

untiring industry of the General Board of Commissioners in Lunacy for Scotland.

C. J. R.

We are compelled to reserve to a future occasion our notice of the 'Fourteenth Report of the District, Criminal and Private Lunatic Asylums in Ireland.'

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

NOTE BY THE EDITORS.—*We are reluctantly compelled by the space occupied by the lengthened Report of the Annual Meeting of the Medico-Psychological Association, and the Original Articles contributed to this number, to omit the Quarterly Reports on the Progress of Foreign and English Psychological Medicine.*

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

Proceedings at the Annual Meeting of the Association, held at the Royal College of Physicians, on Thursday, July 13th, 1865.

THE Council met in the College at ten A. M., Dr. Monro, President, in the chair.

The morning meeting was held in the large library at eleven, A. M.; the afternoon meeting at three, P. M.

Members present:—Dr. Wood (President), in the chair; Baron Mundy, Dr. Thurnam, Dr. Hitchman, Dr. Kirkman, Dr. Monro, Dr. Boyd, Dr. Davey, Dr. Langdon Down, Mr. Sankey, Dr. Duncan, Dr. Maudsley, Dr. Robertson, Dr. Paul, Dr. Gardiner, Dr. Tuke, Dr. Willett, Dr. Arlidge, Dr. Hunt, Dr. Belgrave, Mr. Iles, Dr. Blandford, &c. &c.

Visitors:—Dr. Haviland, Dr. Hart Vinen, Dr. Webster, Rev. A. Garfitt, Dr. Thorold.

Dr. Monro.—In resigning this chair to my successor, I would express my sense of the great honour which I have received in having occupied it. I feel how little I have been able to do to advance the interests of the Association; but, at the same time, I feel that owing to our meeting only once a year, any want of improvement is not entirely my fault. I wish heartily that measures of progress could be more often discussed. Our meetings at present certainly are of a thoroughly English character: we generally begin with an agreeable *soirée*, we then discuss important measures, and finally we finish with a good dinner. Still, it would be a very good thing if we had more frequent meetings, and also, I think, if we had a place of our own to meet in. I must not, however, detain you, for there is a great deal of matter to be discussed, and you will have an interesting address from Dr. Wood. Before vacating the chair, I may say that there is no one to whom I would rather do so than to my friend and colleague, Dr. Wood, with whom I have been associated for many years in a mild and gentle intercourse, which I truly rejoice at. I beg to resign the chair to Dr. Wood.

The President, on taking the chair, delivered the following ADDRESS:—

My first duty, gentlemen, in taking this chair, is to thank you very sincerely for the distinction you have conferred upon me by placing me in the position of your representative for the ensuing year.

The honour of presiding over any gathering of scientific men within these walls is one of which any physician may feel proud; and the very fact of this privilege being accorded us is a recognition on the part of the most distinguished medical corporation in the kingdom, of the importance of our Association, and of the noble purposes for which we are banded together.

It is a source of gratification to me to have been chosen to stand on the roll of your presidents next to my esteemed friend and colleague who preceded me in this office, and I shall be quite content if I succeed in performing the duties as much to your satisfaction as he has done.

In addition to hereditary professional rank as the direct representative of a long line of eminent physicians who have distinguished themselves in this department of medicine, he has made for himself an independent reputation, and with the genuine philanthropy of a Christian gentleman has given much of his time to provide for the necessities of the destitute, while the enjoyment of his leisure hours has been the cultivation of art. With such antecedents, such a disposition, and such habits and tastes, he could not fail worthily to fill such a position as that from which he has just retired. It was under the guidance of his revered father that, as a junior colleague, I learned almost my first lessons in insanity; and it has been a source of peculiar pleasure to me that, although in another field, it has been my good fortune to be associated in similar duties with the worthy representative of so excellent a man and so faithful a friend.

The modesty of our late President led him to establish a precedent which I am not disposed altogether to disregard, for I think the usage of our Association may with advantage be modified as far as regards the time occupied in the delivery of an elaborate address. While, therefore, I am not entitled to claim the exemption for which he stipulated, I yet propose so far to follow his example as to trespass but briefly upon your attention, for our time is short, and there are important subjects awaiting our consideration. The notices of some of these read as if they were controversial; but I need hardly express a hope that whatever differences of opinion these questions may elicit, we shall all be prepared to give one another credit for desiring the same things, *viz.*, the welfare of that large family of our afflicted fellow-creatures who look to us specially as their protectors, and the prosperity of our Association. Nothing, certainly, is so essential for the prosperity of any society as hearty co-operation; and in proportion, I believe, as we make this our

rule of action, will be our power of usefulness both to the insane community and to ourselves. To adopt the motto of a small but gallant neighbouring nation, "*L'Union fait la force*," and if we would influence public opinion and exercise any control over legislation in reference to insanity, we must present a united front. We have to bear in mind that the public looks with a degree of suspicion, if not upon ourselves personally, at least upon the powers entrusted to us, and upon the opinions we are occasionally called upon publicly to express. And for these and other reasons we scarcely occupy so good a position in the estimation of the public as those other members of our profession who have not made the treatment of insanity the study of their lives. There are many intelligible causes which, no doubt, contribute to this state of things, and among them the most prominent may be traced to prejudices and mistaken notions, which are, in fact, the remnants of superstition and ignorance. The ideas of former times still prevail to a great extent throughout society, nor are the members of our own profession entirely free from them. The surprise so often expressed by visitors to asylums at the order and tranquillity of these establishments, is evidence that they were prepared for a very different sight, and that they had hitherto entertained the most mistaken notions as to what constitutes insanity in a large proportion of the cases detained under care and treatment. Indeed, it is astonishing how frequently, even among the educated classes, a person whose mental condition has become impaired is at once looked upon as separated by an indefinite distance from his fellow-creatures in almost all that relates to the pursuits and duties of life. The world, knowing little of the almost imperceptible differences which in many cases separate the sane from the insane, assumes the existence of a great gulf between them; and except when personally concerned or interested in individuals, is content to avoid so painful a subject, and all concerned with it.

Having occupied the various positions, both in public and private, through which our members pass to the higher appointments which are open to them in connection with asylums and hospitals for the insane, I know something of the sacrifices they make for the public good, and therefore of the claims which, I believe, if fairly represented, there would be every disposition, on the part of the legislature and of the magistrates throughout the kingdom, to recognise. As a general rule, I think we shall all be prepared gratefully to acknowledge the consideration and support which we receive from the governing bodies of the institutions to which we respectively belong. And with regard to the hospital to which I have the honour to be attached, I may say that nothing can exceed the courtesy and kindness shown to the medical officers. Notwithstanding the prejudices we have yet to combat, we may without any arrogance claim a high place in the ranks of those who devote themselves to the service of their fellow-creatures, for of all the derangements to which the delicate mechanism of our mysterious being is liable, none can require the exercise of higher qualities of mind and character in their treatment than that which reduces the highest intelligence to the helplessness of infancy, and throws upon us the noblest duty that one frail mortal can be called upon to perform for another. The mental physician must be patient and self-denying; gentle, yet resolute; sensitive, yet discreet: he must be content with very moderate worldly advantages, for, as a rule, his ambition must be limited to the immediate sphere of his duties. In one sense his aspirations must be of the loftiest, having for his vocation and aim the restoration of man's most noble attribute. In another sense, they must be of the narrowest, for he is too often forbidden to let any beyond the walls within which he labours benefit by his experience. Notwithstanding this, as I believe, most unwise restriction, it yet remains our especial province to enlighten the public on the subject, and to remove the

erroneous impressions which exist so greatly to the disadvantage of the insane.

It is in view of this duty that our position assumes an importance which can scarcely be over-estimated, for to our judgment are constantly referred questions of the deepest interest and the most momentous consequences, as affecting the domestic happiness of families and the future welfare of individuals—to say nothing of those perplexing problems involved in the plea of insanity and the mental fitness to dispose of property, which in the most able hands tend to opposite conclusions. There can scarcely be a more difficult, delicate, and important question submitted to the thoughtful consideration of a physician than that which is suggested by the anxieties of the friends of young persons about to contract marriage, when it has been found that some near relative of one of the parties has suffered, or is even at the time suffering, from insanity. There are many persons so situated who, from conscientious motives which we cannot but respect, determine this question for themselves, and firmly maintain the resolution to continue single for life. It would be well for society if these formed a larger class; but it is perhaps expecting too much of human nature to calculate upon such self-denial being at all general, and consequently the duty devolves upon us of advising the parties, and no duty which can be imposed upon us requires in its performance greater discretion. Doubtless the advice, whatever it may be, is more frequently disregarded than acted upon. For this *we* are not responsible; we can only exercise our judgment to the best of our ability. But we may be sure that our decision will be severely criticised, and that our reputation will be in some danger of suffering if we have given a hasty opinion. It is unnecessary to dwell upon the great variety of momentous questions which are continually propounded to us as illustrating the perplexing and anxious nature of our duties as alienists, but we could scarcely have a more striking instance of the extreme difficulty of these inquiries than that which is afforded by the memorable case of Townley, whose mind was pronounced to be sound and unsound at the same time by equally high and unquestionable authority, and whose wretched end not only strengthened the opinions of those who contended that he was a fit subject for punishment, but also of those who held that by reason of mental infirmity he was irresponsible.

In speaking of the error, which is so common, of exaggerating mental disturbance, we may not forget that there is a difficulty in the opposite direction of no less importance, and perhaps even of a more dangerous nature, viz., that of unwillingness to recognise the incipient stages of insanity, and the determination to adopt any rather than the true explanation of symptoms which are so much dreaded. This is very much owing to the views held by members of our own profession; and legislation has undoubtedly tended to increase the difficulty by measures which, though intended for the protection of the insane, have had the very opposite result. Hence it is no uncommon thing for medical men to refuse to certify rather than incur the personal responsibility which attaches to the performance of such a duty. And it has occurred to me to witness the anxiety and distress of the friends of patients, who, under these circumstances, have been powerless to exercise any effective control. In my opinion legislation is yet required to give provisional authority to deal with the incipient stages of insanity, and to protect medical men in the performance of duties which are imperatively necessary, and which indeed may not be neglected without danger to society. The interests of the patient, too, are often seriously compromised by neglecting proper treatment on the first appearance of the malady; or, by what is sometimes still worse, attempting injudicious interference. Might it not be competent for a county court judge, who is now invested with some of the

power hitherto wielded by the chancery judges, or for a magistrate, to issue a permission in private for a limited period on the affidavits of the medical attendant, or others, giving authority to the friends to place a patient under control in his or her own house, which authority should carry with it power to introduce medical men for the proper examination of the patient, and should be for them a legal justification? At present, if a patient be cunning or rational enough to stand on his rights and refuse admission to the doctors, a certain risk attends any one who intrudes unbidden, and the public is sure to sympathise with one who, under such circumstances, has been approached by stratagem and then removed under false pretences. And yet the law, as it appears to me, most ungenerously leaves the parties to neglect their duty or to practise deception, rather than define how an obvious duty may be properly performed. It is not dealing fairly with the members of our profession to leave them in the power of any alleged lunatic to involve his medical attendant in the costly defence of an action for having done that which it was his duty to do, no less in the interests of the patient and his family, than that of society generally.

If a medical practitioner, on approaching a patient, could tell him candidly that he had legal authority to visit him for the purpose of forming an opinion of his state of mind, there would be no need for the evasions and subterfuges which are so often resorted to, and sometimes so injudiciously, and one reasonable ground of complaint would often be avoided; for the insane are not less sensitive than other people on the point of deception practised towards them, and it is not unfrequently the ground of their reproachful remonstrance that they were unnecessarily deceived, while had they known the purport of the visit they would have behaved quietly. As it is, evasion in too many cases is the only way of avoiding violence and a public exposure of a very distressing kind, which would often be prevented by being in a position to deal candidly with the patient.

Again, legislation is required to deal more economically with very small properties of persons who become insane; or, at least, with their incomes. For, as the law stands, or rather in the absence of any law on the point, it is only by suppression of the facts or by some irregular proceeding that the relatives of a patient can make his income available for his own or his family's maintenance; so that the means of frustrating any plans and depriving himself of the benefit of proper treatment, and possibly of the chance of recovery, are, as it were, deliberately given and not unfrequently made use of by the patient, to the prejudice of himself and the extreme perplexity of his family.

Neither does there appear any reason why the law should hold out to certified patients a temptation to escape from the position in which the law itself has formally sanctioned their being placed for the purposes of treatment. The very knowledge on the part of patients that if they can succeed in escaping from control and conceal themselves for fourteen days they are free, acts in many cases most prejudicially, and exposes their friends to a great deal of unnecessary anxiety. If it is lawful and right that they should be kept under control, it seems inconsistent to encourage them to break from that control; and the promise of freedom—perhaps the most tempting offer that can be made to them—if they succeed in deceiving those in charge of them is calculated to keep alive not only a feeling of wrong inflicted upon them which they ought not to endure, but to maintain a condition of restlessness and excitement which seriously affects their prospects of recovery. Of course, as a rule, tranquillity of mind is the most important condition that we endeavour to secure for our patients, and in many cases it requires the most judicious management to bring them to acquiesce in the propriety of their separation from the world. Uncertainty of any kind is very in-

jurious, and surely nothing should be done or countenanced which encourages the idea that they are in any sense oppressed. In fact, the direct encouragement to break what ought to be considered the law, may naturally suggest the idea that the whole proceeding is illegal; and we all know how frequently this view of the case is urged upon us by those patients who, though insane, are yet rational enough to argue on the legality of their detention.

All legislation, in fact, seems to assume the necessity of protecting the insane from those whom they should be taught to consider their friends and protectors.

It is specially to the members of our Association, which embraces almost all the practitioners in lunacy in the kingdom, and which also claims as belonging to its family the superintendents of the asylums in India and the colonies,—it is, I say, to us that the public must look for guidance on the subject of insanity. For the omission of this study from the course of instruction prescribed for the medical student, can only have resulted in the very imperfect information of medical practitioners, and consequently in the general ignorance of society of all that relates to the subject.

It is satisfactory to know that a beginning has been made to supply this most important part of a thorough medical education, and in more than one medical school in the metropolis special lectures have been delivered on insanity. The time has, perhaps, scarcely arrived for making such attendance compulsory, because I believe that lectures alone, if not illustrated, would be of comparatively little value; and the experiment has yet to be tried of how far the hospitals and the asylums in the neighbourhood of London can be made available for the instruction of all the medical students who flock to the metropolis. Occasional visits may no doubt be made with very great advantage to county asylums at a distance from town, but for the purposes of systematic teaching, it must be institutions within a moderate distance to which we must principally look for the means of illustrating the lectures delivered in the schools. While, therefore, I am a warm advocate for making the study of insanity a part of the medical curriculum, and hope to see the facilities for such studies afforded to every student of medicine, I should deprecate any hasty legislation on the subject, and think it would be unwise to attempt to make that immediately compulsory, which yet requires the experience of a permissive arrangement. There can be no doubt that any teaching which is not practical must be unsatisfactory, but as regards insanity, illustration is essential; for the most accurate description fails entirely to convey any intelligible idea of the infinite variety of cases with which it is necessary for every practitioner in medicine to be familiar, who would assume the responsibility of treating insanity, and advising the relatives of insane persons.

The Report on the Superannuation Clause will explain to you better than I can what is asked for superintendents of asylums.

The claims of such of us as are giving up our lives to the service of the insane, and through them to the service of the public, will not be questioned by any who know what that duty involves, and what sacrifices must be made in performing that duty efficiently. There is, I suppose, no position in life where the nervous system is subjected to a more severe and continuous strain than in that occupied by a medical superintendent of an asylum. I think we are all on the same footing in this respect: I mean, that what is wanting in the anxieties and labours of one, is compensated for by some increased cares in another, and, that this is the same whether engaged in conducting a private licensed house, or in managing a large county asylum. In the latter, however, as I think unwisely, the resident superintendent is debarred from the opportunity of improving his income, and

giving society the benefit of his experience, by regulations which oblige him to devote the whole of his time to the duties of his office. I doubt much those duties being any better performed by a man whose time is entirely passed within the walls of an asylum, and who is practically denied the advantage to be derived from that interchange of ideas which is such a relief to the arduous labours of other practitioners. Doubtless there are those who, with studious habits, prefer comparative seclusion, and to whom the retirement of an asylum is as congenial as the cloisters of a college; but even to those so constituted, there are depressing influences from which other classes of students are exempt. And, after all, most of us are possessors of temperaments which expose us to greater wear and tear of mind and body than perhaps any other class of professional men. Instances of longevity are comparatively rare in our profession, and in our special branch of it we cannot but be painfully conscious of the frequent occasions when we are reminded not only of the uncertainty of life, but of the danger to which we are all exposed, of breaking down under the life of toil and anxiety which is inseparable from our vocation. It is true that we are so differently constituted, that one is able to bear what would crush another; but to all the burden is a heavy one. Within the last twelve months two of our members have been compelled to seek in prolonged absence from their duties a restoration of health, which had been seriously impaired; and we have seen, with much regret and sympathy, those who have borne the burden and heat of the day—who once stood foremost amongst us, one after the other, fall out of our ranks overlaid and overwhelmed with their task, and leaving to us a warning which we shall do well to heed.

The time and place seem appropriate to pay a passing tribute to the memory of one who, though not a member of our Association, was, as a chancellor's visitor, in some respects identified with us. The late Dr. Southey, who has just gone to his rest full of years and honours, was a distinguished fellow of this college, and those of us who were brought into official contact with him will bear their willing testimony to the kindness and consideration with which he performed his duties, whilst the profession generally, and, indeed, all who knew him, felt that he was in every way worthy of the distinguished name he bore.

If I have appeared to dwell upon the shady side of the picture which our careers represent, I am not unconscious of the bright, I may say of the brilliant, side; for while we have much to harass and to trouble, we have a compensation in the joy with which it is at times our privilege to hail the return of reason, and surely there can be no compensation comparable to that of restoring to the bosom of the great human family even one wandering spirit. We have, then, a noble vocation, I might say, a sacred mission; and if we labour truly to do our duty, assuredly our reward will be great.

“The lives of great men all remind us,
We may make our lives sublime,
And departing leave behind us
Footprints on the sands of time.

“Footprints that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing, shall take heart again.

“Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labour and to wait.”

Dr. Tuke announced that he had received letters of regret for their unavoidable absence from M. Brierre de Boismont, M. Jules Falret, Dr. Browne, Dr. Lalor, Dr. Laycock, Dr. Sankey, Dr. Stewart, Dr. Burnett, and several other members.

Dr. Thurnam.—I cannot refrain from rising at this point in our proceedings, and before the ordinary business is proceeded with, to move that this Association express its deep sense of the highly able and eloquent address we have just had the pleasure of listening to from the President. It appears to me that to defer it to a later period of our proceedings would not be acknowledging the merits which I am sure we all feel belong to it.

Dr. Monro.—I am very happy to second that.

The President.—I must not be so vain as to occupy your time any further. I thank you very sincerely for your appreciation of my humble efforts to do my duty here; and I also beg to thank my friend, Dr. Thurnam, for the kind way in which he has proposed such a very complimentary resolution.

Dr. Monro.—Will you allow me to ask whether it is customary on these occasions to go into any points which have been particularly mentioned in the President's address, or whether the short space of time at our disposal would compel us to go on with the ordinary business? I beg to ask the question, because I feel that many of the things which Dr. Wood has so eloquently put forward, are matters of the greatest interest and importance; and I should have been very glad to hear what various members of the Association may have to say upon them. Of course there are other subjects which Dr. Wood has not referred to, but those which he has referred to are matters which press very heavily upon us; and I think it would be doing honour to him, as well as to the subject, to allow ourselves the opportunity of going into those points a little, unless there should be a special reason against it.

Dr. Tuke.—I think I may answer that it is not the general custom to discuss the President's address. We are not at all bound by the opinions he may utter, and it would be, I think, extremely inconvenient if the meeting were to discuss the opinions of individual presidents. There may be some on which we should differ very much. I think it is not the general practice of the Association to discuss them. I speak in the presence of members of the society who have filled the office of president in former years.

Dr. Arlidge.—It seems to me very undesirable that the suggestions made by our presidents from year to year should be allowed to drop through and be taken no notice of, which will be the case if the address is not to be discussed. I think it would be very desirable that the suggestions should be put before a committee of the Association to be reported on at a future meeting. We hear from year to year very valuable suggestions thrown out by the President in his address, but we hear no more of them afterwards; and I think we should be gainers if we were to adopt some such system as I have mentioned.

The President.—I think, perhaps, the more convenient course will now be to take the business as it appears in the agenda before us, and then if we have time to raise any of these other points for more particular consideration, it will be competent for us to do so; but our time is short, and I am afraid we shall soon find it slip away in discussing what is put before us as a matter of form and necessity. The first question, I believe, according to the ordinary routine is to determine where shall be THE NEXT PLACE OF MEETING. There is something a little peculiar connected with that question upon the present occasion, inasmuch as the place of meeting this year is bound up almost necessarily with the election of your next President. Now, I believe I am authorised to say that if we shall determine that the

meeting shall be at Edinburgh, we shall have the great advantage of the presidency of Dr. Browne, the distinguished Commissioner in Lunacy for Scotland. I think, therefore, that the circumstances under which we might meet at Edinburgh, are so favorable to the interests of the Association, that I would now move from the chair that our annual meeting in 1866 be held in that city. I propose, therefore, that we now proceed to determine whether or not the place of meeting next year shall be Edinburgh? If any gentleman has any other place to propose, or any observation to make upon the subject, I shall be very happy to hear him; but if no member has any observation to make upon the question, I will put it at once to the meeting.

The resolution was seconded by *Dr. Lockhart Robertson*, and carried unanimously.

The President.—The next business, then, gentlemen, will be to proceed to THE ELECTION OF PRESIDENT, which, it appears by the rules, must be by ballot. I venture to propose, then, with your permission, that Dr. Browne, the Commissioner for Scotland, be our next President.

Dr. Monro.—I beg to second that.

The ballot was, according to the existing rules, then taken, the names being written on the papers. The result was, that Dr. Browne was elected.

The President.—The next duty will be to appoint EDITORS FOR THE JOURNAL.

Dr. Duncan.—I propose that the editors, Dr. Lockhart Robertson and Dr. Maudsley, be re-elected.

Dr. Shepperd.—I have much pleasure in seconding that. (Carried unanimously.)

Dr. Monro.—I beg to propose that we re-elect THE TREASURER, Dr. Paul.

The motion was seconded by *Dr. L. Robertson*, and carried unanimously.

The President.—The next duty is to appoint the GENERAL SECRETARY.

Dr. Hitchman.—I propose that Dr. Harrington Tuke be re-elected General Secretary.

The motion was seconded by *Dr. Gardiner*, and carried unanimously.

Dr. Tuke.—Mr. President and Gentlemen,—I am very much obliged to you for re-electing me. I am breaking through the routine of silence for one moment; first, to thank you, and secondly, to congratulate the society upon its present flourishing condition, having to-day, I am happy to say, a list of new members larger than ever. I only wish to take the advantage of my present opportunity of speaking to mention the great importance of our annual discussions. Dr. Arlidge mentioned to-day the advantage of discussing some of the topics touched on by the President. I may say that our discussions on Bethlehem, begun first by Dr. Robertson, continued by myself last year, and to be continued this year by Dr. Robertson, have been read with much interest. I may instance, for example, that Dr. Robertson's remarks upon Bethlehem have been largely quoted in the medical papers; and, I had the honour of being summoned to give evidence before the Commission for the Abolition of the Punishment of Death, solely from the fact of our resolution upon this subject having been unanimously passed. The members of both Houses took great interest in the fact of the Association having unanimously passed the resolution, and they asked whether it was so, and whether we did not some of us differ. I am quite sure we shall hereafter be of a great deal of use in Psychology in discussing subjects, and coming to conclusions—if unanimously, of course so much the better. I have to thank you very much for my re-election.

The President.—The next question is, whom you will please to appoint as your AUDITORS.

Dr. Robertson.—One Auditor, Mr. Sankey, is eligible for re-election, and Dr. Helps retires. I beg to propose that Dr. Sheppard takes his place.

Dr. Monro.—I beg to second that.

The resolution was put to the meeting, and carried unanimously.

The President.—We have now to elect THE HONORARY SECRETARIES FOR SCOTLAND AND IRELAND.

Dr. Robertson.—I propose the re-election of Drs. Rorie and Stewart.

This was seconded by *Dr. Maudsley*, and carried unanimously.

The President.—We now proceed to the election of MEMBERS OF COUNCIL.

Dr. Arlidge.—It will be very desirable to know the names of the Council.

Dr. Tuke.—At present the names of the members of the Council are Drs. Conolly, Hitchman, Duncan, Davey, Sibbald, and Sir Charles Hastings. I may say, the Council to-day have debated this question, and it was proposed that the number should be increased—that the present members should remain, and that two new names—those of Dr. Thurnam and Dr. Boyd—should be added. It may save time, the Council having recommended that, to put it as the suggestion of the Council, and to state that we propose to alter the rule, making the Council consist of eight members instead of six.

Dr. Maudsley.—I beg to propose that the former members of the Council be re-elected with the addition of Dr. Boyd and Dr. Thurnam.

Dr. Paul.—I beg to second that.

The motion was carried unanimously.

The President.—The next business before us will be the REPORT OF THE TREASURER.

Dr. Paul read the Treasurer's Report.

*The Balance Sheet of the Treasurer of the Medico-Psychological Association, presented at the Annual Meeting,
held July 13th, 1865.*

	RECEIPTS.	EXPENDITURE.	Notes and News.
	£ s. d.		£ s. d.
By Balance of 1863-4	39 15 5	Annual Meeting	16 15 0
of Secretary for Scotland	18 15 0	Editorial expenses (one year)	32 10 6
	58 10 5	Printing and publishing four numbers of the Journal	171 4 6
By Subscriptions received—	122 17 0	Sundries—	
by Secretary for Ireland	25 4 0	Treasurer	1 0 0
by Secretary for Scotland	19 19 0	Secretary for Ireland	0 15 4
Dr. Toller for engravings	5 12 0	Secretary of Scotland	0 3 10
	£232 2 5	Balance in Treasurer's hands	222 9 2
			£232 2 5

Examined and found correct,
(Signed) HEURTLEY SANKEY, Auditor.

Dr. Maudsley.—I beg to move that the Treasurer's Report be adopted.
 [The motion was seconded by *Dr. Robertson*, and carried unanimously.

Dr. Tuke.—I have now to propose the election of twenty ordinary members, whose names have been submitted to and approved by the Council this morning. The rules require that the election of members be by ballot, and I would ask the President whether he requires that a separate ballot be taken for each name, or whether a general ballot may not suffice?

The President.—The rule only requires that new members should be by ballot; it does not specify that it should be a separate ballot for each individual. I think there is no doubt about that. If you find any black balls at all—if there is only one black ball—we may then proceed to ballot separately for each member; but I conceive there is nothing at all in opposition to the letter and spirit of our rules in balloting for the whole, in the first instance, together.

Dr. Tuke read the names of the members, which were as follows:—

Edward S. Haviland, M.D., 13, Lyon Terrace, Maida Hill.

T. B. Belgrave, M.D., County Asylum, Lincoln.

Charles Berrell, Esq., County Asylum, Warwick.

J. N. Simpson, M.D., County Asylum, Gloucester.

Hyde McPherson, Esq., Borough Asylum, Norwich.

J. Edmundson, M.D., District Asylum, Clonmel.

Algernon Chapman, Esq., County Asylum, Abergavenny.

Luke Baron, M.D., Fort Pit, Chatham.

F. Davidson, M.B., District Asylum, Banf.

Walbridge Snook, Esq., General Hospital, Northampton.

Daniel Iles, Esq., Fairford, Gloucestershire.

Frederick Sutton, Esq., County Asylum, Thorpe, Norwich.

H. C. Bastian, Esq., Broadmore Asylum.

Harry Manning, Esq., Laverstock House, Salisbury.

Stanley Haynes, M.D., Laverstock House, Salisbury.

W. Harris, Esq., Wandsworth.

G. Eames, M.D., District Asylum, Letterdenny.

Edmund Lloyd, Esq., Assist.-Med. Officer, Post Office.

Hart Vinen, M.D., Chepstow Villas, Baywater.

Frederick Lewins, M.D., Hayward's Heath, Sussex.

The twenty gentlemen were unanimously elected.

Dr. Tuke.—The list of Honorary Members proposed by the Council of the Association this year, are the following:—*Dr. Lasègue*, M.D., Paris; *Dr. Jules Falret*, M.D., Paris; *Dr. Legrand du Saulle*, M.D., Paris; *Dr. Biffi*, M.D., Milan; *Dr. Schlager*, M.D., Vienna; *Dr. Leidesdorf*, M.D., Vienna; *Dr. Bulckens*, M.D., Gheel; *John Blake*, Esq., M.P.; *W. H. Wyatt*, Esq., J.P., Chairman of the Committee, Colney Hatch.

The gentlemen whose names had been read were balloted for, and unanimously elected Honorary Members.

Dr. Tuke.—The Editors of the Journal have received the following letter from the Right Rev. Bishop Willson, the Roman Catholic Bishop of Hobart Town.

“7, MANCHESTER STREET, W.;

“July 6th, 1865.

“GENTLEMEN,—I am requested by my uncle, *Dr. Willson*, the Catholic Bishop of Hobart Town, to express to you his gratification, on his return to this country, at finding the cordial manner in which his exertions to improve the management of some of the Australian Lunatic Asylums, have been remarked upon in the ‘Journal of Mental Science.’

“*Dr. Willson* wishes me to remind you that he was one of your honorary

members at the time when the annual meeting (the first?) was held at Lancaster, and he would highly esteem the honour, could he be restored to the list of *honorary members*, from which a long absence in Tasmania has, I presume, disqualified him.

"I regret to have to inform you of the reason that Bishop Willson does not himself write to you—he is suffering from paralysis of the right limbs, which seized him on the voyage home, in March last, and confined him to his cabin for three months.

"It is satisfactory to state that there is some return of strength in the limbs.

"I have the honour to remain,

"Gentlemen,

"Your obedient servant,

"T. J. WILLSON.

"To the Editors of the 'Journal of Mental Science.'"

I presume Bishop Willson's name has been forgotten; I therefore ask that this gentleman may be put on the list of honorary members as being re-elected to-day.

The President.—I do not know, gentlemen, whether it is necessary formally to put the question to which Dr. Tuke has just drawn your attention. It appears that the Bishop of Hobart Town is really one of our honorary members, but by an omission on the part of some of our previous officers his name has not been printed in the list. We shall, of course, be glad to rectify that omission, having our attention called to the fact. Unless, therefore, it is the wish of the meeting, I do not propose to put that question. I think we may assume it as a matter of course. Another letter, gentlemen, that I hold in my hand, has been received from the Secretary of the American Association of Medical Officers of Asylums, complaining of some remarks that were made in our Journal on a gentleman, who was formerly President of that Association, but who fell in the war between the Northern and Southern States. It was, perhaps, a little unfortunate that he, having altered his position and assumed a political instead of a medical one, rendered himself somewhat liable to be treated as a non-professional man; and in referring to his life some remarks were made in the Journal which, perhaps, I may say I regret having been made as applied to a medical man. Yet there is this excuse, that at the time those remarks were made, or rather before this gentleman's death, he had virtually left the profession and become a layman, and it was upon him in that capacity that the remarks were made. However, the editors of the Journal propose that I, as your President, with your permission, should answer this letter and state, as I shall do most unreservedly, that it was farthest from their thoughts to say a word to reflect upon any man who either was then, or had been a member of our profession, or associated in any way with us. We are quite of accord as to the way in which the letter should be answered. I will, therefore, with your permission, take upon myself to answer the letter, and put the matter straight with our American friends.

Dr. Tuke.—I shall now read the Report of the COMMITTEE APPOINTED TO REVISE THE LAWS OF THE ASSOCIATION.

The Committee appointed at the Annual Meeting, in 1863, to revise the Rules of the Association, beg to submit herewith the revised Rules, which after much deliberation they unanimously recommend for adoption to this Meeting.

RULES OF THE ASSOCIATION.

1. Name.—*That the name of the Association be the "Medico-Psychological Association."*
2. Objects. — *That the objects of this Association be the improvement of asylums and hospitals for the insane; the acquisition and diffusion of a more extended knowledge of insanity and its treatment; and the promotion of a free communication on these subjects between the Members.*
3. Members.—*That the Association consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners interested in the treatment of insanity.*
4. Election of Members.—*That the election of Members take place by ballot at the annual meetings, a majority of two thirds of those present being required for the election of each candidate.*
5. Annual Subscription.—*That each Member pay an annual subscription of one guinea, the subscription to be due in advance on the 1st of July in each year; the accounts to be made up to the 30th of June.*
6. Arrears.—*That any Member in arrear of his subscription more than twelve months after the expiration of the year for which it is due, and more than three months after application by the Treasurer for the same, shall cease to be considered a Member of the Association; provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears.*
7. Expulsion.—*That a general or special meeting shall have the power by a majority of three fourths of those present, to remove from the list of the Association any Member whose name is submitted by the Council with that object.*
8. Honorary Members.—*That gentlemen, whether of the medical profession or otherwise, who are distinguished by the interest they take in the treatment of the insane, be eligible for election as honorary Members, the election to be by ballot as in the case of ordinary Members; at least a month's notice having been given of the names to be proposed to the Secretary, who will append them to the circular by which the Annual Meeting is summoned. The recommendation for each honorary Member must be signed by at least six Members of the Association.*
9. Officers.—*That the Officers of the Association consist of a President, Treasurer, General Secretary, a Secretary for Scotland, a Secretary for Ireland, an Editor or Editors of the Journal, and two Auditors, who shall be elected at each annual meeting; balloting papers being used in such election for the appointment of President.*
10. President.—*That the President for the year enter on his duties at each annual meeting, and that his successor be appointed before the meeting separates.*
11. Other Officers.—*That the Treasurer and Secretaries, Editor or Editors of the Journal, and one Auditor, be eligible for re-election.*
12. Annual Meetings.—*That an annual meeting of the Association be held yearly in July, or the first week of August; such meetings to be called both by advertisement and circular to each Member, giving at least four weeks' notice.*
13. Council.—*That the officers of the Association, with the President elect, the President of the past year, and eight other Members, do constitute the Council of the Association. The eight ordinary Members shall be appointed by the annual meeting, two of the members retiring by rotation each year, but being eligible for re-election.*
14. Special Meetings.—*That the President, on the requisition of fifteen Members of the Association, shall have authority to call a special meeting, of which notice shall be given in the usual way, and at which, only the question or questions stated in the requisition shall be discussed and determined.*
15. Place of Meeting.—*That the annual meeting be held in London, or, if so agreed at the preceding meeting, in Scotland or Ireland, or in some provincial town or city.*

16.—Adjournment of Meetings.—*That the annual or special meetings may be adjourned to a second or third day, if a majority of those present so decide.*

17. Order of Business.—*That after the minutes of the preceding meeting have been read, and the ordinary business transacted, reports from Members appointed to prepare the same, and other papers and communications shall be received, and free discussion invited on all topics connected with the objects of the Association. Each Member to be allowed to introduce one Visitor at the meeting. A report of the proceedings of each meeting to be published in the Journal of the Association.*

18. Finances and Journal of the Association.—*That after the payment of the ordinary expenses of the Association, the surplus funds shall be appropriated in aid of the Journal; the accounts of the Editor or Editors of the said Journal and of the Treasurer of the Association shall be examined by two Auditors, who shall report to each annual meeting. Each ordinary Member of the Association to be entitled to receive the Journal without further payment.*

19. Alteration of Rules.—*That any Member wishing to propose any alteration in, or addition to the rules, do give notice of his intention at a previous annual meeting, or two months' notice to the Secretary, who shall inform each Member of the Association of the same, in the circular by which such meeting is called.*

(Signed)

JOHN THURNAM.
JOHN KIRKMAN.
C. L. ROBERTSON.
JAMES GEO. DAVEY.
EDGAR SHEPPARD.
H. TUKE, Hon. Sec.

ROYAL COLLEGE OF PHYSICIANS;
July 13, 1865.

In the discussion which followed, various slight alterations and verbal amendments were recommended and adopted; and, amongst other amendments, it was proposed by Dr. Gardiner that the Association should be open to all legally qualified medical practitioners.

Dr. Arlidge.—In seconding that proposition, I am going to suggest that it should be extended further. As you alter the name of the Association from "The Association of Medical Officers of Asylums and Hospitals for the Insane" to "Medico-Psychological," it seems to throw the Association open to any one who may wish to join. I do not see why we should confine ourselves to medical men. It would be an advantage to us to have associated with us lawyers or barristers who take an interest in the question of lunacy. I do not make any motion upon the subject, but only throw this out as a suggestion, that it may be taken into consideration hereafter. It was brought to my mind by the name of some gentleman who was proposed to-day connected with the Post Office. I doubted whether he was a medical man at all.

Dr. Robertson.—Yes, he is a medical officer.

Dr. Monro.—What is the proposed alteration? Should it not be put on record? I beg to call the attention of the meeting to the fact that the proposer and seconder did not exactly refer to the same subject. The proposer advises that the Association shall be open to all medical men, and the seconder rather recommends that it shall be open to all men who take an interest in the subject. I think the proposer and seconder must both agree.

Dr. Gardiner.—By this second rule it seems imperative that every member shall be engaged in the treatment of insanity. What I wish to submit to the meeting is that this Association shall be open to all legally qualified medical practitioners.

Dr. Robertson.—I beg to second Dr. Gardiner's motion.

Dr. Arlidge.—I did second that, but I threw in some additional observa-

tions in reference to the alteration of the name, a suggestion that might be carried out at some future time, if you thought fit to admit others than medical men into the Association.

Dr. Monro.—Why should not the whole question come forward?

The President.—The proposition of Dr. Gardiner is, I think, unexceptionable, and I am disposed to think the same of the proposition of Dr. Arlidge. It does appear to me to be very desirable now to consider the question whether we should limit the Association to medical men. I shall be glad to hear the opinion of other members on this subject. As we are making a new rule, we should make it as comprehensive as possible. If there are any reasons against the proposition, now is the time for them to be brought forward.

Dr. Maudsley.—At the present time the Association is not confined to medical men. We have voted amongst the honorary members some who are not medical men.

The President.—Our rule says they shall be medical men.

Dr. Tuke.—That rule applies to ordinary members only.

The President.—Dr. Arlidge contemplates the admission of non-professional men into the Association. It appears to me that is a matter well worthy of consideration, and that this is the proper time to consider it.

Dr. Gardiner.—I think, Mr. President, your suggestion is a correct one, and I therefore wish to propose that membership of the Association be limited, not only to all legally qualified medical practitioners, but to all those persons who will, we think, take an interest in our speciality, whether medical or non-medical.

Dr. Monro.—Men, of course?

Dr. Duncan.—I submit, with all deference to the gentlemen who have spoken on this question, that if non-medical persons are to be admitted as members of our Society, the term psychological should be substituted for medico-psychological, because that term would imply that all the members of our body are medical men. I think there is something in that.

Dr. Maudsley.—I have a very strong opinion against withdrawing the medical character of the Association, and converting it into a psychological society. We could have no unity of aim or definite existence of that kind. If we alter our title from the Association of Medical Officers of Asylums and Hospitals for the Insane, we should keep in view in some way the special character of our Society and our special aim, and not throw it into a general society. Therefore, I propose that we should retain the title "Medico-Psychological," and I, for one, should refuse to vote for the admission of any but regular practitioners.

Dr. Monro.—Is it not advisable that the chaplains of county asylums should be allowed to become members of the Association? I think we might receive a great deal of benefit from them.

Dr. Down.—Persons who have the care of insane people might assume as a qualification the title Members of the Medico-Psychological Association; and if they were not medical men it would, to the uninitiated, give a qualification which is not valid.

The President.—There is something in that objection, but I think we may always meet that by the power we propose to take to exclude any member from our Association who makes any improper use of his membership.

Dr. Down.—If they were unscrupulous enough to do what I suggest, they would be unscrupulous enough to use the name after they were excluded.

Dr. Monro.—Is there any rule which interferes with a non-medical man coming into the Association?

The President.—The rule says "That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of

legally qualified medical practitioners otherwise engaged in the treatment of insanity."

Dr. Gardiner.—I think, on second consideration, my original proposition had better be taken first; therefore I beg to propose that the membership of the Association be limited, not only to "legally qualified medical practitioners otherwise engaged in the treatment of insanity," but to all legally qualified medical practitioners.

Dr. Monro.—That is seconded by Dr. Arlidge.

Dr. Arlidge.—I cannot second it, with the views I have expressed.

Dr. Robertson.—I beg to second it.

The President.—You move an amendment?

Dr. Arlidge.—I move an amendment to the effect that the members of the Association comprise, not only those who are engaged in the practice of medicine, but others who are interested in psychology or in the practice of lunacy. We have always an opportunity of ascertaining.

Dr. Hitchman.—I beg to second the proposition of Dr. Arlidge, and I think his amendment is only carrying out what you have already done in the election of honorary members of the Association. You have elected Mr. Wyatt, Chairman of the Committee of Colney Hatch, who does not fall within the category of ordinary members, nor need he as an honorary member, but the suggestion of Dr. Arlidge places such election more in harmony with the general laws of the Association. I think we should stand much better with the general public if we were to admit some other members than medical men into our body; the public would not then look upon us with that suspicion which, unfortunately, they do now, and it would be very useful to us if legal men, barristers, attorneys, and others, would join us. We should be interested, I think, in hearing the special views they take upon interesting subjects of jurisprudence in relation to insanity; and I think they would gain a good deal by listening to our observations, and in looking at the subject of insanity from our point of view. Therefore I have very great pleasure in seconding the amendment.

Dr. Tuke.—I am very unwilling to appear to speak on an illiberal side of the question, but I do strongly deprecate the adoption of the amendment of Dr. Arlidge, and for this reason—at present we stand as a medical body; we are meeting here in the College of Physicians; we propose to meet next year in the College of Physicians at Edinburgh. We have had some of the leading physicians of the country as our presidents, and I do believe we should weaken the strength of our Association, which is every day gaining ground, if we admitted lay members. We cannot possibly get from them any information as to our great object—the improvement of the treatment of the insane. We do not care about their opinions, for this reason—they do not understand the question, and they cannot add to our deliberations any weight whatever; and, moreover, I think that our resolution last year, which was unanimously carried, would have lost its weight very much if it had been associated with a number of counsel and attorneys, and other lay members, who, it is certain, would have opposed it, and merely because they know nothing practically of the subject. To introduce into our Society a number of men who know nothing at all about our subject will not add to our usefulness.

Dr. Monro.—I think there is a great deal in what Dr. Arlidge has said, but it is advisable that we should progress in this matter by degrees, perhaps. The proposition of Dr. Gardiner is, I think, a step in the right direction; and if we are satisfied with that this year, it will be best to adopt it, and Dr. Arlidge can make a motion for his proposal to come forward in a succeeding year. I believe a good many members of the Association will take a great interest in the proposal, but it is certainly advisable to

progress by degrees and adopt Dr. Gardiner's proposal on the present occasion.

Dr. Arlidge.—In reference to Dr. Monro's remarks, I may observe that we are on a question of rule, and if we alter it we had better alter it as we wish it permanently to be, and not have to revise it again next year. Dr. Tuke made a remark to the effect that all other but medical men are ignorant of insanity and the laws relating to it.

Dr. Tuke.—The treatment of it.

Dr. Arlidge.—The treatment of it. But that is not the only purpose of our Association; it is a protective association, for protecting the interests of those engaged in lunacy. We have constantly legal questions arising, and if we had a certain number of lawyers amongst us we could more satisfactorily discuss those questions. Certainly, we should be able to put any proposition for the amendment of the law before the public with more confidence and with a better chance of getting a hearing from the public than we do at present. As the Society exists now, it is just a special society of those who are engaged in insanity; we are supposed to have special interests, and to propose alterations in behalf of those special interests apart from the general welfare of the country. But, if you throw the Association open in the way I propose, and admit others who are not engaged in asylums, or in connection with asylums, not only medical men, but others, the Association will take a much higher stand. It was on these grounds that I proposed the amendment.

Dr. Gardiner.—In the first place, I think it extremely unlikely that any gentleman who is not a member of the profession will apply for membership. If he should do so, and if we should see that he has the interest of the question at heart, it is always open to us to admit him as an honorary member; therefore I think the amendment is unnecessary.

Dr. Mundy.—I wish to call the attention of the Association to our two sister associations, the French and the German, one of which has been in existence more than twenty years—longer than the English Association. Our experience in Germany shows that non-professional men are rather useless in such associations, hindering their labours, and causing a great loss of time, by mixing up matters not at all within the object of such an association. In France the system was changed in this way only—that the French Medico-Psychological Society admits only members who are high in standing in mental science, but nobody else; and some of them are of such high standing that they are of great utility. If the membership were confined to persons of this description in England it would be of the greatest utility for our Association. In Germany we are much more rigorous; we do not admit any other than those engaged in our speciality. The society has been in existence about thirty years, and works very well. Without giving any opinion upon the proposal which has been made, I only take the liberty of informing you of the constitution of our two sister associations.

The President.—It appears to me a question well worthy of serious consideration whether, bearing in mind the great jealousy that exists in the public mind towards us, we should not disarm a good deal of that jealousy by having associated with us, especially, a few lawyers. I have no very strong opinion about it; it is a new idea, but one, I think, deserving of very careful consideration, because I do not apprehend that the dangers that are contemplated are likely to be very great, in admitting amongst us a few of those who really take sufficient interest in the subject to wish to become members. I do not apprehend that there would be any very large number.

Dr. Hitchman.—I may just observe that we have the protection of the ballot.

The President.—Quite so. I should be sorry to see the question lightly thrown on one side.

Dr. Maudsley.—We can give it a year's consideration.

Dr. Shepherd.—I am inclined to think by adopting the suggestion we should destroy the character of the Association. Dr. Tuke very ably put that forward, and I am prepared to endorse all he said upon the subject. Both the Committees of the House of Commons and the Commissioners in Lunacy really, in a measure, look up to us as a body worthy of consultation. If we mix up members of the legal profession, and laymen generally, with ourselves, we shall destroy very much our special character. I have myself the largest views with regard to admission, and I should be extremely sorry to exclude any one, but I think we are bound to bear in mind what we really are, and for what purposes we were constituted.

The President.—If no other member has any observation to make, I must put the amendment to the meeting.

Dr. Arlidge.—It will read in this way—"That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners, and of other persons who feel interested in the subject of psychology."

The President.—I must ask you, gentlemen, all to vote on this occasion; it is an important one.

[The amendment was then put to the meeting, when there appeared—

For the amendment	6
Against	12
	—
Majority	6.]

The President.—The original motion proposed by Dr. Gardiner and seconded by Dr. Robertson is—"That the Association consist of medical officers of hospitals and asylums for the insane, public and private, and of all legally qualified medical practitioners." The rule is only altered, in fact, in making it include those who are engaged otherwise than in the treatment of insanity.

[The resolution was carried unanimously.]

Dr. Thurnam.—I beg to suggest that the Committee appointed to revise the rules be requested to remain in office for the purpose of seeing the rules put in print, so that the onus of deciphering this paper be not entirely left with the Honorary Secretary, as I think it may be rather a difficult task, and some questions might arise upon it afterwards.

This motion was seconded by *Dr. Robertson*, and carried unanimously.

The meeting was then adjourned till Three o'clock.

AFTERNOON MEETING. *The President.*—Perhaps, gentlemen, before proceeding with our business, you will allow me to propose to you another name to our list of new members—Dr. Haviland. I do not know whether it is necessary to go to the ballot. I may, perhaps, put it to the meeting whether it is your wish that Dr. Haviland should be admitted a member of the Association.

Carried unanimously.

Dr. Tuke.—I have to announce the presentation since last year of several reports from the various medical superintendents of asylums, and amongst the rest the three bound volumes of complete Colney Hatch 'Reports,' with a letter from the clerk of the Visitors to me.

" MIDDLESEX COUNTY LUNATIC ASYLUM, COLNEY HATCH.

" 33, MILNER SQUARE, ISLINGTON ;

" 23rd Nov., 1864.

" SIR,—At the request of Mr. Wyatt, the Chairman of the Committee of Visitors of this Asylum, I beg to forward to you, for the use of the Society, a set of the Annual Reports from the opening of the asylum to the end of last year.

" I am, Sir,

" Your faithful servant,

" JOHN S. SKAIFE, Clerk to the Visitors.

" DR. TUKE Hon. Sec.,

" Association of Med. Officers of Asylums."

I have also a set of bound reports from Dr. Kirkman and Dr. Murray Lindsay. I move that the thanks of the Association be presented to these gentlemen, and that I may be authorised to write to Mr. Wyatt or the clerk to the Visitors the thanks of the Association.

The motion was carried unanimously.

Dr. Tuke then read the following REPORT OF THE COMMITTEE UPON ASYLUM STATISTICS.

At the Annual Meeting of this Association in 1864, it was resolved, " That a Committee of three, viz., Dr. Robertson, Dr. Thurnam, and Dr. Maudsley, be appointed to draw up a series of tables, and a form of register which might be the basis of a uniform system of asylum statistics; that these tables be submitted to the Commissioners when drawn up, and that they be asked to sanction and promulgate them." The Committee thus appointed report as follows:

1. *That twenty-three years ago this subject engaged the attention of the Association, and a form of register (which the committee annex to this report) was adopted at the annual meeting held at Lancaster, in 1842, which contained all the information deemed necessary for the purpose of asylum statistics. This form, however, on which Dr. Thurnam in particular, bestowed much pains, never came into very general use, having been shortly afterwards, viz., in 1845, almost entirely superseded in practice by the registers of admissions, discharges, and deaths, required under the Acts of 8 and 9 Vict. c. 100 and c. 126; which were re-enacted with slight modification, by the Acts of 16 and 17 Vict. c. 97, and c. 100; and which Acts are still in force.*

In a very few instances, as at the Wilts County Asylum, the Association-register, in addition to those required by the Act of Parliament, has been regularly kept. There can, indeed, be no doubt of the utility of this register, as affording the means for the compilation of statistics more full and extended than those which can be deduced from the legal register.

The Committee are not at present prepared to recommend to the Association the printing of a second and revised edition of its register (a step which would involve a considerable outlay), unless a sufficient number of the members pledge themselves to its adoption and use.

The Committee trust, however, that whenever the time may arrive for the revision and consolidation of the Acts, under which asylums, hospitals, and licensed houses are regulated, the opportunity may be taken, with the approbation and sanction of the Commissioners in Lunacy, to revise the legal registers, by the omission of a few columns which to the Committee appear superfluous, and by the introduction of a few others required for the preparation of medico-statistical tables.

2. *Asylum statistics may be divided into three distinct heads:*

1. *Medical statistics.*
2. *Financial statistics.*
3. *Domestic statistics.*

The Committee, while fully recognising the value of a uniform series of asylum statistics in illustration of each of these departments of asylum management, yet propose on the present occasion to confine their suggestions to the first and more important branch, viz., that of Asylum Medical Statistics.

3. The Committee have carefully examined the various and varying tables in the several asylum reports. They are of opinion that the information more immediately necessary for medical statistics, may be given in the tables, forms of which they annex to this report.

Table I gives the numbers of admissions, re-admissions, discharges, and deaths, with the average numbers resident during the year; the sexes being distinguished under each head.

Table II gives the same results for the entire period the asylum has been in operation.

Table III furnishes a history of the yearly results of treatment since the opening of the asylum.

The table also embraces a column for the mean population, or average numbers resident in each year. In other columns are shown for each year the proportion of recoveries calculated on the admissions; and the mean annual mortality, or the proportion of deaths, calculated on the average numbers resident. It is of the first importance that these two principal results under asylum treatment, when given, should be calculated on a uniform plan, and according to the methods here pointed out.

Table IV gives a history of each year's admissions, how many, for example, of the patients admitted, say in 1855, have been discharged as cured, how many have died, and how many remain in the asylum in 1865.

The value of this table in regard to the vexed question of the increase of insanity is evident. The table is adopted from the Somerset Asylum Reports.

Table V shows the causes of death classified under appropriate heads. This form is adopted from the reports of the Commissioners in Lunacy for Scotland, with some addition and modification. It appears sufficiently detailed for statistical purposes.

Table VI gives the length of residence in the asylum of those discharged recovered, and of those who have died during the year.

The committee are of opinion that the introduction into all the asylum annual reports of the few simple tables here referred to, the compilation of which would not be very onerous—would be a most desirable proceeding, and would supply in a uniform manner the main facts required for statistical comparison. They accordingly recommend their adoption to those members of the Association by whom they have not hitherto been employed.

The tables recommended, however, are regarded by the committee only in the light of a principal instalment of those which are desirable. Their use will not, of course, preclude that of other tables, according to the views which may be entertained by the different superintendents. Hereafter, it may be expedient that the committee should report as to the propriety of recommending to the members the assimilation of other tables to a common standard.

The Committee annex to their report the following documents:—

1. The forms for statistical tables which they now recommend.
2. The form of register adopted by the Association in 1842.
3. Copy of a paper by C. Lockhart Robertson, M.D., on "A Uniform System of Asylum Statistics," read at the meeting of the Association, July 5th, 1860.

(Signed)

JOHN THURNAM.
C. L. ROBERTSON.
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS;
July 13th, 1865.

Asylum Medical Statistics.

TABLE I.—Showing the Admissions, Re-admissions, Discharges, and Deaths, during the year 1865.

				Male.	Female.	Total.
In the Asylum Jan. 1st, 186	.	.	.			
				Male.	Fem.	Total.
Admitted for the first time during the year	.	.	.			
Re-admitted during the year	.	.	.			
Total under care during the year	.	.	.			
Discharged or removed—						
Recovered	.	.	.			
Relieved	.	.	.			
Not improved	.	.	.			
Died	.	.	.			
Total discharged and died during the year.						
Remaining in the Asylum, Dec. 31, 1865 (inclusive of absent on trial— males and females)						
Average numbers resident during the year						

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Asylum to the present date, December 31st, 1865.

				Male.	Female.	Total.
Persons admitted during the period of	years	.	.			
Re-admissions	"	.	.			
Total of cases admitted						
				Male.	Fem.	Total.
Discharged, or removed—						
Recovered	.	.	.			
Relieved	.	.	.			
Not improved	.	.	.			
Died	.	.	.			
Total discharged and died during the						
years						
Remaining, Dec. 31, 1865						
Average numbers resident during the						
years						

TABLE III.—Showing the Admissions, Discharges, and Deaths; with the mean Annual Mortality and proportion of Recoveries per cent. of the Admissions, for each year since the opening of the Asylum.

YEARS.	Admitted.			Discharged.						Died.			Remaining December 31st, 1866.			Average Numbers Resident.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on average Numbers Resident.			
	Male.	Fem.	Total.	Recovered.			Relieved.			Not improved.			Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	
From the opening of the Asylum to Dec. 31st, 1859																									
1860																									
1861																									
1862																									
1863																									
1864																									
1865																									
Totals (years) and averages . }																									

TABLE V.—Showing the Causes of Death during the year.

Causes of Death.*	Male.	Female.	Total.
CEREBRAL OR SPINAL DISEASE—			
Apoplexy and Paralysis			
Epilepsy and Convulsions			
General Paralysis			
Maniacal and melancholic exhaustion or decay .			●
Inflammation and other disease of the Brain, softening, tumours, &c.			
THORACIC DISEASE—			
Inflammation of the Lungs, Pleuræ, and Bronchi			
Pulmonary Consumption			
Disease of the Heart, &c.			
ABDOMINAL DISEASE—			
Inflammation of the Stomach, Intestines, or Peritoneum			
Dysentery and Diarrhœa			
Fever			
Erysipelas			
Cancer			
General Debility and Old Age			
Suicide and Accidents			
Total			

* Add in foot-note the number ascertained by *post-mortem examination*.

TABLE VI.—Showing the Length of Residence in those discharged Recovered, and in those who have Died during the year.

Length of Residence.	Recovered.			Died.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1 month						
From 1 to 3 months						
" 3 " 6 "						
" 6 " 9 "						
" 9 " 12 "						
" 1 " 2 years						
" 2 " 3 "						
" 3 " 5 "						
" 5 " 7 "						
" 7 " 10 "						
" 10 " 12 "						
" 12 " 15 "						
" 15 " 20 "						
" 20 " 30 "						
" 30 " 40 "						
Total						

Dr. Thurnam.—I presume, sir, I may venture to make a suggestion upon the reading of this report, that all that is necessary at the hands of this Association is, that the report, if approved, be adopted by the Association. It is obvious that we can only recommend; we cannot resolve that it shall be used. I beg to propose that the report be adopted and printed.

Dr. Arlidge.—I have great pleasure in seconding the adoption of the report. I understand from Dr. Tuke that a table is to be introduced (Table IV) which I have long wished to see—a table that I only see in Dr. Boyd's Reports, and in the Reports of Mr. Ley of the Oxford—a table showing the gradual dying out or recovery of the patients in different years. For instance, taking the year 1850, the falling off or the dropping off by death of the patients from year to year. You have thus a history which you do not get from the present tables, where you have only the statement that so many have been admitted, and so many have gone out cured. You cannot base any satisfactory statistics upon these tables. I have been for some time engaged in working out statistical tables, and I have got a great deal of matter together, but I am sorry to say that only the reports of those two asylums have supplied me with these necessary particulars.

The Report of the Committee on the Asylum Statistics was unanimously adopted.

Dr. Robertson then read THE REPORT OF THE COMMITTEE ON THE SUPERANNUATION CLAUSE.

Report of the Committee on the Superannuation Clause (12th section of the Lunatic Asylum Amendment Act, 1862).

On the motion of *Dr. Kirkman*,* seconded by *Dr. Robertson*, it was, at the

* SUPERANNUATION ARRANGEMENTS.—*Dr. Kirkman proposed*—“That a committee be appointed from this Association, with the definite object of obtaining a reversal of the latter portion of the 12th section of the Lunatic Asylums Amendment Act, and to press for legislative sanction to satisfactory superannuation arrangements.” The section of the Act to which he referred was as follows:—“Provided that no annuity by way of superannuation, granted by the visitors of any asylum under the provisions of this Act, or of the Lunacy Act, chapter 97, shall be chargeable on or payable out of the rates of any county, until such annuity shall have been confirmed by a resolution of the justices of such county in general or quarter sessions assembled.” The concluding proviso he regarded as most cruel, negating the use of the clause altogether. Speaking personally, having been connected with public asylums for thirty years, he could not well be refused a pension, but to secure it it would be necessary that the subject should be discussed at four sessional meetings. He had no doubt that he could command the undivided interest of the whole of his house committee; but objectionable remarks and slurs might be thrown out at the sessional meetings, which would be extremely painful. Any one fitted to be an asylum officer must necessarily possess a sensitive mind, and the harsh remarks occasionally made in magisterial sessions would be likely to wound his feelings. He thought the enactment ought to be compulsory, and the objectionable clause removed. At the present time a beloved member of the Association was suffering from physical injury received in the discharge of his duty, and it would be a most unfair thing if a gentleman in his position were subjected to unpleasant remarks about his superannuation allowance.

Dr. Robertson seconded the resolution, and said that, as the section originally stood, the question of superannuation was left to the visitors; but a very active member of the House of Commons succeeded in committee in getting the objectionable rider added, which literally made the preceding portion worthless. Thus, he had no doubt that any reasonable reward for his services in Sussex would be gladly given by the committee of visitors, but he should exceedingly object to be made the subject of discussion at sessional meeting in the two divisions of the county. He

Annual Meeting of this Association for 1863, resolved "to appoint a Committee with the definite object of obtaining a reversal of the latter portion of the 12th section of the Lunatic Asylum Amendment Act, 1862, and to press for legislative sanction to satisfactory superannuation arrangements."

This Committee have to report that on the 2nd of December, 1863, they had an official interview with the Commissioners in Lunacy at their offices in Whitehall Place, on the question thus entrusted to them by the Association. They submitted to the Commissioners the annexed memorandum, which was subsequently inserted in the Journal of the Association for January, 1864.

At the meeting of this Association in July, 1864, this Committee was re-appointed in order further to consider this important question.

They now beg to report:—

1. *That after careful consideration of the whole question and communications with several superintendents of the county asylums this Committee are of opinion that no settlement of the superannuation clause will be found satisfactory which does not—as throughout the military and civil services of the Crown—CONFER THE RETIRING PENSION AS A MATTER OF RIGHT. With the other provisions of the 12th section of the Lunatic Amendment Act, 1862, this Committee are quite satisfied, and they regard as just and liberal that arrangement by which the period of service has been reduced from twenty years to fifteen years, and the proviso made that the value of the lodgings, rations, and other allowances, are to be had regard to in fixing the retirement. All that is farther necessary is, that the claim for two thirds of the salary and allowances after fifteen years' service, and fifty years of age, be granted as a right, to be charged on the county rate, at the expiration of the period of service.*

2. *That as in the last report of the Commissioners in Lunacy an indication of early farther legislation in lunacy is given, they should be authorised to confer farther with the Commissioners hereon.*

3. *That, in order to watch such possible legislation, this Committee be re-appointed and authorised to employ, if necessary, legal aid to procure the revision of the 12th section of the Act of 1862, in the manner here indicated.*

(Signed)

JOHN KIRKMAN.
C. L. ROBERTSON.
EDGAR SHEPPARD.
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS;
July 13th, 1865.

The report of the superannuation committee was unanimously adopted, and the committee reappointed.

Dr. Boyd moved the following resolution:—

"THAT IN THE OPINION OF THIS MEETING, THE TREATMENT OF THE INSANE NOW IN WORKHOUSES IS NOT SATISFACTORY, AND THAT IT IS DESIRABLE TO HAVE THE CARE OF ALL THE INSANE POOR OF THE COUNTIES TRANSFERRED TO THE VISITORS AND SUPERINTENDENTS OF THE COUNTY ASYLUMS."

Dr. Boyd.—The resolution on the agenda paper which I have to propose to

had known the most trifling matters, involving the expenditure of £50, made the subject of lengthened discussion there; and if a proposal were made to allow a medical superintendent three or four hundred a year, most painful remarks to the feelings of a gentleman would be made as to his physique, his general state of health, whether more work could not be ground out of him, and the like. He had no doubt that great benefit would be derived by the appointment of a small committee to consider the question carefully, and communicate with the Commissioners and with some members of the House of Commons on the subject.

The following members were appointed:—Dr. Kirkman, Dr. Sheppard, Dr. Robertson, and Dr. Maudsley.—(Annual Meeting of the Association, 1864.)

this meeting relates to so large a number of helpless beings, and is so important, that I wish some one more equal to the task had undertaken it.

The time of the meeting being so valuable, I shall only give a brief statement of leading facts, leaving it to the superintendents of asylums to follow up the inquiry in their districts, at the same time I would impress upon them the importance and necessity of enlisting the aid of visitors of asylums, as it will require the united efforts of every one interested in the insane poor to obtain a reform in the care of the larger number still in workhouses, under the poor law, which, according to the published returns, amounts to about one third of the insane poor, above 9000, the numbers gradually increasing, who are in most instances treated as ordinary paupers on scanty fare, in cheerless, ill-furnished wards, devoid of the comforts now supplied to the insane so liberally in asylums.

I do not mean for a moment to question the propriety of rendering workhouses as little attractive as possible to able-bodied paupers. In the country especially the system has worked well, application from such for admission have been very rare for years past, and these institutions are now comparatively empty, some of them built for 400 have now only 80 or 90 occupants. These are children, the aged, the infirm, and the imbecile; when any of them become troublesome, as often happens, they are sent to the asylums as insane, and there they become permanent residents, aiding very materially to fill those institutions.

Within the last fifteen years the insane in England have been doubled in number. So great has been the increase that foreign authors state (as you are aware) that the inhabitants of this country are more liable to insanity than any other civilized state.

Under the existing laws there is every facility and inducement for the removal of troublesome paupers to county asylums; this I have stated repeatedly in medical journals and in annual reports, and also that it should be compulsory to set apart wards in workhouses for the sick and chronic cases of insanity; that such wards should be placed under visitors, and that with the assistance of superintendents they should be empowered to remove persons to or from asylums as their cases might require. For this purpose it might be advisable to extend the chargeability of insane paupers and criminals from unions to counties.

It is unnecessary for me to give instances of patients being brought into asylums in a dying state, as I see such cases mentioned in nearly all the asylum reports.

The object of the resolution is to provide all necessaries with skilled supervision for the sick and infirm in workhouses, near their homes, and thereby obviate the necessity of sending such cases to asylums already overcrowded. I have, in conclusion, to express a hope that the meeting will not separate before unanimously adopting the resolution.

Dr. Robertson.—I beg to second Dr. Boyd's resolution. It is a subject to which I ventured last January in a paper in *the Journal* to call the attention of the Association. I brought forward there the proposal now also made by Dr. Boyd, that the entire care of the insane poor throughout the country, instead of being, as it is now, under the guardians, should be placed under the charge of the visiting justices of the county asylums, and that the superintendents of the county asylums should have the power of visiting those patients either in the unions or where the patients are boarded out with their friends—that the whole of the insane poor of the county should be registered on the county asylum books, and be placed according to their state of mind either in the county asylum, in the cottages where they now are boarded, or in the wards of the union; giving the visitors the power of fixing the scale of maintenance in the cottages, and the diet and attendance,

and so on, in the union houses, thus transferring the whole care of the insane poor to the visiting justices. This resolution of Dr. Boyd is a very important one, in regard to the welfare of the insane poor; and after his remarks, I think it will hardly be felt necessary for me to do more to-day than now second his resolution.

Dr. Davey.—I am very glad, indeed, that Dr. Boyd has brought this subject to our attention to-day. I think the medical treatment of the insane in our workhouses is very bad and very objectionable. Of course, my experience at the present time is *nil*, but in times gone by my experience, in regard to the condition of the insane in workhouses, has been very considerable. During my connection with the Hanwell and the Colney Hatch Asylums, I was particularly struck with the wretched state of all the patients as they were received from all the union houses. I was perfectly convinced from seeing them, and in large numbers too, not only year by year, but month by month, I might almost say week by week, that there was something very defective in the treatment of the insane in all our workhouses. I believe that among the lower classes of society, if there is one case of insanity more frequent than another, it is want of wholesome and sufficient food, and particularly in so far as that fact obtains in union houses, I assure you it is something shocking. You all know it. I speak in the presence of men of experience. To witness the miserable objects which are received into Hanwell and Colney Hatch Asylums from the union houses! They have evidently not only been very badly treated, but they have been half starved. Now what would be the effect of this semi-starvation on the disordered mind? You, gentlemen, know very well the effect would be to aggravate all the symptoms of insanity. The poor wretched objects that I have received over and over again at Hanwell and at Colney Hatch, what did they require for the amelioration of the active symptoms of disease, but good and sufficient diet, wine, bottled beer, and so on, showing where the cause lay, and what were the proper remedies. I think the matter which has been brought to our attention by Dr. Boyd, is a subject of the very first importance, and I hope it will fix itself in our minds, and that something good and practical will result.

Dr. Maudsley.—While I entirely sympathise with Dr. Boyd in the motion that he has put on the paper, I can scarcely do so in the way in which he wishes it carried out. For instance, it might be a very desirable thing, and no doubt it is, to have the insane poor transferred to the visitors; but the practical and effectual way of doing that, it appears to me, would be to do away with the residence of the insane in workhouses altogether. I cannot conceive how it is possible that you can have a part of a workhouse set aside for treating insane people, and specially placed under the visiting magistrates, while the rest of the workhouse is left under the control of the guardians of the union. How is it possible, in fact, for the same officers to work satisfactorily under such divided authority—for the master of the workhouse and the surgeon to be serving two entirely different masters, who would scarcely ever agree in their views. This seems to be a practical objection, which renders it absolutely and utterly impossible that while workhouses are under the control of the guardians, as they must be, you could give to the visiting justices the control of the insane poor only. The practical and only ultimate remedy, which must come some time or other, is, that all the insane should be removed to county asylums or to private houses, if that can be done, and then they might be under the control of the visiting justices. At present, when they are under one roof, I cannot conceive it possible for the visiting justices to exercise proper control, as they must often have to do, in opposition to, and in conflict with, the guardians.

Dr. Monro.—It seems to me a great pity that so important a subject should

fall to the ground, and therefore I think that some amendment had better be proposed to Dr. Boyd's motion, if the motion does not meet with the general concurrence of the meeting. Of course, I fully see the difficulties and objections raised by Dr. Maudsley, but I think it a very important thing that the Association should put on record how strongly they feel the object which Dr. Boyd has at heart, although they may not exactly approve of the scheme by which he would carry it out. I have not prepared an amendment myself at this moment, but before the subject drops to the ground I think some amendment had better be made, if it seems likely that Dr. Boyd's motion will be thrown out.

Dr. Maudsley.—I do not object to the motion as it stands now. It was merely to the details that my observations referred.

Dr. Monro.—It is a motion to transfer to the visitors and superintendents of the county asylums the care of the insane poor.

Dr. Maudsley.—Exactly; and I do not object to the resolution, but merely to the practical manner of working it out.

Dr. Monro.—Then that will meet what I have to say.

Dr. Mundy.—While giving some credit to the motion of Dr. Boyd, I quite agree with the principles laid down by Dr. Maudsley. I have seen a great many so-called workhouses *lucus à non lucendo* in the United Kingdom. I have lately seen a great many of them in Scotland and Ireland. From my frequent visits I have come to the conclusion that undoubtedly Dr. Boyd was quite right in putting such a serious and most important motion before the meeting, but that Dr. Maudsley was at the same time much more right in the remarks which he made; and I venture to express the hope that the time will not be far distant when no insane man will be admitted into a workhouse, but will be confined in the proper place, where he may be treated according to the principles which are now adopted in the county asylums. From the last official reports of the Commissioners it appears that there are nearly 8000 insane patients in workhouses; 2000 in Scotland, and 2000 in Ireland—making a total of 12,000 insane patients in workhouses. Now, allow me to call your attention to their condition in England; they are very miserable indeed. In some of the wards it is quite shameful, it is a scandal to see these people in the workhouses; but these are exceptions to the rule. I cannot help paying a compliment to many of the medical men who are engaged in workhouses, who spend their energy in doing something for the insane wards. Some of the workhouses are indeed very excellent in their arrangements, and the wards are perfect models, but the others are just as bad as I have mentioned. These remarks refer to England. In Scotland the arrangements are very excellent indeed; and I must confess, having seen a great many asylums in Germany and France, and other parts of Europe, that in these poorhouses the condition of the insane is much better than in Italy, Spain, France, and a great part of Germany. Such facts, I believe, are worth mentioning before such an eminent meeting as the present. I forgot to mention that in Ireland the insane are in the same miserable condition, much worse than in England. My friend Dr. Robertson mentioned that he has already treated this question in a recent number of the Journal, and he has found a very simple and a very ingenious remedy. He mentioned the remedy of visiting the insane in workhouses by the magistrates and commissioners, but he proposed another plan—to build county lunatic asylums for a number of thousand patients; and if that were done, you would certainly very soon have disposed of the 8000 patients who are now in workhouses. Supposing you take as an average only 600 patients in one asylum, and you build in England eight lunatic asylums; in building these asylums you are sure to be able to remove from your workhouses all your insane, and to have them in the right place, that is, in asylums; but there are some

objections to this principle; and the principle which Dr. Robertson laid down in his paper last January, that asylums may be built to hold a thousand patients, was overruled some years ago by a great number, I may say the totality of specialists, and they said, "Do not build an asylum for so large a number of patients. If you build an asylum, the largest number you should take is from three to five hundred." Dr. Robertson says that in building asylums for a thousand patients you have quite removed every difficulty not only with regard to the workhouses, but every difficulty with regard to the increase of patients; and he quotes figures, which I will not go into to-day, as I must go very much deeper into the question of Dr. Boyd. I believe that in such a powerful and rich country as yours, where the resources are so much developed, the suggestion of Dr. Robertson might be carried out. The cost would amount to a million pounds or so, certainly. It could not be done in foreign countries; and with regard to my experience in Ireland, I may observe that it is in a very much worse state in this respect. We still find patients in gaols; and if you will refer to the Report of the Commissioners of Lunacy in Ireland—men who are working very hard to improve the condition of the insane there—you will find that nearly 500 patients are still in gaols. I have recently been visiting them, and I find their condition very horrible indeed. If the right place of insane people is in workhouses, certainly no one will believe that the right place for them is in gaols. In Ireland there has been spent during the last ten years £1,500,000 to build magnificent palaces as asylums, and still you see in Ireland 500 people confined in gaols. I say they should not have spent so much money in building places like palaces for poor people—putting them into a condition in which they have never been before. I believe that the poor man who has the misfortune to become insane has not on that account a right to become a prince in condition. It would be certainly, in my opinion, a great honour for the meeting, and perhaps also a benefit to the insane, to censure very severely the actual practice of sending insane people still to workhouses and to gaols, and to express a sincere hope that not only in England but also in foreign countries the treatment of the insane should be improved, and made more consonant with the views of our time and of practical humanity. In my opinion, gentlemen, it is not humanity to give an insane person a luxurious bed, a marble wash-stand, and such like luxuries. You should give him good food and good attendance, and relieve him, as much as possible, of one of the greatest evils—a continual sequestration; but I should like the meeting to express a wish that the restraint that is still carried out upon a population of more than 150,000 patients on the Continent, and the practicability of removing which is still denied most impertinently, not to use a more strong expression, on the Continent, will be done away with, and that they will endeavour to follow the principle of a man like Dr. Conolly, of whom they have the impertinence to say that what he has done they have done before. "*Ante Conolly ego fui*," say the French physicians. That certainly is not the case with all of them, and I would say, *Ubi, quomodo, quando*.

Dr. Boyd.—This subject of the treatment of the insane in workhouses is not new to me. In 1845 I had some wards in the Marylebone Workhouse licensed for the care of lunatics, owing to the asylums in Middlesex being full, and unable to receive them. There are also wards at Clifton, at Bath, and in this neighbourhood, as well as the wards of Marylebone, St. Pancras, and Mile End, appropriated for the insane, where, I believe, they are very well treated. I do not mean at all to advocate the system of treating acute cases of insanity in a workhouse; I only speak of aged persons, and I say it is a cruel thing to have persons upwards of seventy years of age in a state of fatuity brought to an asylum, where they can possibly receive no benefit, merely because they are insane, and because they ought to be, as people

suppose, treated as insane. It would be a very hard thing, sir, if you or I, or any of us here, when we got into a state of dotage, and became troublesome to our friends, and paralytic, and got into dirty habits, and wet the beds, and all that sort of thing, should be hauled off to a madhouse and made out insane; but that is the system which has been carried on in this country. There is a premium held out to make every old and troublesome person in a workhouse insane. I deny altogether that there are eight or nine thousand people in workhouses insane. I do not believe a word of it. I do not believe, if you went over every workhouse in England, you could find that number; but I should like, gentlemen, to define insanity. No one can agree upon it. There are imbecile people in workhouses. I do not at all advocate the system of treating any person that is curable in a workhouse; but I could find 27 per cent. of cases in lunatic asylums that could be as well treated in a workhouse, under proper dietary and a proper system of management.

It is unnecessary for me to say more upon the subject. I only wish it distinctly understood that I do not advocate the system of the treatment of acute or curable cases in workhouses, but I want to weed the asylums of chronic cases, in order that they may be hospitals, and not be turned into workhouses, which they are likely to be if the present law is not altered.

The President.—I think we shall all feel, from our experience of the large county asylums, that a vast proportion of these patients might be taken very good care of, and in a much less expensive manner than they are in county asylums. It strikes me that in addition to that, the cost to the county is very unnecessarily increased by the care of these persons in asylums, and the interests of the curable and recent cases seriously prejudiced. If we consider the case of the Colney Hatch Asylum, the enormous extent of which makes it impossible that the medical staff should exercise all the supervision that is desirable; we must feel that this is in consequence of the enormous number, as Dr. Boyd says, of imbecile old people. You may, if you will, call them insane, but to all intents and purposes they are imbecile creatures, and might be kept just as well in cottages or in suitable wards in workhouses, as they are in the county asylum.

Dr. Maudsley.—I may observe, with regard to the observations of Dr. Wood, that if you place these persons under the visitors of county asylums, you will find that the requirements that are made even in the case of imbeciles for their proper care and comfort in the workhouses, will be such that, if the workhouse wards are to fulfil the requirements of the Commissioners in Lunacy, the expense of the treatment of the insane poor in workhouses will be practically very much the same, in my opinion, as it is in the county asylums.

Dr. Mundy.—I venture to say that in Scotland the arrangements are so excellent that the cost is equal to the cost in the public county asylums.

Dr. Monro.—I do not know whether there would be any use in dividing the visitors and superintendents. Of course the visitors would go as magistrates, and so on; but would it be advisable, supposing the plan which Dr. Boyd suggests is carried out, of retaining a ward in the workhouses for the insane under better auspices, that the superintendent of the county asylum should visit those patients as well as the visitors? It would be placing a great deal of extra work upon them, and would hardly be within their functions.

Dr. Boyd.—The superintendents select the cases.

Dr. Maudsley.—I have no objection, I repeat, to Dr. Boyd's motion as it stands.

The President.—We need not, then, go farther into the details of the

question, but simply put this resolution to the meeting: "That in the opinion of this meeting the treatment of the insane now in workhouses is not satisfactory, and that it is desirable to have the care of all the insane poor of the counties transferred to the visitors and superintendents of the county asylums."

Dr. Robertson then read a paper entitled, "REMARKS ON A RECENT ATTEMPT AT THE COMPARATIVE STATISTICS OF BETHLEHEM HOSPITAL AND OF THE ENGLISH COUNTY ASYLUMS." [See Part I, Original Articles.]

Dr. Monro.—Gentlemen, I cannot help feeling, after hearing this report of *Dr. Robertson*, and after having considered the subject of statistics on former occasions, that the saying of D'Israeli is about as true as anything, that of all the humbugs of the present day that of statistics is the greatest. It seems, however, that *Dr. Robertson* wishes to prove that Bethlehem is in a bad situation from the amount of deaths and the paucity of recoveries. That is what he seems to wish to prove, in opposition to the contrary assertion of *Dr. Helps*. Now I have one little fact to mention. I suppose there is hardly any one here who would look on St. Luke's Hospital as being in a very much better situation than Bethlehem Hospital, or as very much better than all the county asylums; but as regards the results in cures, I must say that the cures I have heard read to-day, seem to me to belong to a different category altogether. We do not think anything of 50, 53, and 56 per cent. at St. Luke's. Our recoveries, for years and years together, were 68 per cent.

The President.—Recent cases?

Dr. Monro.—Yes.

The President.—The same class of cases?

Dr. Monro.—Yes, made out from the same class of cases as Bethlehem, and under the same regulations. But I am not attempting at the present moment to prove from this that St. Luke's is a very healthy situation, or, on the other hand, that the medical treatment at St. Luke's is super-excellent. I believe what I am trying to prove, more than anything else, is the utter humbug of all statistics. I know, for instance, at St. Luke's Hospital, that the variety in the deaths of the year is quite remarkable in the same class of cases, year after year. I am not pretending to state the fact accurately, but I think our deaths used to be about eight or nine in the year, or seven or eight in the year out of about 150 or 160 patients; but I am sorry to say that in the last six months we have exceeded in our first half year what is due for the whole year. It is altogether uncertain; but of the two, *Dr. Helps* trying to prove that Bethlehem Hospital is in a good situation from his statistics, and *Dr. Robertson* trying to prove that Bethlehem Hospital is in a bad situation from his statistics; upon these two alternatives, I cannot help saying, so far as I can follow *Dr. Robertson's* argument, that *Dr. Helps* is more in the right than *Dr. Robertson*. *Dr. Robertson* tries to draw a marked distinction between *Dr. Helps's* statistics and *Dr. Helps's* works, and *Dr. Hood's* statistics and *Dr. Hood's* works. *Dr. Hood* is one of the best men that ever lived; and with regard to *Dr. Helps*, I do not say that *Dr. Robertson* says he is the contrary; but he certainly draws a very uncomfortable comparison between the two; and yet, as a fact, *Dr. Hood* and *Dr. Helps* are the greatest friends, allied for years in the working of the hospital together, and, in fact, all their experience and all their work is very much one. I think that a little adds to the very unsatisfactoriness of the attempt of coming to any conclusion from the result of these statistics. I do not know why *Dr. Robertson* has taken up so very strongly the cue of pitching into Bethlehem Hospital, for I really cannot call it anything else than that. I remember the time when *Dr. Robertson* was exceedingly fond of Bethlehem Hospital, and he once stood

for the office of physician there.* Of course I cannot help having a sort of prejudice in favour of Bethlehem Hospital. As I said last year, my family were associated with it for something like 140 years, since 1728, and of course I feel a little riled at finding that Dr. Robertson, who once thought it such an honour to be in any way connected with Bethlehem Hospital, taking so many occasions for trying to make out things against it. Of course everybody is at liberty to do just what they choose, but I really think that unless you are willing to look upon St. Luke's Hospital as in an infinitely better locality than Bethlehem Hospital, you cannot come to any conclusion, either good or bad, from the statistics which Dr. Robertson has brought forward. The question of Bethlehem Hospital has been settled, and therefore we need not have any particular anxiety about it now as we had two years ago. Allow me to say, that Dr. Hood is one of my greatest friends. I am not thinking or dreaming of saying a word against him, but, of course, it is not altogether agreeable to have such attention drawn to the fact of the statistics having improved immediately so soon as the old regime ceased, and the new regime began. I also think, certainly, that if Dr. Hood was here he would back up Dr. Helps to the uttermost, and that there is no occasion for any of you to think that Dr. Hood and Dr. Helps are quite the antipodes to each other, but quite the contrary.

Dr. Davey.—I think, Mr. President, if any one wished to verify an old adage, which says that doctors differ, they would only have to come into this meeting this afternoon, and they would have manifest evidence that doctors do indeed differ, and to a very serious extent, and under circumstances in which mistakes or differences of opinion could hardly be expected to be found, because figures are looked upon as matters demonstrative of truth; but, according to Dr. Monro, figures are all fudge and statistics a mass of humbug. Well, I am disposed to think there is a great deal in statistics, but we have only to use them, and we have only to use figures as they should be used. We should adopt one uniform system in making our tables of admissions, recoveries, deaths, and so on. When that system is adopted, I think we shall avoid the mistakes made either by Dr. Helps or Dr. Robertson, or perhaps by both; and it is greatly to be desired that this uniform system, of which much has been said to-day, should obtain. I have myself much faith in statistics, and I do hope the uniformity that has been recommended we shall find generally accepted, not only by the superintendents of county asylums but by every medical gentleman connected with the insane in any kind of way.

Dr. Tuke.—I should like to say a word or two on one point in Dr. Monro's remarks. I think it is a fallacy on his part to undervalue statistics. I believe that statistics, if properly collected and properly compared together, are of the utmost value in the consideration especially of medical questions, and I am surprised that in this room so distinguished a member of the College of Physicians as Dr. Monro, should throw any doubt on that matter. It appears to me that the point of Dr. Robertson's paper is not to show that Dr. Helps was wrong, or that he was worse or better than anybody else, but to show that Dr. Helps had put forward an argument in support of Bethlehem Hospital which his figures did prove, but proved it by a fallacy; and I think there is no doubt whatever, that without any disrespect to Dr. Hood or Dr. Helps, or any invidious comparison between him and Dr. Hood, he showed that the statistics of Bethlehem were not so superior as they clearly ought to be. To throw any doubt on statistics that are compared together in the way St. Luke's and Bethlehem are here, sixty-five recent cases in the one and forty in the other, would be like schoolboys trying to compare fractions before reducing them to a common denominator.

* See note to Dr. Robertson's Paper, Part I, Original Articles, page 314.

Dr. Monro.—But Bethlehem and St. Luke's are common as regards regulations and admissions.

Dr. Tuke.—With regard to recent cases, you have to compare their ages; for instance, if you took 100 recent cases, and compared them with another 100 recent cases, you would get probably into a dreadful dilemma, because you would ignore the only way in which they should be compared together, so many of the same sex, and so many of the same age, admitted at the same time, and for the same disease. Without this there is no possible way of making any comparison. I think this meeting ought to acquit Dr. Robertson of doing more than defending the English county asylums against the figures of Dr. Helps.

Dr. Arlidge.—I agree with Dr. Monro that the figures brought before us in this way are not proof, one way or another, of what they were attempted to show, which is, that one place is better than another, or that one treatment is better than another, or that the circumstances surrounding Bethlehem are better or worse than those attaching to the county asylums. It is so very frequently the case in statistics that the figures compared are not comparable. The conditions surrounding the facts which are brought together in the form of figures are so different. As Dr. Monro says, in Bethlehem and in St. Luke's the conditions of admission are the same, but besides that the question of the relative or the medium age ought also to be brought into consideration.

Dr. Monro.—It is the same.

Dr. Arlidge.—At the same time you might admit on the same conditions a certain number of patients as to the duration of their illness, but the average age in any one case might exceed the age of the people admitted to Bethlehem in the same year. Then Dr. Robertson's statistics seem worthless in this respect—they are based on a very small number of cases. If you take the Retreat, or some other place where only a dozen or two patients in a year are admitted, and they manage to cure six or nine of these, it gives a large proportion of cures. Again, with reference to deaths, out of a dozen admitted, only one perhaps will die in one year and half a dozen may die the next. These statistics are therefore worthless unless you take a large number of years and a very large range. As far as showing anything therefore goes, I do not think Dr. Helps' figures prove what he would attempt, nor do I think that Dr. Robertson's quite contradict them, because he has made some mistakes in giving some of his data upon too scanty numbers.

Dr. Maudsley.—I have one general observation to make with regard to statistics, a great deal having been said about the fallaciousness of them. As this is the time, however, for remembering old adages, I would in regard to the fallaciousness of statistics, first mention a remark which occurs to my mind; it is this, that there is nothing in the world so fallacious as figures except facts. Having said this, I would point out what is, after all, the real aim and object of statistics. Statistics never do establish laws or exact facts of any kind; they merely establish *tendencies*, and are of no further use than to afford a starting place for further and more rigorous inquiries; they give us a line of direction in which to pursue investigations, but they never give you the law you are to discover. If they are properly collected, as Dr. Arlidge has just remarked so well, they are certainly most useful, but they are generally so insufficiently taken as to be not only not useful but positively to mislead. Strictly comparable cases are not taken; conditions and circumstances of importance are neglected, or are not observed as they should be, so that the statistics lose all their value, and are positively used for the purpose of inculcating what is not true. Instead of performing what is their right function, saving you from having ignorance foisted upon you, they even foist error upon you.

Dr. Monro.—We should be glad, Dr. Webster, if you would say a little on the subject. Dr. Webster's connection with Bethlehem Hospital is very intimate, and whatever he says upon it would be of the greatest advantage to us. He has been one of the governors there for the longest period, and one of the most active governors.

The President.—It is hardly fair to call Dr. Webster out if he feels any hesitation on the subject.

Dr. Monro.—I have only one reason for regretting having tried to write down statistics, and that is, that some of the most interesting I ever read were made by Dr. Webster upon Bethlehem Hospital itself; and I at one time went in for a few statistics, and I remember well I was guilty of great plagiarism in copying from Dr. Webster's.

Dr. Webster.—Having been called on by Dr. Monro, and as it seems to be the wish that I should make one or two observations, perhaps this society will permit me to state that I feel myself in a very peculiar situation, being, as you know, a governor of Bethlehem Hospital, and taking great interest in it. In anything I might say, therefore, I should be the last person to criticise and make any reflections on Bethlehem Hospital. Dr. Monro has alluded to the fallacy of statistics. I am very sorry to hear that from Dr. Monro, because it comes with great weight; and I know it applies to the statistics of Bethlehem Hospital, or I presume it does, because they are there very numerous; and I dare say that Dr. Wood knows very well that those tables that were published by the Bethlehem Hospital were originally formed, twenty-one years ago, by myself. Mr. Laurie and myself drew up the first Report of Bethlehem Hospital, and I took the charge of statistics; therefore I am very sorry to hear that statistics are all bosh.

Dr. Monro.—I approve of yours, Dr. Webster.

Dr. Webster.—I think the statistics of Bethlehem Hospital give a very great deal of valuable information, enabling gentlemen to draw deductions and inferences which are of the greatest value. With regard to the table Dr. Robertson has mentioned, that, of course, I have nothing to do with; in fact, I have nothing to do with the tables at all, except that they are kept in the same form as Dr. Robertson has alluded to; and with all respect to what Dr. Monro has said, I think some of the remarks which Dr. Robertson has made are very much to the purpose, because the patients in Bethlehem Hospital, no one knows better than Dr. Wood, are of a very peculiar class. They are recent cases, and therefore the number of cures and the number of deaths must not be compared with the number of deaths in other asylums, where many of them are old cases, physically as well as morally, and not of the same class. Dr. Monro has alluded to the number of cures in St. Luke's Hospital. I think, if I mistake not, he says the number is much larger than in Bethlehem—that they are 69 per cent.

Dr. Monro.—Sixty-eight.

Dr. Webster.—The number with us is 52 per cent. As I said before, I am very unwilling to make any remarks because of my peculiar position, but I must dissent from the doctrine of your ex-president, that statistics are humbug and bosh.

Dr. Monro.—I did not quite say that.

The President.—I am sorry that Mr. Ellis is not here, because he could, perhaps, have explained to you more satisfactorily than I can, how it was that these statistics came about. I have not his direct authority for telling you, but, as I believe he only wishes that you should know the truth, the whole truth, and nothing but the truth, I think I am entitled to tell you the facts. Some two or three years ago, before Mr. Ellis was appointed to St. Luke's, he was attached to the Hanwell Asylum, and he was asked when the very popular question of removing Bethlehem was before the public, what he

could do to help that side of the question. I do not know what suggested to him the idea of giving these statistics, or whether, indeed, it was his own idea, or was suggested by somebody else. However, he set to work very industriously to issue circulars to different county asylums, and to obtain statistics for the purpose of proving that Bethlehem was, what some of our friends wished to represent it, a very horrible place. Unfortunately for his then view, the facts did not come out as he wanted them to do, and he could not make out, as he had hoped to have done, a case against Bethlehem from these statistics, and the result was that the case was not put forward at all. Time went on, and Mr. Ellis ceased to be interested in that view of the question. He came to be a colleague of mine and my friend Dr. Monro. We did not go quite with the popular notion, as to throwing Bethlehem into the kennel, and with it the hundreds of thousands of pounds that had been spent upon it. We thought there were some disadvantages in it, and that if it were to be built again it might be improved; still we thought, as prudent people, there was no sufficient case made out against it to warrant the enormous waste of throwing such a building away. On the occasion of one of our meetings here, I said something upon the subject, and I believe it got into some of the journals, and some of those connected with Bethlehem heard that I had made some remarks upon the subject here, and I was applied to, to know if I would have any objection to give evidence before the Charity Commissioners. I said, "I do not want to mix myself up with a contested question of this sort, but still I do not know why I should object to tell you what I think. You must take it for what it is worth." Accordingly I was asked to give this evidence, and in talking over the matter with my colleague, Mr. Ellis, in our ordinary tour through the wards of the hospital, he told me what he had attempted, and how he had failed. "Well," I said, "if you have collected those facts, I think it would be but fair that they should be made use of. Although they were got for the purpose of saying something against Bethlehem, if they turn out to be in favour of Bethlehem it is not quite fair to suppress them." Mr. Ellis saw no reason why they should not be collected, and accordingly he set to work to collect them, and now Dr. Helps has got the credit, or rather the discredit of putting forth these figures, but he is in no way responsible for them; they are not his collection at all. He cannot surely be blamed for making use of evidence which was provided for him by another. It seems a very natural thing for him to do, having the opinion that he has, an opinion which, curiously enough, is entertained by every one of the medical men who have been attached to Bethlehem, both past and present. It seems, therefore, but natural that he should avail himself of the opportunity which these statistics afford him of supporting his own view. So much then for the facts as to the manner in which these statistics were collected—with no view of saying anything unkind or disparaging, in the least degree, of other places, but really for the purpose of showing that there was not such a grave case against Bethlehem after all as was supposed. I am very much disposed to agree with my friend Dr. Monro, as to the question of statistics being very worthless under many circumstances. Of course, under certain circumstances, they are most valuable, but, as Dr. Arlidge has observed, of what value are statistics coming from an institution where it may so happen that there has been only one death, and you may say that in consequence of that circumstance the death-rate is something marvellously low? It cannot be pretended that in that instance they are of any worth whatever, and yet that is what is pleaded by Dr. Robertson, as a part of his case. That there were certain omissions in the statistics prepared by Mr. Ellis I can quite believe: no doubt there were; but still, as far as they go, they are rather in favour than against Bethlehem. But putting aside the ques-

tion of statistics altogether, let us come to the honest facts which are within our own knowledge and belief. I do not think that Dr. Robertson, or any of those who are most determinedly opposed to Bethlehem, will pretend to say that the deaths in Bethlehem have anything whatever to do with the locality. I do not think he will pretend to tell me that if there happened to have been sixteen or sixty deaths (of course there are nothing like sixty), but I will say, if there happened to be ten or fifteen deaths, that was in the smallest degree influenced by the position of Bethlehem. Dr. Monro has told you that, in our own hospital, it so happens that in the last six months we have had more than our yearly average of deaths. Dr. Robertson may, perhaps, argue that it is because St. Luke's is as bad a place, or perhaps, worse than Bethlehem; but the truth is, that if you take the whole statistics, and I think the statistics of St. Luke's were published some years ago, for something like a hundred years [*Dr. Arlidge.*—Yes a hundred years—the centenary], they show a very satisfactory return in all respects as regards St. Luke's, perfectly putting out of the question the idea that the sanitary condition of St. Luke's was anything to be complained of. We must all know, perfectly well, as regards the death-rate, that in these institutions it very considerably depends on accidental circumstances. I do not at the present moment recall the individual cases. I am sorry that I did not refer to them before coming here, that I might have told you briefly the circumstances under which each of these patients died during this year, that you might have judged how far they had anything to do with the locality. Of course in Bethlehem, as in St. Luke's, a certain number, very often a large proportion of the patients who die, are patients who come in almost moribund. Many persons come to both these hospitals—I speak that from personal knowledge of the fact—almost moribund, and are received merely because we are unwilling to send them out to die. It is a fact—I speak advisedly—that I have myself frequently sanctioned the admission of patients that I believed would hardly have lived to their journey's end, if we had refused them admission. A certain proportion of these patients die, do what you can for them. It cannot be pretended that it is because they get into an unhealthy locality. And then this great fact stares one in the face, to which it seems to me there can be no answer, that Bethlehem does not avowedly stand in the healthiest neighbourhood. Lambeth is known to be a low-lying district, and not the healthiest neighbourhood certainly; but when cholera was raging, which it did literally up to the very walls of the hospital, for there were cottages built up against our walls, I believe, in which patients were dying, we had not a single case of cholera in the hospital. I think that is an unanswerable argument to anything that is alleged against Bethlehem as to its sanitary condition, and I suppose that in the district of Lambeth there was a larger proportion of deaths from cholera than in almost any other district in London, and was it not something marvellous that in a small area of, I think, fourteen acres, there was not (I was going to say), not a single death, but, if I rightly remember, there was not a single case. I think that fact alone settles the question of the healthiness of the spot, and I never heard an argument used that could be considered as for one moment standing against it. Well, as I said before, with regard to the deaths, we must all know perfectly well that there are a certain number of patients who come into our hospitals and asylums who will die, put them where you will. It does not matter whether they are at the top of a mountain, or at the bottom of the valley, or whether they are in one place or another—their days are numbered, and they die as a matter of course. It is rather a question of how far the diseases have run, and how long the patients can be kept alive by the most generous diet, stimulants, and that kind of thing. I have a patient now under my care in St. Luke's Hospital, who has been there a

great many years, and who is kept alive by a most costly diet; he, in fact, lives upon wine and brandy, and other things, in a most lordly fashion. I do not hesitate to say that if that man had been with his friends he could not have had these things, and he must have died. He is simply kept alive by a diet which would be out of the question in any other place than a hospital. The locality has, in the majority of cases, nothing to do with the matter; it is simply a question of the care and treatment. Then again, although we feel that there are reasons why the rates of cure differ so very much in different asylums, this fact yet remains, which Dr. Monro has very fairly pointed out, that the average cures of St. Luke's have been upwards of sixty per cent. We do not claim for ourselves any special merit for that. There is some accident or other which goes a long way to influence that result; but, although we do not claim any special merit for ourselves, still the fact remains, and unless we are prepared to admit that the position of St. Luke's is something very superior to the position of Bethlehem, we must allow that the sanitary condition of both is not so unsatisfactory as our friend Dr. Robertson wishes us to believe. At any rate, I should hope that it be distinctly understood that the statistics which have given occasion for this paper were produced in perfect good faith by one who had no interest whatever in Bethlehem. They were got together for the very opposite purpose to which they have been applied. They failed entirely in supporting the view for which they were collected, and in common fairness it seemed but reasonable that they should be made known, and made use of.

Dr. Mundy.—Allow me to say a word on this subject. As Dr. Davey said, certain principles must be laid down independently of statistics; and under certain circumstances, as Dr. Monro very justly remarked, they are only humbug. I believe the intention of Dr. Robertson was merely to show that Bethlehem had not found a new arcanum to cure the insane in a much higher degree than county asylums, although Bethlehem is in a much more favorable position than many county or private asylums. You know that it is a fixed rule at Bethlehem that incurable patients should be retained only for one year. I do not mean to say that this rule is strictly observed—indeed, I know it is not; but still the rule exists. Now what is the real basis of statistics? The first basis is good principles, which we have not at all. Cure, admission, and discharge are really worth nothing. The first principles of good statistics should be honesty, straightforwardness, and truth. I do not say that medical men are not honest; I beg to say that they are; but statistics are nothing but a great drum for one place or another. If they say at one place, "We have cured seventy-five per cent.," they immediately say at another, "We have cured eighty-five or one hundred." I could illustrate this by reports which I have in my hands. Statistics are worth nothing, unless they are based on proper principles. You say you discharge so many patients; they are not in your place any longer; but where are they? Perhaps in the place of your neighbour, or in the workhouse, or perhaps, they are dead, having died from insanity. The same man that is cured by you to-day dies perhaps in a fortnight, in a private house, in another lunatic asylum, or in a workhouse. The conclusion I come to is, that we want certain fixed principles laid down upon which to base our statistics; and unless we have these, our contentions will only be like a battle of windmills.

Dr. Robertson.—I will in the first place, Mr. President, say how cordially I concur with you in all you have said on the subject of statistics. When, two years ago, I ventured to urge the removal of Bethlehem from its present site in the Lambeth Marshes, you may remember I did not ground my case on statistics, but on a very much wider fact, viz., *that the scientific treatment*

of the Insane could not be carried out in a large town hospital. I did not attempt statistics; and the question having been, as Dr. Monro boasts, settled, by the obstructive governors, and the golden opportunity of building a new Bethlehem, such as my revered friend Dr. Conolly pictured, having been allowed to pass, I should have been quite content to let the question drop, and leave the governors of Bethlehem and their chosen physician to their own devices. The School having been given up also, I felt disposed to leave the case of Bethlehem in despair; but when this year's Report was sent to me, and I was told there of fifty in the thousand of recent cases dying in Bethlehem, while of similar selected cases in the asylums in the home counties, 135 in the 1000 died, I could not keep a silence which must have seemed an acquiescence in this monstrous fallacy. Hence it was that I was driven by Dr. Helps into this examination of the Bethlehem statistics. I think that when my paper is published that you, sir, will with your knowledge of asylum statistics agree with me that I have made out my case. However, I am, of course, no fair judge on this point. At any rate, you must admit that, as superintendent of one of the asylums of the Home counties, I am the attacked party. Bethlehem, in the redoubtable person of her resident physician, has pitched into me (to quote Dr. Monro's elegant diction), not I into Bethlehem. Here is the resident physician of Bethlehem saying, "Look! in the asylums of the home counties, your mortality in recent cases is 135 in 1000, mine at Bethlehem, in similar selected cases, is only 50 in the 1000; hence my natural advantages are very great, and my site healthy." You have done me the honour of listening to my reply in the paper read, and I shall not presume to trespass further on the time of the meeting.

Dr. Davey.—It is a very few minutes, Mr. President, that I shall occupy your attention and the attention of the gentlemen present; but I am induced to show you upon this occasion *two* MODELS OF BEDSTEADS, which I conceive are very valuable, and very well adapted for the accommodation of a certain class of patients, particularly in county asylums; I mean those patients which are technically called "wet patients." Now, I may perhaps be of a rather hopeful temperament; but certainly I am not so hopeful as to expect that under any kind of discipline, however favorable and well-judged that discipline may be, you will ever succeed in getting rid of wet patients, as they are called. Such patients will turn up every now and then, in spite of the best management; therefore it becomes a question how best to accommodate them, and what form of bedstead to use for them. The subject has been for long years past in my mind; and the bedsteads, the models of which are before you, have been long in use at the Hanwell and Colney Hatch Asylums. They were introduced by me at Hanwell in 1843, and at Colney Hatch in 1851; and I am induced to call your attention to these bedsteads now, because, to my surprise, I read in a report of a county asylum for only last year, 1864, these words. It is an extract from the report made by the Commissioners of Lunacy on the occasion of their visiting a county asylum. "The proportion of straw beds," they say, "is still large; the return of wet and dirty beds for the last night was eleven in the male and twenty-three in the female wards." Now, I thought that the straw beds had been got rid of, and I was not at all prepared to learn that straw beds were in use in any county asylum. You will therefore judge of my surprise when I read that sentence. It immediately occurred to me that there may be other asylums than this one, the report of which I hold in my hand, in which the straw beds are still in use; and if such be the case, I thought I should be doing some service in the cause of the insane, if I were to take this opportunity of calling your attention to the models before you. You are aware that at the

Hanwell Asylum, the straw beds were for many years in use, and I think it was Dr. Conolly who objected so strongly to those straw beds, for they are very objectionable, very filthy, and very disagreeable; they make the walls in a wretched state in the morning, and altogether they are very slovenly and very ill adapted for the class of patients for whom they are employed; and Dr. Conolly, with the aid of the officers at Hanwell, on one occasion—I think it must have been about the year 1840—contrived this form of instrument which I hold in my hand. It goes by the technical name of the stretcher, and is placed in the ordinary bedstead. I found this stretcher in general use at Hanwell at the time of my appointment in 1840. I had not been long at Hanwell, and had hardly become practically acquainted with the requirements of the insane, before it struck me, from my experience, that these stretchers were very objectionable. Every now and then I was called into the wards early in the morning on account of these stretchers having been broken; and not only so, but because the broken pieces had been made implements of offence or defence, as the case might be; and during my connection with Hanwell Asylum, particularly the early part of it, I had to treat numbers of accidents the result of the employment of these broken stretchers by patients. There was another objection with regard to these stretchers. They were often not used as they were intended; they were taken down and placed in a corner of the room, and the patients were found lying on the bottom of these bedsteads. These were very palpable objections to the use of the stretcher. It occurred to me that all the advantages of the stretcher might be obtained—getting rid of the disadvantages. With that object in view, I contrived to place the framework of the stretcher on the bedstead—to make it, so to speak, a fixture, a part and parcel of the bedstead. Here is the stretcher, represented by these two iron bars; they are fixed on the inner and upper part of the bedstead, and they fall into a groove at the lower part, and slip readily into a metal notch, where they become fixtures, and are fastened by the attendant from the outside. Of course, when the bedstead is prepared for use, this canvas is placed. There are two canvases to each bedstead; one is supposed to be used one night, and the other another; the dirty canvas is taken away in the morning to the laundress and washed, and is ready for use again at the proper time. By this contrivance the patient has all the advantages of a stretcher, without the disadvantages to which I have alluded. But it occurred to me that I might modify this, and I therefore contrived this bedstead, which you see opens like a flap. This is covered with sheeting and the blanket, and upon the canework the patient lies. This is easily kept clean; no offensive smell can arise from it; supposing it to be found wet in the morning, the attendant merely wipes it with a wet flannel, and cleans it very easily indeed. At night it falls down, and is fastened from the outside. I think this arrangement is greatly to be preferred, and I submit these bedsteads to you as very important matters in the furnishing of any county asylum; for, besides being much more cleanly, and preferable in every respect to the straw beds, they would accomplish a great saving in point of expenditure. There is a saving, I think, of about 8s. or 9s. in this bedstead, compared with the other bedstead and a couple of stretchers. That of itself is a consideration, which may weigh heavily in the minds of many of our county magistrates, who, of course, do the best they can towards furnishing county asylums at the cheapest rate. [See Plate in illustration of bedsteads at the end of Journal.]

The President.—This question of bedsteads is one in which I have taken some interest. Another scheme occurred to me, while I was at Bethlehem, and it has been carried out in a somewhat modified form. It is, perhaps, of rather too expensive a character for county asylums. I do not know the cost of these things; but my plan is, to have a spring mattress with a hole

in the centre, covered with stout waterproof material. A metal tube is drawn through and screwed on. You then have a very comfortable bed; you require no more bedding at all; and you readily get rid of all moisture. The objection to the others is that they hold the moisture; they become saturated, and a nasty smell arises. I do not know how far the objection to my plan on the score of expense may be obviated by the mattresses being made in large quantities; but now-a-days they do make spring mattresses very cheaply.

Dr. Maudsley.—They have them now in a common mattress.

The President.—No doubt, but it would simplify the matter by having spring mattresses. This, as Dr. Davey is aware, is the old style of bedstead.

Dr. Davey.—The bedstead itself is old: the appendage is what I suggested.*

Dr. Maudsley.—Sir, on behalf of Dr. E. Sparshall Willett, who is not able to be himself present, I exhibit this to the Association. It is AN INSTRUMENT FOR FEEDING those who will not take their own food, and is intended to supersede the stomach-pump. The advantages of it are, I believe, that in the first place you can manage the whole instrument with one hand. This spring which I touch is at present closed; but by putting pressure upon it the fluid, beef tea, or whatever it is, begins to flow. You can stop it at any moment by letting the spring go. Inside this elegant apparatus is a tolerably close sieve, that would prevent anything going through that might stick in the tube.

Dr. Monro.—Is not that tube rather large for the nostril?

Dr. Maudsley.—It is rather large for the nostril, but it is intended for that.

Dr. Take.—It appears to me there is a very obvious objection to that instrument. In using the nostril tube with the ordinary biggin-bottom sieve, or the common bladder, as I always do, you have the power of applying slight pressure upon the contents you want to send in, and that will send a thicker fluid; but it is obvious that with this apparatus you could only send the very finest; you have no pumping power.

The President.—That is the objection I was going to suggest. It is obvious that through such a small tube as this, unless you had some more force than mere atmospheric pressure, you would be a very long time getting the food through. When you are obliged to resort to a nose-tube, in case of violent opposition through the mouth, which I think is always the most preferable way, you do not quite know what you are doing; and another objection is the time occupied in getting the food into the stomach, which is a most material matter.

Dr. Monro.—Besides that, I should have thought this tube too large for the nostril.

Dr. Maudsley.—It is rather large, but it will go easily enough down the nostril.

Dr. Davey.—Will you allow me to make a few remarks in connection with this matter? Of course I have in my time been called upon on very many

* Note by Dr. Robertson.—In many of the county asylums a complete system of night-nursing has obviated the necessity for the use of these expedients against wet beds, here referred to by Dr. Davey and the President. I regret that I was absent from the meeting during the reading of Dr. Davey's paper, or I should more fully have supported this view. The present practice in this point is a dozen years ahead of these mechanical contrivances, which indeed have been all placed out of use by the employment of night-nursing on Mr. Gaskell's principle, and which necessarily prevents wet beds.

occasions to administer food to patients who obstinately refused it. For a long number of years I used what I know is used now to a very great extent—the ordinary stomach-pump; but I have not used the stomach-pump since 1858, and I have never used a nasal tube. I have had, however, during the past six or seven years many cases of obstinate refusal of food, and so obstinate has the refusal been that I have been compelled upon many occasions to resort to the forcible administration of nourishment, and I have never failed to give my patient as much food as I liked. The instrument that I use is not unlike this. It has not a tube like this, but it terminates in an ordinary nipple. The patient is laid on the sofa; I go behind the sofa, at the head, and approach the patient from behind. The head is firmly held, and this nipple I pass into one nostril; having secured it with a common stop-cock, I let pass into the nostril about a table-spoonful of beef tea or milk. From the position in which the patient is, that drops directly into the pharynx, and the ordinary motion throws it into the stomach. It takes me ten minutes or a quarter of an hour; but in that time I can give half or three quarters of a pint of fluid in a very easy way; and I always approach a case of that kind with the utmost confidence, knowing I am going to succeed. I have adopted that plan for the last six or seven years, and have never failed.

Dr. Monro.—Have you a model of that instrument?

Dr. Davey.—I have one that I always keep near at hand, and have often been called in to these cases by medical men in my neighbourhood, and they have been the very worst cases, or I should not have been called in to them.

Dr. Monro.—That scheme obviates the great danger of the nasal tube.

Dr. Maudsley.—I used regularly at one time to adopt the plan of Dr. Davey—

Dr. Davey.—It was invented by one of the medical superintendents of the Northampton Asylum.

Dr. Maudsley.—I was going to mention the plan I adopted with regard to it when I was superintendent of the Manchester Hospital. I used to feed people through the nostril with the ordinary elastic bottle, and an ordinary ivory pipe, putting the nozzle of it into the nostril, and allowing the food to run down, which in most cases it will do. Now and then, however, you come across obstinate cases, in which the patient tries everything he can to resist, and you run great danger of getting the food into the trachea, and of choking the patient. I recollect a very powerful man whom I had to feed in that way twice a day for three weeks, and on one occasion he struggled so violently, and made such efforts to eject the food by mouth and nostril, that some of it got into the larynx, and he was as nearly as possible asphyxiated—the attendant thought he was—and I had to give it up, and resort to ordinary measures. Since then I have never fed any one except by the stomach-pump, which I certainly very much prefer.

Dr. Davey.—I shall certainly go on using it through the remainder of my life. But it requires great care. You must not adopt any hasty or abrupt measures.

Mr. Sankey.—What would be the difference between the stop-cock and the old Lincoln funnel?

Dr. Hunt.—For the last six or seven years I have had a great deal to do with feeding in hospitals and in private practice. I have had to feed one or two cases for nine weeks, and I have tried every device I could. For the last four or five years I have always used a tube like this of Dr. Willett. This is not at all too large; it should be somewhat longer. I have been in the habit of using an india-rubber bottle. You can have it of any size, and you can use any amount of force with it. Anything in reason can pass through this. I have never yet seen a bad symptom result, and I have never had any trouble in passing the tube. Another great advantage I have always found from it is,

that the patient can be sitting up in the chair, and the attendants, if you want two, can take him by the arm and pass it down into the stomach. The patient then has the mouth to breathe through; you have not to put anything over the mouth, or to use any force there; whereas, with the old feeding plans, you have to put a cover over the mouth to prevent the patient getting the food there and spitting it out; and sometimes the patient will throw it all over you, and all over his own face. But by passing this tube into the stomach you have no occasion to lose a single drop of fluid. I think I am speaking within bounds when I say that in the last six years I have fed over a hundred patients, and in more than one instance for nine weeks at a time.

The President.—It strikes me that the tube is rather too short.

Dr. Maudsley.—It does not matter if you get it beyond the glottis.

Dr. Tuke.—I hope no member will hesitate to give small quantities of food without any apparatus at all. In case of the refusal of medicine there is no possible difficulty in administering it. The only difficulty in feeding through the nostril will be the time. I undertake to say you cannot give a pint of beef-tea in that way in less than an hour.

Dr. Davey.—Excuse me; that is not my experience.

Dr. Boyd.—The same instrument I have been in the habit of using in the stomach, only of a much larger size. We feed a dozen patients in an hour.

Dr. Tuke.—Yes, introducing it into the stomach. But in case of spasm of the glottis, what would be the result?

Dr. Boyd.—I never saw it fail.

Dr. Monro.—We have had contrary opinions expressed upon this matter. I certainly think it is a question of the very greatest importance. As far as my experience has gone, I strongly sympathise with what you yourself and Dr. Maudsley said, viz., that you always prefer the stomach-pump very much to the use of the nasal tube. This new mode which has been suggested is of course distinct from the tube; but I should be very much interested if we could, in consequence of this conversation, come to any conclusion as to the risk of the nasal tube ever getting into the trachea. I do not myself ever remember a case in which I could feel confident that it did get in. There have been one or two, however, in which I have had a strong suspicion of it. Dr. Hunt's experience seems to have been very great indeed. He says he has fed patients with this nasal tube every day of his life almost, and he did not ever have any accident.

The President.—In careful hands I presume the nasal tube is tolerably safe; however, as a general rule, no doubt the stomach tube by the mouth is far safer.

Dr. Hunt.—There have been more than one or two deaths from the stomach tube.

Dr. Monro.—Have you ever seen a tube that you could certify got into the trachea?

Dr. Hunt.—No, I never saw that. You can tell, from the first drop or two of the liquid, if you are careful at first, because, of course, the spasm will be set up.

Dr. Belgrave read a paper on—"THE USE OF THE BROMIDES OF POTASSIUM, CADMIUM, AND AMMONIUM, IN THE TREATMENT OF INSANITY. (See Part I, Clinical Cases.)"

On the motion of the President a vote of thanks was accorded to Dr. Belgrave for his interesting paper.

A vote of thanks was also passed to the President for his attention to the business of the day, and to the President and Fellows of the Royal College of

Physicians, for their courtesy in granting the use of the College for the meeting.

The proceedings then terminated.

The annual dinner was held in the evening at the Langham Hotel; Dr. Wood, President, in the chair. Among the guests present were Dr. Jenner, Dr. Quain, Dr. Webster, Dr. Sieveking, Dr. Garrod, Dr. Stewart, Dr. Radcliffe, Mr. Erichson, Mr. E. Hart, Mr. E. Sercombe, &c., &c.

Confession of Constance Kent.

The following letter appeared in the 'Times' of Monday, the 28th of August:

"SIR,—I am requested by Miss Constance Kent to communicate to you the following details of her crime, which she has confessed to Mr. Rodway, her solicitor, and to myself, and which she now desires to be made public.

"Constance Kent first gave an account of the circumstances of her crime to Mr. Rodway, and she afterwards acknowledged to me the correctness of that account when I recapitulated it to her. The explanation of her motive she gave to me when, with the permission of the Lord Chancellor, I examined her for the purpose of ascertaining whether there were any grounds for supposing that she was labouring under mental disease. Both Mr. Rodway and I are convinced of the truthfulness and good faith of what she said to us.

"Constance Kent says that the manner in which she committed her crime was as follows:—A few days before the murder she obtained possession of a razor from a green case in her father's wardrobe, and secreted it. This was the sole instrument which she used. She also secreted a candle with matches, by placing them in the corner of the closet in the garden, where the murder was committed. On the night of the murder she undressed herself and went to bed, because she expected that her sisters would visit her room. She lay awake watching until she thought that the household were all asleep; and soon after midnight she left her bedroom and went downstairs, and opened the drawing-room door and window shutters. She then went up into the nursery, withdrew the blanket from between the sheet and the counterpane, and placed it on the side of the cot. She then took the child from his bed, and carried him downstairs through the drawing-room. She had on her night-dress, and in the drawing-room she put on her goloshes. Having the child in one arm, she raised the drawing-room window with the other hand, went round the house and into the closet, lighted the candle, and placed it on the seat of the closet, the child being wrapped in the blanket, and still sleeping; and while the child was in this position she inflicted the wound in the throat. She says that she thought