are calculated to disprove this conclusion; and our efforts also should be directed to correct the older and more revolting, though I believe not more philosophical, notion that the insane are demoniacally possessed, as nothing can be more calculated to make the insane objects of horror, in place of commiseration, and to deter suitable persons from engaging in employments connected with them.

I am glad to think that in a well-regulated asylum communication with the insane has not the tendency to impair the intellect, and I am not aware of any statistics that support such a conclusion. On the contrary, as far as my own experience reaches, I have been led to think that the occurrence of insanity is as rare among the attendants of the insane as amongst any other class; and every resident physician of lunatic asylums is, I dare say, aware of cases of persons who, having been insane, have, on their recovery, become attendants in asylums, and have had no relapse, or no defect of intellect. I can easily conceive how it may occur that the minds of those placed over the insane may become injuriously affected by constant attempts on their parts to convince their patients of their errors by force of argument, and this course is often injurious to the insane themselves. Far better for both parties, in general, is the avoidance of such arguments, or indeed of any reference to the insane delusions of patients. These are

most effectually undermined by the withdrawal of the mind from their contemplation, and by the cultivation of opposite and healthy trains of thought by industrial and literary teaching, particularly in class and in public lectures, and by games and amusements.

Educated persons capable of teaching in the manner above indicated are now much more abundant, and their services to be had at a lower rate than formerly, and perhaps nowhere more easily than in Ireland, owing to our wise and benevolent laws for the extension of education. The services of such persons could, I am satisfied, be procured for the same salary which is often paid to less educated persons, sometimes even to nurses who cannot read and write. In fact, the want of suitable and remunerative employments, particularly for educated females in this country, compels many such to emigrate; and of those who remain, many are far worse off than household servants or factory girls. To open up a new source of employment for such persons would effect a double good; and this could be done by their selection as a higher class of nurses and attendants in public hospitals, those for the insane included. But whilst the occupations and status of such officers are those of menials, it will only lead to disappointment to expect that educated persons will enter the service, or, if they do, that they will perform satisfactorily duties for which their previous habits and training have unfitted them.

I think the time has come when a strenuous and well-directed effort will be made by all well-wishers to our social advancement, as well as by all friends to the insane poor, to have their care and maintenance provided for by the State, out of the State funds. The total failure of all the efforts heretofore made to provide sufficient accommodation for this class out of local funds should render it clear that such accommodation is not likely to be ever so provided. Other theoretical and practical considerations lead to the same conclusion, whilst the practice of the state in most other enlightened countries, in providing accommodation for the insane out of the state funds, should be an example and a guide for us. A very large proportion of the insane inmates of public asylums in this country are detained in those institutions, not for their own advantage, but for the protection of society; and the same principle which throws the burden of the support of convicts on the state applies equally in both cases. The causes which produce insanity, are oftener of a general than of a local nature, and can be diminished or increased by general social advancement or deterioration, rather than by any local regulations or circumstances. Hence society at large, rather than small communities, should be made answerable for the support, and have the control and management, of the insane.

The stimulus and the means of investigating those causes, and of applying the proper remedies, would thus be supplied by the state, which alone is competent to deal with such a subject.



The position of the medical superintendents of asylums and hospitals for the insane must always be a subject of paramount interest to an association established, as ours has been, for the improvement of the management of asylums and hospitals for the insane, and the acquisition and diffusion of more extended knowledge of insanity and its treatment. It is plain that the promotion of those high and benevolent objects is more fully within the scope and power of those who, from constant residence, have the fullest opportunities of acquiring a practical knowledge of the subject than of any others, if their means of doing good, and the stimulus to exertion, be not removed or impaired by the mischievous division of their power or responsibility with non-resident officers. Unfortunately, the progress of lunatic asylums in Ireland has been retarded by the continuance of regulations fallen into desuetude in every other place which holds a high position in the ranks of psychological medicine. It cannot, then, but be a source of the greatest gratification to this association to contemplate the prospect of the speedy recognition of the true principles which should regulate the position of the resident physicians of asylums. Those principles, as calmly and lucidly set forth by the great Conolly, at our meeting of last year, and cordially and unanimously approved of by this association, are substantially the same with those put forward in the report of the Parliamentary Commission of 1858, by the majority of the commissioners. Our new Chief Secretary has declared in his place in parliament, "that the recommendations of this commission have not been sufficiently attended to;" and his universal reputation for high honour is sufficient guarantee that he will not lose sight of those recommendations in the consideration of those new rules for the management of Irish lunatic asylums which we are told await his revision.

Irish medical superintendents may hope to be soon in a position to enter on equal terms into a generous rivalry with our English brethren for the promotion of the objects of this association. Generous and kindly indeed, on our part, should be that rivalry; and sweet and grateful must be our recollection of what we owe to our English brethren for their sympathy and their efforts to raise us to that high level which their own exertions and the influence of public feeling in England long since won for themselves. Nor will we Irishmen confine ourselves, as I trust, to the mere expression of our grateful appreciation of the warm interest evinced by our English brethren to elevate our status to the requirements of what was due, not merely to us, but to the institutions over which we preside. We stand pledged by the ties of gratitude to work for the promotion of their welfare as well as of our own, satisfied that both are inseparably united with one another and with the interests of the unfortunate beings over whom it is no less our duty, than I believe it is our pride, to watch.

The President having concluded his address amidst general applause—

*Dr. Thurnam* rose, and, after a few complimentary remarks in approval of its valuable contents, moved that the best and most cordial thanks of the meeting be given to the President for the excellent and admirable address with which he had now favoured the association.

*Dr. Boisragon* seconded the motion, which was carried by acclamation, and duly acknowledged by the President.

#### APOLOGIES FROM ABSENT MEMBERS.

Letters of apology, expressive of much regret at being unable to attend the meeting, were now read from the following gentlemen, viz. :—*Dr. Conolly*, Hanwell ; *Dr. Mackintosh*, Glasgow ; *Dr. L. Robertson* (general Secretary), Sussex ; *Dr. W. A. F. Browne*, Commissioner in lunacy for Scotland ; *Dr. West*, Omagh ; *Dr. Rogan*, Derry ; *Dr. Lawlor*, Killarney ; *Dr. Bull*, Cork ; *Dr. Skae*, Edinburgh ; *Dr. Hobart*, Cork ; *William Ley*, Esq., Oxford.

#### DR. CONOLLY'S LETTER.

*Dr. Conolly's* letter, above referred to, was to the following effect :

“ HANWELL, LONDON, W. ; *August 13th*, 1861.

“ DEAR DR. STEWART,—You will do me a great favour if you will kindly convey to *Dr. Lalor*, and yourself accept, the expression of my sincere regret to find myself unable to meet him and you, and several whom I should have felt it an honour to meet, on the 15th instant.

“ The gratification of attending a meeting of medical officers of asylums for the insane in Dublin would have been very great. The proceedings will, I doubt not, be both interesting and useful ; and I sincerely hope you will have some representatives from England, younger and more active than I am.

“ For two or three years past, we have in this country been kept uneasy by successive menacings of legislative interference ; the truth being, that, regarded as physicians engaged in the *treatment* of mental disorders, we are already impeded and degraded by acts of parliament drawn up, for the most part by lawyers, without respect to medical opinions or the feelings of mankind. I feel extremely anxious that medical men practising in insanity should steadily keep this in view, and diligently watch any legislative efforts that may be renewed.

“ I will not trouble you with more remarks, but conclude by assuring you of my hope that the meeting will prove in every respect agree-

able; and, at the same time, of the sincere regard with which I remain, dear Dr. Stewart,

“ Always faithfully yours,  
(Signed) “ J. CONOLLY.”

R. STEWART, Esq., M.D.,  
&c., &c.

NEXT PLACE OF MEETING.

After some discussion, it was moved by Dr. R. Stewart, and seconded by Dr. Corbet, and unanimously agreed upon, that the meeting of the Association for 1862 be held in London.

*Dr. Thurnam* said that, as regarded the precise month of meeting, he considered more discretionary power should be placed in the hands of the committee. For instance, there was some difficulty experienced as to the meeting this year, which properly ought to have been last month, but owing to the meeting of the National Association of Social Science occurring at this period in Dublin, it was considered very desirable to postpone their own, so it might occur at the same time with it, and the former might thus become an additional attraction to members at a distance to attend; and accordingly this was done on the responsibility of the committee, who, however, had no authority for the change—one which they must all feel and admit was, under the circumstances, a most wise and proper one to have adopted on the present occasion. (Hear.) To meet any future contingencies that might arise in this respect, he (*Dr. Thurnam*) now begged to give notice of the following motion, to submit for the approval of the meeting to be held in 1862:

“That it be left to the discretion of the committee to summon the Annual Meeting either in July, August, or September, and not, as under the existing rules, to limit them to the month of July only.”

APPOINTMENT OF PRESIDENT FOR 1862.

*Dr. Bucknill* said that he felt quite sure a resolution he was about to move, for the appointment of *Dr. Kirkman* as the President-elect for the year 1862, would meet with the heartiest concurrence and support of all present. *Dr. Kirkman* was now the father of the medical superintendents, having held his responsible and arduous office in the County of Suffolk Asylum for the lengthened period of nearly thirty years, during which eventful time he had ever held the highest possible position as a most excellent and enlightened superintendent, keeping pace with the advance of the times in the humane and liberal treatment of his patients, and upholding the dignity of his brethren by the honorable and independent course which he had throughout pursued in the discharge of his professional and official duties.

*Dr. R. Stewart* seconded the resolution with the greatest pleasure.

He had had the privilege of Dr. Kirkman's personal acquaintance for a series of years past, and was enabled accordingly to endorse in every particular all that Dr. Bucknill had so well and effectively stated as to his peculiar fitness for being placed in the important position of President-elect of their body.

The resolution, having been put from the chair, was carried unanimously.

#### APPOINTMENT OF TREASURER.

*Dr. Power* and *Dr. McCullough* moved and seconded, respectively, the re-appointment of William Ley, Esq., Oxford, as the Treasurer of the association, which was unanimously agreed to.

*Dr. Bucknill* observed that none regretted more than he did Mr. Ley's unavoidable absence from amongst them that day: Mr. Ley had fully intended being present, having made his arrangements to come, but indisposition in the meantime occurring, he was unable to undertake so long a journey. Mr. Ley had now been their treasurer for several years, and a more efficient one, or one more truly anxious for the welfare of the society, they could not have.

#### ELECTION OF GENERAL SECRETARY.

*Dr. Delany* moved that Dr. C. Lockhart Robertson be re-elected the General Secretary of the association; and that the manner in which he had fulfilled the onerous duties of that office in every way was deserving of their best thanks.

*Dr. McKinstry* said it afforded him much pleasure to second Dr. L. Robertson's re-appointment, coupled with the vote of thanks for his past services which that gentleman so well merited.

*Dr. Bucknill* having spoken shortly to the resolution, and borne his testimony to Mr. Robertson's high deserts, the motion and vote of thanks was passed by acclamation.

#### ELECTION OF SECRETARIES FOR IRELAND AND SCOTLAND.

*Dr. MacMunn* having moved, and *Dr. Wing* seconded, that Dr. Robert Stewart be re-elected Secretary for Ireland, and that the warmest thanks of the association be given to him for his long and valuable services on its behalf, the motion was formally put from the chair and passed *nem. con.*

*The President* stated with reference to a Secretary for Scotland, which office had been filled last year by Dr. Mackintosh, but who, he regretted to say, was unable longer to continue to discharge its duties, it now devolved upon this meeting to appoint a new secretary there; after some conversation, Dr. Rorie, of the Dundee Asylum, was unanimously appointed, that gentleman having signified his willingness to act as Secretary for Scotland in succession to Dr. Mackintosh.

## APPOINTMENT OF EDITOR OF THE JOURNAL.

*Dr. Boisragon* said that the very agreeable duty had devolved upon him of proposing a resolution to the effect that their highly esteemed ex-President, *Dr. Bucknill*, be requested to continue his valuable services as the editor of the Journal published by the authority of their association; the Journal had already attained the highest character, and done excellent service in promoting the all-important objects of the association.

*Dr. Burton* eloquently and ably seconded the resolution, observing that the Journal was second to none amongst the professional "quarterlies" of the present day for talent and usefulness; and that as regarded himself personally, he most gladly availed himself of the opportunity now afforded him, of sincerely thanking *Dr. Bucknill* for the generous and telling manner in which he had used his powerful pen on his behalf, on a recent occasion known to them all, and to which it was unnecessary for him further to allude at present.

The motion was unanimously adopted.

*Dr. Bucknill* begged to thank the meeting for the renewal of their confidence in him, by continuing in his hands the editorship of their Journal. Since they last met together, arrangements had been made for its publication by the eminent medical publisher, *Mr. Churchill*, which he was convinced would add to the value and influence of the periodical.

## ELECTION OF AUDITORS.

*Dr. R. Stewart* moved that *Dr. Flynn*, and *J. P. Symes, Esq.*, be appointed auditors for the ensuing year, which, having been seconded by *Dr. Thurnam*, was put from the chair and carried.

## ELECTION OF HONORARY MEMBERS.

The following gentlemen were elected honorary members:—*Dr. Nairne*, Commissioner in Lunacy, England; *Dr. Coxe, do.*, Scotland; *Dr. Hatchell, do.*, Ireland; *Professor Laycock*, Edinburgh; *M. Battel*, Paris.

## ELECTION OF ORDINARY MEMBERS.

The following gentlemen were unanimously elected ordinary members of the association:—*Dr. Lawrence*, County Asylum, Cambridge; *E. Toller, Esq.*, St. Luke's Hospital; *Dr. W. H. Diamond*, Buxton; *F. Hammond, Esq.*, County Asylum, Hants; *Dr. C. H. Fox*, Bristol; *Dr. C. H. Newington*, Sussex; *Dr. W. C. MacIntosh*, Perth Asylum; *Dr. H. H. Stewart*, Government Asylum, Lucan, county Dublin; *W. S. Stanley, Esq.*, Rathfarnham, county Dublin; *Dr. Aitkin*, County Asylum, Inverness; *Dr. John Eustace, jun.*, Glasnevin, county Dublin; *Dr. Duffey*, Finglas, county Dublin; *Dr. Duke*, Dublin; *Dr. Nugent Duncan*, Finglas; *Dr. Lynch*, Drumcondra.



*Dr. Flynn* moved the adoption of the treasurer's report, which the auditors, after due examination, had found quite correct and satisfactory.

*H. Sankey*, Esq., seconded the motion, which was carried unanimously.

COMMITTEE OF MANAGEMENT.

On the motion of *Dr. Bucknill*, seconded by *Dr. Power*, the following members were appointed on the Committee of Management, agreeably to the provisions of Rule XII, for the year 1861-2, together with the office-bearers :

- Dr. BURTON, M. S., Maryborough District Asylum.
- Dr. DAVEY, Northwoods, Bristol.
- Dr. GILCHRIST, M. S., Dumfries Asylum.
- Dr. PAUL, Camberwell House, London.
- Dr. THURNAM, M. S., Wilts County Asylum.
- Dr. H. TUKE, Manor House, Chiswick.

COMMITTEE TO VISIT THE COLONY FOR THE INSANE AT GHEEL.

*Dr. Bucknill*, after some further observations on the, at present, much agitated question of providing cottage accommodation for the insane, moved the following resolution :

Resolved—That it is desirable that the Lunatic Colony of Gheel should be visited and reported upon to the next meeting of the association, and that an open committee of the members of the association be appointed for that purpose; the following gentlemen being also invited to join :

- Dr. W. A. F. BROWNE, Commissioner of Lunacy for Scotland.
- The Hon. FRANCIS SCOTT, Sandhurst Grange, Ripley, Surrey.
- M. le BARON MUNDY.

*Dr. M'Cullough* seconded the above resolution, which was well received by the meeting, and being put, was unanimously adopted; and, of those present, the following gave in their names to join the committee, if possible, in the intended inspection :

- |                |  |                   |
|----------------|--|-------------------|
| The PRESIDENT, |  | Dr. BUCKNILL, and |
| Dr. THURNAM,   |  | Dr. R. STEWART.   |

SUPERINTENDENCE OF THE DISTRICT ASYLUMS IN IRELAND.

*Dr. Flynn* proposed the following resolution :

Resolved—That the medical and moral treatment of the patients in public asylums for the insane, including the direction of their classification, industrial occupation, and amusements, can, in the opinion of this Association, only be efficiently carried out under the

superintendence of the resident medical officer, solely responsible to the authorities for the medical and moral treatment of the inmates. And that this Association do respectfully and earnestly recommend that any alteration of the Privy Council rules for the government of Irish asylums should be made in full recognition of this principle. And further, that the Association beg to express the hope that, in the revised rules of the executive, the duties of the existing visiting physicians shall be those of consulting and advising with the resident physician-superintendents, their salaries being continued as at present.

*Dr. Flynn* in supporting the resolution he had just read, observed that, so far as he himself was individually concerned, he had nothing to complain of, the gentleman who filled the office of visiting physician in his institution being a most satisfactory colleague in every respect (Hear, hear); but as, in point of fact, the existing rules of the Privy Council placed the resident physician in a most anomalous position, and as a new visiting physician in the asylum with which he was officially connected might prove to be a very different and perchance a very litigious person, it was a matter of vital importance, on every account, that such a state of things should no longer remain as it was, but be rectified by the proper authorities with the least possible delay. (Hear, hear.)

*Dr. Henry H. Stewart* strongly and with much effect seconded the resolution.

*Dr. Boisragon* stated that he was quite ignorant of the exact position of the resident physicians of the public asylums in Ireland, and greatly desired to be enlightened on that head.

*Dr. Flynn* thanked the last speaker for asking for information, as he so properly had done, as one of the objects they all had in view, was to ventilate as much as possible this long-vexed question in Ireland, in respect of the strange situation of the medical superintendents of her public institutions for the insane. The Irish asylums were, up to the present time, under a code of general rules established by the Lord Lieutenant and Privy Council of Ireland, in the year 1843. Those general rules placed the whole moral and medical treatment in the hands of a non-resident physician, who might absent himself for a fortnight on his own authority. The remarkable point to be observed was, that those government rules, still in operation, ignored the residence of a medical man in the district asylums; and yet he (*Dr. Flynn*), with others, was appointed as *resident physician*, and of course obliged to act in that capacity, though the rules gave him no status as such.

*The President*: The resident physician required the express leave of the board of governors for one night's absence, whereas the visiting physician might be an absentee for a fortnight, without any restriction.

*Dr. Power*: The rules referred to by the last speaker were enacted



when the district asylums were in what might be called a transition state. It had aforetime been found convenient to convert houses of industry into lunatic asylums, which had for governors or managers parties who were not medical men, who conducted what was then termed the moral treatment of the inmates; the non-resident medical officer attending to their medical treatment solely, when such was needed. When he was appointed to his asylum, it was as resident physician.

*Dr. Flynn* : By what authority ?

*Dr. Power* : The Lord Lieutenant's, when the entire superintendence of the asylum was placed in my hands, there being no visiting physician attached to it up to the present time.

*The President* : The existing rules apply to a totally different state of things and class of officers, as compared with that which prevailed when they were enacted, nearly twenty years ago.

*Dr. Flynn* : As the law at present stands, there is nothing to prevent the Lord Lieutenant from appointing, as the manager of an asylum, either his own footman or coachman.

*Dr. John Eustace* having made some observations respecting visiting physicians,

*Dr. Bucknill* said that it was quite incomprehensible to English superintendents, like himself, how the Irish asylums could be efficiently managed according to the letter of the existing rules which were made by government for their conduct. In Ireland, it appeared, there were no assistant medical officers, such as, in England and Scotland, were justly considered the right hands of the medical superintendents. A good assistant was like an adjutant to the colonel of a regiment. The superintendent had sometimes to issue disagreeable orders, but when the execution of them was seen to by his assistant, all unpleasantness was often saved. The rule with him, in his asylum, was to have a written report from his assistant every morning of the state of every ward, so that before going his own rounds he could readily see what the general condition of the house was. Then, again, the general management of the asylum rendered it impossible for the superintendent to be always in the wards; but his assistant was there, during a great part of the day, looking after the immediate care and treatment of the patients. In fact, a good moiety of the work of an asylum fell to the assistant, who was an invaluable and, as it seemed to him, an indispensable officer. The system of management in Irish asylums appeared to him most defective in not providing a second resident medical officer, without whom, in asylums of a certain size, he considered efficient superintendence over the care and treatment of the patients barely possible.

*Dr. R. Stewart* wished to remark, at the present stage of the very interesting and important discussion in which the meeting was engaged, that in respect of the visiting physicians, there was no

hostility whatever towards them, personally or professionally, on the part of the resident physicians, who still desired their assistance, but simply as consultants in cases out of the ordinary course, and that there was no desire on the part of the resident physicians to interfere with their "vested rights," and to cast them entirely aside, as certain parties had been sedulously stating to be the aim and object of the resident physicians.

*Dr. Thurnam* could, from his own long experience, state that, as regarded the responsible and arduous position of a medical superintendent, it was a matter of the greatest importance for him to have the aid of a confidential medical assistant. It had been said that it was desirable to have facility of consultation in asylums, but, in point of fact, the constant exchange of opinions between the superintendent and his assistant, in reference to the treatment of the cases, was equal to a consultation, and had the happiest results. He considered that *Dr. Stewart's* observations were well timed and very important, thus showing that there was no antagonism on the part of the resident physicians towards the visiting medical officers, but that, on the contrary, they were rather anxious to make them valuable allies, by having those gentlemen consultants, instead of continuing in their present admittedly false position.

*Dr. McKinstry*: When the district asylums in Ireland were first established, the government, as a rule, appointed non-medical men as moral managers. At that time, had a candidate for the office of "manager" been a medical man, he would have had no chance of being appointed; but for years past this had been altogether changed, a medical qualification having become indispensable.

*Dr. Thurnam*: Quite true; but the great anomaly is, that in this new and very proper state of things in Ireland, the old rules have remained to the present time unaltered.

*Dr. Gilchrist*: Like the last speaker and others who had preceded him, he was quite a disinterested party in the present important debate, and could accordingly express his mind freely, and without any prejudice or preconceived feeling either on the one side or the other. The institution to which he was attached as resident superintendent physician had a salaried consultant physician as one of its medical staff, whose duties simply were to visit when required by the superintendent; visits which, he might add, were not, perhaps, on the average, once in the month, if so often. The asylums at Perth and Dundee, which had been officered professionally something like the Irish district asylums at present, that is to say, with a visiting physician at a fixed salary, and a resident one, were now reorganized in this respect, advantage having been taken of vacancies occurring in the office of the visiting medical man, whose office had been entirely dispensed with in both, the whole treatment and superintendence being placed in the hands of one chief resident medical officer, with

regularly qualified assistants; a change which in both asylums had been productive of the greatest advantages in every respect. In fact, the former system was found to work so badly, that the services of the visiting physician had been dispensed with, by giving him a retiring superannuation allowance. In the Edinburgh and Glasgow Asylums—two very large ones, and holding the highest place for the excellence of their management—the supreme authority was placed in the hands of the superintendents of both of those institutions, aided by medical assistants. He might take that opportunity of referring to a point of some importance, which had occurred recently to himself, and in which every superintendent was interested. It was this: He had considered it desirable to send some of his patients to the Highlands, when the local authorities took exception to such an unusual mode of procedure, as they conceived, in the treatment of the insane, thinking that they should always be kept within the bounds of four walls so long as they required treatment; and accordingly had prevented him from carrying into effect a plan which he considered of much importance for their benefit, and a means of restoring them to society. The matter was ultimately referred to the Scotch Commissioners in Lunacy, who entirely differed from the local authorities, and who gave it as their opinion that the contemplated step was altogether a medical question, one entirely to be undertaken on the judgment and sole responsibility of the medical superintendent himself, and with which the local board had nothing whatever to do.

*The President* observed that the statements just made by Dr. Gilchrist were of the greatest value and importance. Dr. Gilchrist's institution was a celebrated one for its superior internal management, having been presided over, during sixteen or seventeen years, by Dr. W. A. F. Browne as its resident physician, and now one of the Scotch Commissioners in Lunacy. He wished then to mention the fact, that in but one or two instances had the visiting physicians in Ireland joined their association, and that of fourteen resident physicians but two were not members.

*Dr. Bucknill*: The visiting physicians appear, without the slightest reason for it, to have imagined that we were hostile to them.

*Dr. R. Stewart*: This, as he had already mentioned, was unfortunately the case, but there were no just grounds for it.

*Dr. Duffey* could not let the present opportunity pass without expressing his extreme surprise at the special report made by one member of the royal commission—that the experienced and highly qualified resident physicians of the district asylums of Ireland were incompetent to treat their patients medically. A more gratuitously insulting or extravagant statement than this could not have been made—one for which there was no foundation whatever, but in the mind of the royal commissioner himself, who had never lived in an asylum, and of course was incompetent to advise the government on this practical

matter of so much importance, the resident physicians being a body of men second to none for their knowledge and acquirements, as well professional as general.

After some further discussion, the motion was put from the chair and carried unanimously.

A committee, consisting of the President, Dr. Bucknill, Dr. Flynn, Dr. R. Stewart, Dr. Gilchrist, Dr. Delany, Dr. Power, Dr. Boisragon, and Dr. McMunn, was then appointed, invested with full power to carry out the objects of the above resolution in such manner as they might deem best, whether by deputation to the government or otherwise, and to report to the next meeting.

The standing committee of management was specially instructed to watch any legislative measure that might be proposed during the ensuing session of parliament, and to take such action thereon as they might deem requisite.

*Dr. Power* said that he felt they were under many obligations to Dr. Neligan, the editor of the 'Dublin Quarterly Journal of Medical Science,' for the great interest which his journal had taken in all matters relating to the insane, and the important services which it had rendered not only to them specially, but to the profession at large, by the yearly publication of a paper on "Insanity and Hospitals for the Insane." He would therefore move that the best thanks of this meeting are justly due, and are hereby cordially given, to Dr. Neligan, the distinguished editor of the 'Dublin Quarterly Journal of Medical Science,' for the valuable aid his journal had given for a series of years in the promotion of the best interests of the insane generally, and the institutions devoted to their treatment.

*Dr. Thurnam* had great pleasure in seconding the resolution now proposed. He had read several of the papers referred to by Dr. Power, with both interest and profit, and considered that a vote of thanks was eminently due to Dr. Neligan as the able and independent editor of that excellent periodical.

*Dr. Flynn* said that, in giving his fullest concurrence to the vote of thanks now proposed to Dr. Neligan, and before being put from the chair, he felt it but an act of justice to mention before so influential and respectable a meeting of professional men as the present, that the 'Medical Times and Gazette' had ever been the firm supporter and advocate of the rights and independence of the resident physicians, always affording the benefit of its weight in furtherance of that important principle, namely, of paramount authority being placed in the hands of but one responsible officer of an asylum, that officer being the resident superintendent physician. (Hear hear.)

*The President*, in putting this resolution, said he did so with heartfelt pleasure, and this the more especially as he knew that the very independent views propounded in the papers published in the 'Dublin Quarterly Journal,' on "Insanity," were not given without

offence to certain parties, who had endeavoured to turn the able and worthy editor from the independent course he had invariably pursued, but entirely without effect.

The motion was carried unanimously.

The regular proceedings having now terminated, and the President having been moved out of the chair, Dr. Bucknill was called thereto; when the best thanks of the meeting were given to the President, for his dignified and able conduct in the chair that day, and who having suitably replied, the meeting was declared dissolved.

#### THE DINNER.

The Association dined together, as usual on occasion of their annual meeting, the same evening, in Reynolds' Hotel. The dinner provided gave the greatest satisfaction. The chair was occupied by Dr. Lalor, and the vice-chair by Dr. Bucknill.

After the cloth was removed the President gave—"The Queen," which was received with all the honours. "The Prince Consort, and the rest of the Royal Family." "Prosperity to the Association of Medical Officers of Asylums and Hospitals for the Insane."

*Mr. Sankey* replied to the toast with much effect.

"Dr. Bucknill, ex-President, and editor of the Association's 'Journal of Mental Science,'" was next given.

*Dr. Bucknill* eloquently replied, and on concluding proposed "The Health of the President, Dr. Joseph Lalor," who heartily thanked the meeting for their cordial reception of his name, and promised nothing should be left undone on his part to continue to keep up the high character this Association has so justly obtained.

"Dr. Neligan, and the 'Dublin Quarterly Journal of Medical Science.'"

*Dr. Neligan*, in returning thanks for the complimentary manner in which his health has been proposed and received, went on to say that, as regarded the resident physicians of the public asylums, it had not been without due consideration he, in the 'Dublin Medical Journal,' advocated persistently that the entire authority, as to the superintendence and the general treatment and management of the patients, should be placed in the hands of the resident physicians; and in respect of this being calculated to interfere with the rights of the profession, or trench upon the small amount of patronage which they had at their disposal, he conceived it would be quite the reverse (hear, hear), inasmuch as resident medical assistants would necessarily have to be appointed in our Irish asylums, as in the English and Scotch institutions, thus increasing, in point of fact, the number of medical appointments, instead of diminishing them.

"Dr. Stewart, our Irish Secretary."

*Dr. Bucknill*, in the absence of his friend, *Dr. Stewart*, who had been obliged to leave early, returned thanks on that gentleman's behalf, observing that the Association owed him not a little for his continued efficient services as their Irish secretary since the formation of the Society, now some twenty years in existence (Hear).

"Our English and Scotch Associates," to which *Dr. Boisragon* replied in an excellent speech.

"The Medical Profession, and may we always cherish our connection with it."

*Dr. McCullough*, Abergavenny, having been generally called upon, replied to this toast, in the course of which he stated that, though the superintendent of an English asylum, he was proud to claim being an Irishman (Hear, hear), and also to say that he received his professional education in Ireland, than which there could not be a better or more practical school in all its departments (Hear, hear).

#### VISIT TO THE RICHMOND ASYLUM.

On Saturday, the 17th of August, *Dr. Lalor*, the President of the Association, invited the Association, together with some members of the "National Association for the Promotion of Social Science" (then holding its meeting also in Dublin), to a luncheon at his residence in the Richmond District Asylum. Amongst the guests present were the Right Hon. *F. Shaw*, the Hon. *Captain Lindsay*, *Dr. Neligan*, Vice-president of the King and Queen's College of Physicians, *Dr. Edwin Lankester*, *Dr. Nelson Handcock, LL.D.*, *Dr. John Moore*, *Dr. Gilchrist*, *Dr. MacMecan*, *Dr. Corbert*, *Dr. Henry H. Stewart*, *Dr. Duncan*, *Dr. McCullough*, *Dr. Robert Stewart*, *Dr. John Eustace, jun.*, *Dr. Kidd* (now editor and proprietor of the 'Dublin Quarterly Journal of Medical Science'), *J. S. Stanley, Esq.*, *Dr. Boisragon*, *Dr. Mackessy (Waterford)*, *Dr. H. Kennedy*, Surgeon *MacNamara*, *Dr. Robert Macdonnell*, *Dr. Delaney*, *Dr. Duke*, *Dr. Daniel, &c., &c.* After luncheon the greater portion of the company visited the wards and spacious grounds of the institution, and with the general arrangements of which much satisfaction was expressed. The inmates under treatment amounted to between 600 and 700, large numbers of whom were employed in a variety of useful and healthful occupations, both in-door and out-of-door. The females, in particular, were well provided with suitable employment, and were very comfortably and respectably clad. School instruction is carried on amongst them to a large extent, and the progress made in singing in this department has been very considerable and successful; fair proficiency is also made in band music by the men. The company, after spending some time in their visit to this great institution, retired much pleased with its general appearance and the hospitality and attention of its chief officer, *Dr. Lalor*.

DEPUTATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR  
THE INSANE TO SIR ROBERT PEEL, BART., M.P.

*(Official Version.)*

On the 23d of August a deputation, emanating from the recently held meeting of the "Association of Medical Officers of Asylums and Hospitals for the Insane," waited by special appointment on the new Chief-Secretary at Dublin Castle. The gentlemen who composed the deputation were Dr. Lalor, president of the above association, and Physician Superintendent of the Richmond District Asylum; Dr. M'Munn, Physician Superintendent of the Sligo District Asylum; Dr. Delany, Physician Superintendent of the Kilkenny District Asylum; Dr. Power, Physician Superintendent of the Cork District Asylum; Dr. Robert Stewart, Physician Superintendent of the Belfast District Asylum; Dr. Gilchrist, Physician Superintendent of the Crichton Asylum, Dumfries, and Dr. Boisragon, Birmingham. The object of the deputation was to bring under the special notice of the Government, through Sir Robert Peel, the present most anomalous position of the resident physicians of the Irish district asylums, who, being the really conducting officials of both the medical and moral treatment of the inmates of their institutions, are, nevertheless, according to the existing code of Privy Council rules, recognised in no such character. It being known that the rules in question are undergoing revision, the association has respectfully called upon the Government to give the resident physicians their proper professional status, as the heads of these important public institutions, and to request that the existing gentlemen, acting as visiting physicians, should be the consulting and advising physicians of the respective asylums. Dr. Lalor brought the whole subject under the notice of the Chief Secretary, by reading the following paper:

"As the President of the Association of Medical Officers of Asylums for the Insane, and through your kindness, I am honoured with the privilege of asking your favourable consideration for the resolutions which I shall have the honour of presenting to you. Before doing so it is my first and most pleasing duty to offer to you the cordial thanks of this deputation for your promptness in granting us this interview. This promptness is the practical evidence of that anxiety which you have expressed in Parliament to give your best attention to the subject of the improvements which may be introduced into Irish lunatic asylums, and to co-operate cheerfully with persons of both sides in endeavouring to promote the happiness and prosperity of the Irish people, a declaration with which you have so happily inaugurated your assumption of office, and by which you have established for yourself at once the highest claims to a hearty welcome from Irishmen of all parties.

“It is a source of gratification to me that circumstances render it unnecessary to occupy much of your valuable time in details or arguments in support of the first part of the resolution which lays down the principle which, in the opinion of the association I represent, should regulate the position of the resident physicians of lunatic asylums in Ireland. I am happy to think that for this purpose it is sufficient to refer you to the conclusion come to by the majority of the Parliamentary Commissioners of Inquiry into the state of Lunatic Asylums in Ireland, who, after taking the fullest evidence in all parts of Ireland from the most competent witnesses, and after the most patient investigation of the question, expressed their opinion at page 9 of their report in the following words:—“We are all of opinion that the resident physician should have charge of the asylum, and be responsible for the treatment of the inmates as regards their insanity. Four of us consider that the resident physician should be solely responsible for the treatment of the patients, both as regards their bodily health and their mental diseases, but that he should be assisted, when necessary, by a visiting physician, whose duty, however, should be confined to cases where his attendance may be required in consultation by the resident physician.” When I consider that this is the recommendation of the medical members of the commission, who have had large personal practical experience of the subject, and who have obtained a high reputation and promotion in consequence, I cannot think that you will allow it to be outweighed in your mind by the single opinion of a gentleman who, however high his character may be in some other branches of the profession, has had so few opportunities of acquiring knowledge in this. I therefore trust that you will not deem it desirable that I should go over ground so well beaten. It would not be in unison with those kindly and benevolent feelings which have ever distinguished the profession to which I have the honour to belong to forget our brothers, the visiting physicians, and it is therefore with pleasure that we find them provided for, in the recommendation of the commissioners, as consulting physicians.

“The portion of the resolution which I submit, which has reference to the visiting physicians, is meant to convey not alone the expression of the association of their participation in the opinion of the commissioners as to the public advantage of having consulting physicians attached to Irish lunatic asylums, but of the injustice it would be to the gentlemen who fill those offices at present to trench upon their pecuniary emoluments. Any differences which may have arisen in some asylums between the resident and visiting medical officers have been, as I consider, the result of the false position in which those officers have been placed towards each other, from the want of rules to define their duties, and for the promulgation of which the time has now happily arrived. I allude to the absence of such rules to explain circumstances which, without such explanation, might make an un-



favourable impression on your mind either on one side or on the other, and not as intending in the remotest degree to cast blame anywhere. Such occurrences are a necessary consequence of the progressive principle of improvement which characterises all the institutions of our empire, and to which we are proud to refer as a proof of wisdom, and as the basis of the solidity and the permanency of our progress. Similar difficulties have existed in English and Scotch asylums, and have been surmounted there, as here, only gradually and by successive steps. In superintending and in guiding the course of improvement in the treatment of the insane in this country, it is no disparagement to our inspectors that they have followed the principle which wisdom proved to lead to safety and to permanency in both English and Scotch asylums, whilst the successive steps in the march of progress have been fully and ably set forth in the reports of those gentlemen, which, for variety of information and for the copiousness of their statistical returns, will, I think, bear favorable comparison with similar reports in any other country.

“As the Irish district lunatic asylums have been brought unfavorably under your notice and that of the public, I will take it as an indulgence if I be permitted to say a few words in their favour. The personal inspection of the Irish asylums will, I am satisfied, confirm the opinion you have already so kindly expressed, that their condition does not contrast so unfavorably as has been represented by some with the condition of asylums in England. I believe that such an inspection will show that the resident physicians of Irish asylums have not only largely adopted such improvements for the better and more humane treatment of the insane as have been so fully developed in England, more particularly by the celebrated Conolly, but that they may be deemed to have introduced, or considerably extended, other principles of great value.

“In the Belfast Asylum the appliances of military training and marching amongst the male inmates in large masses, as well as of musical instruction, have received a development not to be found, I believe, elsewhere, and which has had a most beneficial result, and deservedly obtained public approval.

“In Cork the use of the Turkish bath in the treatment of insanity is receiving a full and cautious trial of the greatest interest, and attended with an amount of expense and trouble the outlay of which proves that the resident physicians and authorities of that institution are regardless of such considerations where a probable good is likely to result.

“In the Kilkenny Asylum may be seen most successfully carried out the plan of having all the male and female patients take their meals in large halls, without any classification but that of sex. I believe that this plan, which was favorably noticed in the report of the English Lunacy Commissioners, was first tried in this asylum.

“In the Sligo Asylum this principle is still further developed, and all the patients, without distinction, even of sex, take their meals together, in the same refectory, and in this institution the male and female patients also take out-door recreation, ordinarily, during the summer months, with the accompaniment of a musical band, partly constituted of patients.

“In the Richmond Asylum school instruction, as a moral agent in the treatment of the insane, has received a development in form and extent, I believe, not to be witnessed in England or Scotland.

“Thus, four out of sixteen, Irish asylums exhibit, as I believe, what may be looked upon more as original than as imitative improvements, the carrying out of which has been a source of much labour and anxiety to the resident physicians, which proves that they have not been unmindful of their duties, and that (although labouring under the disadvantage of divided power and responsibility and of an uncertain and disputed position) they have maintained, perhaps an unequal, but still an emulative struggle, with the resident physicians of English and Scotch asylums.”

Sir Robert Peel, at the conclusion of the above, having asked several questions in connexion with its statements, which showed how admirably acquainted he was (as his recent speech in Parliament so fully showed) with the present state of the Irish asylums, and having promised to give his immediate and best attention to the several important matters brought before him, the deputation retired, greatly pleased with the very courteous reception which they had received and Sir Robert's anxiety to hear all the information submitted for his consideration on this occasion.