

PART IV.—NOTES AND NEWS.

ANNUAL MEETING

OF THE

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS
AND HOSPITALS FOR THE INSANE.

THE Annual Meeting of this body was held in the Library of the Royal College of Physicians, on Thursday, July 14th, 1864.

Members present:—Dr. Henry Monro (President), Dr. Thurnam, Dr. Boyd, Dr. Fox, Dr. Stewart, Dr. R. Stewart, Dr. McCullough, Dr. Jacobs, Dr. Paul, Dr. C. H. Fox, Dr. Fayrer, Dr. Davey, Dr. Down, Dr. Sheppard, Dr. Kirkman, Dr. Wood, Mr. Sankey, Dr. Robertson, Dr. Maudsley, Dr. Wing, Mr. Terry, Dr. Addison, Dr. Burnett, Dr. Bacon, Dr. Murray Lindsay, Dr. Stephens, Dr. Gardiner, Dr. Stilwell, Dr. Harry Browne, Baron Mundy, Dr. Tuke, &c., &c., &c.

Among the visitors were Dr. Morel of Rouen, Dr. Jules Falret of Paris, Dr. Moore, Dr. Hart Vinen, Dr. Ogle.

Letters of regret, for unavoidable absence, were received from Dr. Skae, Dr. W. A. F. Browne, Dr. Hitchman, Dr. Rorie, Dr. Campbell, Sir Charles Hastings, Dr. Sherlock, and Professor Laycock.

The Chairman.—Gentlemen, I am very sorry to say that you will not have the pleasure of hearing an address this morning from Dr. Skae, who has written to say that he is detained by unavoidable business in Scotland, and regrets that he cannot attend this meeting. I believe it will be in your recollection that last year I accepted the great honour of the Presidentship of this Association, on the special promise that I should not be called upon to read an address to you, so that I am afraid you will have no address at all. But let me observe that, as we meet only once a year, I really think we should occupy all our time in matters of real genuine interest to the Association, and that a long address from any member, however able he may be, comes a little in the way of our practical work. Still, I cannot take this chair without saying a few words to intimate how sensible I am of the great honour of filling an office which has been held by such eminent men as Dr. Conolly, Dr. Sutherland, Dr. Bucknill, Dr. Kirkman, Dr. Skae, and others. I do assure you I feel the honour to be very great. If I were allowed to make any suggestions to this meeting (which I am almost afraid to do, seeing that we have so much already upon our agenda), it would be to call the attention of the Association to something which will place the mental physicians of England in a higher position than they are in at the present moment. I feel that we are a very ill-used body. We have been the constant object of attack from the public. There has recently appeared, a book which I have not read myself, entitled 'Hard Cash,' which has been as I hear, so exaggerated in all that it says that I really think it has done more good to our cause than harm. But I do think that it ought to be our first object to raise, in some way, the standard of our peculiar branch of the profession. Medical men, in general, are sufficiently ill-treated everywhere—in the

army, the navy, or wherever it may be. It does so happen that those men to whom everybody has recourse when he comes to grief are, in the time of prosperity, thought little of, and they are supposed to be highly honoured if they are considered equal to the other officers of their regiment, and so on. But if the medical profession at large has to complain of this, we most especially have to complain of it. I should not have alluded to this point unless I had one or two things in my mind by which I thought our position might be a little raised. I think one great reason why we fail so much, as a public body, is that we have so very few opportunities of meeting together, and doing anything in concert. Through the great zeal and energy of the founders of this institution we have this opportunity of meeting once a year, and through the kindness and liberality of the College of Physicians we have the honour of meeting in this building. Those two circumstances I consider as very happy ones for our speciality; at the same time I think it would be a very fortunate thing if we could meet oftener. It may seem the most impracticable scheme possible to practical men; still I would throw out this suggestion. I should be exceedingly sorry, so long as we remain as we are, that the habit of meeting in this college should be given up; but if we could have a building of our own in this metropolis, or large rooms like the Medico-Chirurgical Society has, and where we could have our own library, and places of call in London, where our friends could have the opportunity of meeting more frequently than once a year; if we could thus get into bricks and mortar, and have a more solid existence than at present, that would help to establish us very much. Of course, one objection to the scheme would be that our friends in Scotland and Ireland and distant parts of England would say, "This is becoming more and more a metropolitan affair," and I feel the weight of that consideration. Again, it may be said that it would be utterly impossible for us to meet often, because we are so scattered a body. I am perfectly prepared to find that the suggestion I make is but little thought of, but I throw it out as something which may possibly help to bring about the end we have in view of making the Association of greater importance. There is another thing also which I feel very strongly, and that is that we are very much the victims of the conduct of attendants. Inquests and trials now and then occur at which we find ourselves in that position, and I think it would be a great gain for us, as well as a great mercy for our poor patients, if we could, in some way or other, raise the standard of attendants. If we had such an institution as I have been speaking of, a part of it might be devoted to the supervision of attendants, and somebody might be resident on the spot whose duty it should be to inquire into the character of those who applied. There are various ways, two of which only I have mentioned, in which greater facilities for meeting, and especially a place belonging to ourselves, might be of great service to the Association. I will not occupy your time any longer. I will only say that perhaps I feel most especially the sort of stigma which the public have thought right to throw upon our department, as I am myself, as many of you are aware, the fifth physician in descent who has made mental disease his study.

Dr. Tuks then read the minutes of the previous meeting, which were confirmed.

PLACE OF MEETING, 1865.

The President.—The first thing which we are called upon to do is to consider the election of President for the coming year. One little matter has arisen, which I must put before the meeting, as we desire to get the opinion of the members on the subject, and we do not wish that the meeting should

think that there are any secrets in the adjoining room. The question now to be brought before you is, whether it is advisable that the annual meeting should always occur in London, or some other place in England, or whether it should not sometimes take place in Scotland or Ireland. It is necessary to discuss that question before we consider the appointment of the next President, because, if we agreed to hold our meeting in Edinburgh, we should most likely appoint as President for the next year a gentleman eminent in the profession in that part of the kingdom; whereas, if we decide that the meeting should be held in London, we should probably choose an English physician.

Dr. Tuke.—Perhaps it would be in order if I proposed, not officially, or in any way dictating to the members, that we meet in Edinburgh next year. The number of our Scotch members is very large, and we have not met in Edinburgh for eight years. We have but few Scotch members present to-day; but I think they will very much desire to see the Association meet again in the north.

Dr. Stewart.—I beg to second the proposition of Dr. Tuke. I was present at the consideration of the question whether the meeting should constantly take place in London or elsewhere; and I admit that there are many reasons why it would be more convenient to meet in London. At the same time I think there are many arguments in favour of meeting occasionally in Scotland and in Ireland; and, in doing so, we should be only adopting the precedent of other societies, like the British Association for the Advancement of Science, and the Evangelical Alliance. I have had the pleasure of meeting Dr. Skae in Edinburgh, and I find that he is held in very high estimation by the profession generally. In a conversation I had with Professor Simpson I mentioned that I was engaged in the speciality of treating the insane, and he instantly referred to Dr. Skae, and spoke of him as a very superior man. We could not have a more delightful or picturesque place of meeting than Edinburgh; and with regard to sociality and hospitality, I know no place equal to it. I feel great interest in the place, having begun the study of my profession there forty years ago, and I shall be very glad to have an opportunity of visiting it again.

Dr. Darey.—I beg to move as an amendment that the next meeting of the Association take place in London. I do this so that the members at large may be able to entertain the question, and express their individual opinions upon it. I do not wish that we should take it for granted that it will be the proper thing to go to Edinburgh next year.

Dr. Burnett.—I beg to second the amendment. When we were in the habit of meeting in different parts of the kingdom, the question was very frequently agitated whether we should not make London a permanent place of assembly. I was one of those who certainly did propose that we should make London a permanent place of meeting, as best accommodating the members generally, and also avoiding any invidious feeling that might arise in moving from one asylum to another, especially when we were in the habit of selecting the physician of the particular asylum we visited to fill the office of President. I remember urging at the time the objection that we should never go through all the counties, and that there were many distinguished members who would never occupy the chair, according to the plan then adopted. The President has remarked that we should do everything we can to promote the welfare of the Association and defend ourselves from the assaults of the public. Now, nothing will tend to give so much strength to any society as union; and I hope, wherever we meet, that feeling will be uppermost in our minds. At the same time we are mortals, and there will arise feelings of disappointment at members being selected under the circumstances in which they have been hitherto been chosen to fill the chair.

Last year we discussed the question of making a permanent President. That would have been a very serious thing, because we are all so short-lived, and the opportunity of paying any compliment to our members would be taken out of our hands, and we should fall into the errors and foibles of societies that have been conducted in a similar manner. I think it would be almost a pity to go back to our former plan, which did not appear to give satisfaction; and I therefore second the amendment of Dr. Davey. There is another reason why I think it would be better to remain in London; we are talking of bricks and mortar, and of having a place of meeting for ourselves; now, I do not know that there would be any case at all approaching what ours would be if we had a permanent institution in London and went down in a body to meet in the provinces. This is a question that will require a great deal of deliberation, especially as our Association is at present situated. We do not want to encourage any feelings of jealousy towards each other, and we should take care that no opportunity is afforded for doing so. I may also say that we should have a more general opportunity of expressing our opinions individually at these meetings. I do not doubt that there are numbers in the provinces whose reputation is so great that they would have the highest claim to the chair, but I think they are for the most part men who have attained such a position that they would rather not fill the office. It seems to be rather the spirit of great minds not to court prominent positions. For these reasons, I think, it will be far better that the meetings should be held in London, and that we should ourselves have the opportunity of exercising our judgment as to who should be selected as President.

Dr. Robertson.—I would venture to say a word in favour of Dr. Tuke's proposition that we go to Edinburgh, and I would argue the point on the question of finance. The Association is at a large annual expenditure, and of course it depends upon the annual subscriptions of the members, and particularly of new members. The last time we went to Scotland, seven years ago, we had twenty new members, fifteen of whom still remain in the Association. Since then several of the new district asylums have been opened, and their medical officers would, I have no doubt, if they heard of the Association meeting in Edinburgh, be induced to join our ranks. Being a Scotchman, I may, perhaps, be rather prejudiced in favour of the north. I am often in communication with Scotchmen, and I know that there is a strong feeling among the Scotch members that the Association should give them its countenance by meeting again in Scotland. I can promise you a hearty and warm reception, both from the College of Physicians, who would doubtless also place their hall at our disposal, and from the professors of the University. Several professors have assured me that if we go to Edinburgh we may rely upon being very heartily received.

Dr. Fayrer said that the proposal to have a building of their own in London was a cogent reason why they should assemble in the metropolis. He therefore supported the amendment.

Dr. Robert Stewart.—I certainly think that London should be our great centre; but that, in order to create a cordial bond of union, we should occasionally meet both in Ireland and in Scotland. With regard to the proposal of a special building of our own, I think it would lead to the supposition that the society was becoming a strictly metropolitan one, instead of it being what it should be, a peripatetic society. I therefore strongly support the original resolution. I think there are some large provincial towns also, such as Liverpool and Manchester, where we might occasionally meet; at all events, I think it should be a *sine quâ non* that we should occasionally assemble in Dublin and Edinburgh.

Dr. Thurnam.—Our rules are clearly in favour of our generally meeting in London; but the option is certainly given of holding the meetings occasion-

ally at some other places, according as the interests of the Association may consider it desirable. My own feeling is that it would be desirable to go to the other great capitals, and possibly to some of the large provincial towns.

Dr. Wood.—This is a matter of so much importance to the Association that we ought to try and come to some unanimous opinion upon it. I think our rule is a wise one, which makes it the practice to meet in London; but I strongly sympathise with those who think that at least in such a case as Dublin or Edinburgh, there ought to be an occasional exception. That, I think, seems to be pretty nearly the unanimous opinion. The only question to be determined is how often the occasion should arise. If it is seven years since we had the pleasure of meeting in Edinburgh, and there are gentlemen there who have volunteered to entertain us, and expressed a wish that we should go, I think it would be showing some discourtesy to them not to accede to the proposition. I am not prejudiced to one course or the other; but the inclination of my opinion is, especially after what Dr. Robertson has said, that we ought not lightly to reject the proposal of going to Edinburgh on the next occasion.

Dr. Down.—This question should be settled on the basis of fair play. It would be selfish on our part to insist that the meetings of the Association should always take place in the metropolis; and I would suggest that the meetings should occasionally take place in Scotland and Ireland, the frequency being determined by the relative proportion of the number of members.

Dr. Sheppard.—I shall support the amendment of Dr. Davey, because I think it is of great importance that we should always meet where we are likely to secure the largest number of attendants.

Dr. Tuke.—The largest meeting that we ever had was in Edinburgh.

Dr. Sheppard.—I did not say it was not. What I say is, that it is of importance we should always meet where we are most likely to secure the largest number; and I believe that we shall be always likely to get the largest gathering in London. I remember the wretched little meeting we had at Liverpool some years ago. While I have reason to thank the Liverpool physicians for the kind reception they gave us, I am sure it was a matter of intense disappointment to every member that there should be so small a gathering. I remember when Sir Charles Hastings got up and addressed some six or seven members, and I should not like to see the same farce enacted over again; nor, indeed, do I say that such a farce would be enacted in Edinburgh or Dublin. Personally, I should like to visit both of those places, and I believe we should have very successful meetings in either city; but I still adhere to the opinion that London is the place where we ought to meet as a rule. There is one other remark I would make in reference to Scotland. It is an undoubted fact that Scotchmen have largely and extensively attached themselves to our speciality, and peculiarly so in this country; therefore, it cannot be said that by not going to Edinburgh we are in any degree slighting the Scotch members.

Dr. Jacobs.—I think that by varying our places of meeting we are most likely to obtain a large accession of members to the society, and new blood is very desirable in every association. If we meet constantly in London I am afraid the Association will be in the hands of a few, and that the members will gradually drop off.

Dr. Kirtman.—If we went to Edinburgh it would entail a great expense on a number of members, and I question whether we shall gain more by the members who are likely to join us there than we should lose amongst those who would not go. I certainly understood that it was almost permanently settled some years ago that we should meet in London. I shall certainly support the amendment.

The President.—May I be allowed to say one word before putting this question to the vote? As I explained in my opening remarks, the great object I think is that this Association should have more frequent opportunities of meeting—that we should, in point of fact, be bound together more into one body, instead of being separated all over the country. If there is anything in the suggestion which I threw out in regard to the question of bricks and mortar, our going about to Ireland and Scotland would very much interfere with the utility of that proposal. I am in favour of meeting in London; and I think with Dr. Sheppard that the Scotch members, at least, cannot consider themselves ostracised in any way, when it is considered how large a proportion of offices in connection with county asylums they hold.

The meeting then divided, and the result was as follows:

In favour of Edinburgh, 15 votes.

In favour of London, 15 votes.

Dr. Tuke stated that the President had voted in favour of London, so making an equality of votes. He considered that the majority was in favour of Edinburgh, and that the Chairman should only give the casting vote in the event of the numbers being equal.

Dr. Thurnam considered that the President was entitled to the casting vote in addition to his vote as an ordinary member. He also thought it would be an invidious thing to meet in Scotland upon a small majority of one against the feeling of so large a number of members.

Dr. Wood said he assented to that view.

The President.—If I have a right to vote a second time, I shall give my casting vote in favour of meeting in London.

The amendment was then declared to be carried.

ELECTION OF PRESIDENT.

The President.—The next question for consideration is the election of President for the ensuing year. The Council do not desire to take the initiative in the matter, and perhaps, therefore, some member will propose any gentleman he thinks best fitted for the office.

Dr. Davey said it was understood that future elections of President should be by ballot.

Dr. Tuke said he certainly understood that the election was to be by ballot, but that the names were to be proposed and seconded as usual.

Dr. Davey objected to that course. The proper method would be for each member to write the name of any gentleman upon a slip of paper without any previous proposal.

Dr. Thurnam asked if *Dr. Davey* was quite correct in his interpretation of the society's rule. It would be a great convenience to the members to have some gentleman proposed before his election, otherwise they might vote in the dark.

Dr. Tuke said he was anxious to follow past precedents. The Association had been well governed for seventeen or eighteen years on the old plan, and he did not think a new one was likely to conduce to harmony. He begged to move that *Dr. Wood* be President for the next year.

Dr. Davey protested against the course adopted by *Dr. Tuke*, as not being in accordance with the society's rule.

Dr. Wood.—It appears to me altogether opposed to the practice of every scientific society that a question of such importance should be left open in the way proposed. Thirty or forty names may be brought before us, and how are we to determine amongst them who is the proper person? It may even turn out that the gentleman elected may decline to accept the office

and then what would our position be next year? I think the Committee should at any rate go through the preliminary work of ascertaining whether the gentlemen who may be proposed will accept the office. I think it is impossible to come to any satisfactory conclusion if each person is to be at liberty to vote for any separate candidate he may think fit. It appears to me that one of the chief functions of the Committee is to suggest the proper officers; it being, of course, open to the members to substitute any others.

The President.—The reason why the sub-committee have not acted in that way on the present occasion is, that there was a feeling expressed last year that it took too much on itself.

Dr. Thurnam asked if honorary members were eligible to the office of President.

The President said he thought that they were not, but he would take the opinion of the meeting upon the subject.

The question was then submitted to the meeting, and decided in the negative.

Dr. Wood suggested that the Committee should meet and decide upon the names to be submitted to the meeting.

The President seconded the nomination of *Dr. Wood*.

Dr. Burnett.—I beg to propose *Dr. Thurnam*.

Dr. Thurnam said that he had already filled the chair.

Dr. Burnett said he had always understood that the President should be selected one year from gentlemen in private practice, and the next from officers of county asylums.

The ballot was then taken, *Dr. Maudsley* and *Dr. Robertson* being appointed scrutineers.

The President announced that the election had fallen by a very large majority on *Dr. Wood*.

Dr. Wood—I feel very much flattered by the honour which the Association has conferred upon me. It is certainly one for which I was entirely unprepared. If I had had a choice in the matter, I should have preferred that some gentleman connected with the provinces had taken the next turn. However, as it is the will of the Association that I should endeavour to fill the chair which has been so ably occupied by others, I will do my best; and I have only to thank you sincerely for the honour you have conferred upon me.

Dr. Paul read the Treasurer's report, which was as follows :

**THE TREASURER'S ANNUAL BALANCE SHEET,
July, 1864.**

EXPENDITURE.	£	s.	d.	RECEIPTS.	£	s.	d.
By Annual Meeting in July, 1863	17	7	8	By Balance of 1863	60	3	8
Editorial expenses (one year)	87	14	6	of General Secretary	6	6	0
Printing and publishing four numbers of the Journal	150	5	9	of Secretary for Ireland	26	5	0
Sundries—					92	14	8
of Treasurer	1	0	0	By Subscriptions received—			
of Secretary for Ireland (two years)	1	4	10	by Treasurer	133	6	0
of Secretary of Scotland	0	3	0	by Secretary for Ireland	25	4	0
of General Secretary (two years)	5	10	6	by Secretary for Scotland	18	18	0
	218	6	3	Dr. McIntosh for engravings	1	15	0
By Balance of Treasurer	89	15	5				
of Secretary of Scotland	18	15	0				
	271	16	8		271	16	8

ROYAL COLLEGE OF PHYSICIANS;
July 14th, 1864.

Examined and found correct,
(Signed) JOHN KIRKMAN.

Notes and News.

The report was unanimously received.

Dr. Sheppard proposed that *Dr. Paul* be re-elected Treasurer.

The proposal was seconded, and unanimously adopted.

Dr. Thurnam proposed the re-election of *Dr. Robertson* and *Dr. Maudsley* as Editors of the Journal. He said the members had no alternative, that they would be stultifying themselves not to re-elect the present excellent Editors, who conducted the Journal with so much credit to themselves and to the Association.

Dr. Robert Stewart seconded the motion, which was unanimously agreed to.

Dr. Sheppard proposed the re-election of *Dr. Tuke* as Secretary. He was quite sure that the Association would be only too glad to avail itself of that gentleman's valuable services.

Dr. Robert Stewart seconded the motion, which passed unanimously.

Dr. Tuke.—I am much obliged to you for re-electing me. It is a great pleasure to be officially brought in contact with the members of the Association, amongst whom I have many warm friends. I trust that any remarks I may have made in my conservative views as to the management of the Association may be taken as an expression of my earnest feelings for its advantage.

Dr. Kirkman proposed the re-election of *Dr. Robert Stewart* as Honorary Secretary for Ireland.

Dr. Wood seconded the motion, which passed unanimously.

Dr. Robertson proposed the re-election of *Dr. Rorie* as Honorary Secretary for Scotland.

The motion, having been seconded, was unanimously agreed to.

Dr. Robertson proposed the re-election of *Dr. Helps* as Auditor, and the election of *Mr. Sankey* in the room of *Dr. Kirkman*.

Dr. Maudsley seconded the motion, which passed unanimously.

Dr. Robertson proposed the re-election of the Members of the Council, with the exception of the two senior members, *Dr. Burton* and *Dr. Gilchrist*, for whom he proposed to substitute *Dr. Duncan* and *Dr. Sibbald*.

Dr. Maudsley seconded the motion, which was unanimously agreed to.

The following new members were then elected:

Edward Moore, M.D., Victoria Park.

Alonzo Stocker, M.D., Grove Hall, Bow.

Cornelius Black, M.D., Chesterfield.

James Ellis, M.R.C.S., St. Luke's Hospital.

John Robertson, L.R.C.P., County Asylum, Hanwell.

Edward Rutherford, M.D., Perth District Asylum.

William Stockwell, M.R.C.S., Millholme House, Musselburgh.

George Bodington, M.D., Sutton Coldfield.

John Foster Reeve, M.D., London.

John Hansell Brown, Esq., Grove Hall, Bow.

Thomas Bigland, Esq., Kensington House, London.

The following honorary members were also elected:

Thomas Watson, M.D. Cantab.; F.R.S.; President of the Royal College of Physicians, London.

Alexander Tweedie, M.D. Edin.; F.R.S. F.R.C.P., London.

Professor Griesinger, M.D., Zurich.

Dr. Kirkbride, Philadelphia.

Dr. Stewart proposed the election of *Mr. Blake, M.P.*, as honorary member; but, previous notice not having been given, according to the rules, the proposal was necessarily deferred until next year.

Dr. Tuke said he had received a complete set of the asylum reports for

Suffolk, and Dr. Robertson had promised him the Hayward's Heath reports. From Dr. Tuke, of Falmouth, he had received a parcel of pamphlets containing some interesting plans for the building of the Retreat at York, some papers connected with the establishment of that asylum, and a copy of Samuel Tuke's 'Translation of Jacobi.' He moved that the thanks of the Association be given to the donors; and requested that members having odd numbers of reports would send them to him for the purpose of completing his sets.

The vote of thanks passed unanimously.

Dr. Tuke.—In deference to the wishes of some of our members, the Council did not propose a President this year; they would otherwise have nominated Dr. Daniel Tuke and Dr. Williams, the Consulting Physician of the Gloucester County Asylum. I certainly think that the Council are better choosers than a meeting of a large number of the society is likely to be, and that it would have been better to have proceeded upon our old plan. I wish now to put it on record that these two gentlemen would have been recommended by the Council, and the only thing I regret is that their state of health have, in both cases, prevented their accepting office.

The President said the next business was to receive

THE REPORT OF THE COMMITTEE ON THE SUPERANNUATION CLAUSE.

Dr. Robertson.—I may state that we had, in December, a meeting by appointment with the Commissioners, but they only gave us forty-eight hours' notice, so that we were driven somewhat irregularly to draw up a report, which all the members, especially the chairman, had not seen. The Commissioners received us extremely well, and expressed their sympathy with us. They assured us that on the first occasion when any amended Bill, or any consolidation of the lunacy laws, should be brought before the House, they would give careful consideration to our wishes, and endeavour to put the superannuation clause on a better footing. They then asked what suggestions we had to make, and, not having had the opportunity to discuss the subject before, I ventured on a suggestion of my own, which, however, did not meet with the approval of Dr. Kirkman. Our proposal now is, that you reappoint us for another year, in order further to consider the question, and, should any legislation arise next year, to take steps in the matter.

Dr. Kirkman.—The object of my seeking the appointment of the Committee was to render the superannuation clause a compulsory enactment, as I think anything short of that would not be satisfactory to the superintendents of the county asylums. Under the circumstances I should be glad of more time; and I think that there should be an addition to the members of the Committee, and that they should be more closely located, so that they might have more frequent opportunities of meeting.

Dr. Maudsley proposed the reappointment of the Committee.

Dr. Sheppard moved that Dr. Maudsley's name be added to the members of the Committee.

Dr. Kirkman seconded the proposal.

The Committee was unanimously reappointed, with the addition of Dr. Maudsley.

Dr. Robert Stewart hoped that the Committee would take Ireland into consideration as well as England.

Dr. Thurnam thought that object would be secured by the addition of Dr. Stuart's name to the list, which he accordingly proposed.

Dr. Davey seconded the motion, which passed unanimously.

Dr. Sheppard proposed that a list of the members of the Association should be published with each number of the Journal.

Dr. Robertson stated that the list had been omitted as it occupied so much room. The editors were limited to ten sheets, and the list of the members occupied one sheet.

The proposal was seconded by *Dr. Davey*, supported by *Dr. Thurnam*, and unanimously adopted.

REVISAL OF THE RULES.

Dr. Davey stated that last year a Committee, consisting of *Dr. Kirkman*, *Dr. Thurnam*, *Dr. Robertson*, *Dr. Sheppard*, and himself, was appointed to consider an alteration in the rules. The altered rules were, he believed, in the hands of *Dr. Tuke*, and he suggested that they should be laid before the meeting.

On the motion of *Dr. Tuke*, seconded by *Dr. Davey*, the consideration of the question was deferred till the afternoon meeting.

RESOLUTIONS PROPOSED BY BARON MUNDY.

Baron Mundy.—I beg to claim for a few moments your kind and serious attention for the support of my motion, which I now abstain repeating, having placed it before you in print.

Excuse a personal explanation :

Family circumstances, whose chief origin can be traced in mental science, have only permitted me, when more advanced in years, to devote my life and labours to our speciality, for which I felt from my youth an instinctive impulse.

After indefatigable studies in the theory and practice of our science I visited repeatedly, with open eyes and impartial mind, a considerable number of asylums in Europe.

I stopped for a long or short time in these institutions, and took advantage to be present at their clinical investigations, joining the instructive studies and conversation of my colleagues.

The melancholical asylum life of the sequestered insane, and the millions which are swallowed up by these institutions, attracted me impulsively to the particular study of the only part of the world in which nearly 1000 insane are allowed to live in free air and liberty, in the midst of sane people and their families, for a very small outlay.

Here, after laborious studies of months, and after careful comparisons with these principles and the actual existing general practice in asylums, I became a zealous advocate of non-sequestration and family treatment.

Where should I have gone to correct and complete my studies, if not to England, where this half Herculean work was already done, through the practice of "non-restraint" ?

I have passed the greater part of my time during the last four years in your country, occupied with constant studies of your asylum practice and management.

I never went, either in this or any other country, before a Committee, a Board of Commissioners, or any other official or governmental persons who were engaged in lunacy matters ; much more, I abstained from making their personal acquaintance.

I never spoke in public about the reform which I advocate, if not before medical men or corporations, who have exclusively devoted themselves to our speciality. I also strictly abstained to write in a popular way on this question, and my few publications are articles only written in different medical journals, chiefly those of mental science.

Offers to realise the practice of the system which I defend, by voluntary contributions or shares, I have often refused, and will do so in future.

My first aim is to reserve the triumph of this cause to a medical corporation.

With such principles, gentlemen, you certainly will not accuse me to jeopardise the reform question.

These words I spoke to what I may call *the moral support* of my resolution, and you will certainly excuse this necessary diversion.

Passing on to *the material or scientific support* of my motion, I fear you will, perhaps, be shocked by the great extent which I have given to my questions; but you will, at the same time, admit that a subject of such a magnitude cannot be restricted to a few words, and if, as I believe, the time is ripe to solve these questions, with all their consequences, you should not be shaken and lose courage through real or imaginary difficulties.

In regard to the first question, we all agree that the present system "does not answer satisfactorily to the exigencies of the social, medical, and economical science of our time."

Also when we abstain from going to extremes, and when we are unwilling to accept the correctness of a modern assertion of some psychologist, "that insanity is *ipso facto* a termination of a disease, and therefore incurable," we certainly cannot be satisfied with the present result of our therapeutic.

Many believe that the life in asylums is a most important therapeutical agent; others are again of the opinion that sequestration, centralisation, and other evils in asylums, cannot counterbalance this alleged boon; also the condition in which a great part of the insane are kept in England, and *môre* especially on the Continent, is certainly not so good as science and humanity imperatively require.

The social law and human freedom is apparently damaged through the actual practice of *indiscriminate sequestration* of the insane.

Further, the economical principles which are now adopted by the erection of asylums and their management, are by no means in proportion to the results, and menace by-and-by to ruin the fortunes of the sane population, or to injure real humanity.

Touching at the second question of my motion, no psychologist will deny the facts that the existing law for the insane wants, in all countries throughout the world, a radical reform, and specially *the medico-legal part* of it, being actually contradictory, not only to our science, but altogether to common sense.

It is now the fashion to make psychologists, when experts, responsible—I need not say how unjustly—for the different monstrous consequences which from time to time result out of these bad laws. You will certainly spare me to quote here the striking instances of the last time.

This fashion went yet so far that every vulgar periodical writer has become so impertinent as to assert in his paper that "*our science does not exist at all*, and that any one who has some little common sense could judge correctly in matters of insanity."

Indeed, every snob has now become accustomed to sneer at "mad doctors."

A good and radical reform in the administrative and legislative part of our science will never be introduced by Parliament, or any other legislative corporation, neither in your country nor in any other, if we not prepare the path.

The latest debates on the Criminal Lunatic Amendment Act in your Parliament give sufficient proofs of this.

I may venture to pass such censure, having been constantly present at these debates.

Gentlemen, you will also not forget that in many parts of Europe there exists, at present, no lunacy law at all, and that the outcry for the necessity of such a law has become general.

Here I could mention to you again many facts, but it was certainly not my intention to enter into details to-day, and therefore I go on to ask you at once if it is not also a fact that the general, and especially the clinical, instruction in mental science is now utterly neglected, and, more than that some medical men feel even proud to ignore our speciality.

I will pass in silence the melancholy consequences of such a state, which can only be altered by your energetic interference.

I further venture to ask you, gentlemen, if you can agree with the actual practice of control over asylums and their management.

This question I would have liked to be answered principally in regard of the postulation in our science, and the position of their representatives, I mean "the medical superintendence of asylums."

Concluding with my third question, permit me to explain to you in which way, with submission, in my opinion, the proposed Committee should come to issue:

Elect a President, and for every question three reporters, for instance—

For the medical and social part of the first question—Drs. Maudsley, Sankey, and Skae.

The economical part of the first question could be, perhaps, solved by Drs. Robertson, Hitchman, and Caleb Williams.

Choose as reporters for the second question such men as may suit best. The collective propositions of these reporters in the summing up of the President of this Committee will be the final answer to the third question.

These reports, with the President's opinion, should be printed in a separate or extra number of our Journal, *in extenso*, which should be ready for the next April.

Nine months will certainly be sufficient for such labours, and three months for the consideration of the members.

Next year, in July, we could finally fight out, at our general meeting, this great war of opinions.

There we should make a pact for the future, a scientific, healthy, and practically useful agreement, which certainly will promote the benefit of our scientific honour and interests.

Indeed it is high time! Or do you prefer to be sneered at like "Olim," the Roman Haruspices!

Pardon me, that I have been candid, laying aside for a moment the fallacious mask of common courtesy, and this in the true interest of positive and practical science.

Do not let me despair, that the motion which I lay before you perseveringly but honestly, and with a practical aim, will again fall to the ground.

Science is undoubtedly cosmopolitical, and I cannot believe that a medical body should refuse a proposition only for the simple reason that it originates from a Patagonian or Moravian.

Baron Mundy concluded by moving the following resolution:—"That in the interest of the present and future conditions of the asylums, and in that of the theoretical and practical progress of phrenopathy, a special Committee shall be appointed to draw up a report on the following questions, and that the same shall be laid before the next annual meeting for general discussion and final resolution.

"I. *Question*.—Does the present system in the cure and treatment of the insane, and in the management of asylums, such as is practised in England and on the Continent, answer in every respect satisfac-

torily to the exigencies of the medical, social, and economical science of our time; and does this system attain its practical aim in the cure of curable and the welfare of incurable insane patients?

"II. *Question*.—Is there no defect at present—

- (a) In the general law for the insane, including the medico-legal part of it?
- (b) In the general, and especially in the clinical, instruction in mental science?
- (c) In the administrative and executive form of control over the asylums as now practised, both on the part of Government and that of other corporations?

"III. *Question*.—What practical propositions can be recommended to our Association by the members of this Committee to redress the sad conditions which necessarily must be reported in answer to the first and second questions, and how can these suggestions be carried out?"

Dr. Robertson seconded the motion.

Dr. Tuke.—I regret that, on a former occasion, when this subject was mooted, and I was asked to be a member of the Committee, I expressed an opinion that it was a most absurd and Utopian scheme, which might be considered to be a rude expression towards my esteemed friend Baron Mundy. I hope he will allow me to withdraw it. I shall be happy to work on the Committee if one is appointed. Although I do not agree with Baron Mundy as to the practicability or possibility of carrying out the cottage system or the patronal system in England, I still think the subject is worthy of examination, and I will do the best I can to arrive at a proper conclusion respecting it.

Baron Mundy.—I never considered the words used two years ago, in this room, by Dr. Tuke, in a serious light. In France and Germany the expressions were regarded in that sense, and Dr. Tuke and I have been accordingly regarded as personal enemies. Everybody here knows that we are intimate friends, and that I have the greatest respect for him and for the management of his asylum, which I often have an opportunity of seeing. I beg to say that the apology of Dr. Tuke, with regard to myself personally, was quite superfluous; but I am much obliged to him for it.

The appointment of the Committee proposed by Baron Mundy was deferred till the afternoon meeting.

The meeting then adjourned.

AFTERNOON MEETING.

The members reassembled at three o'clock.

The following members were appointed on Baron Mundy's Committee :—*Dr. Down, Dr. Kirkman, Dr. Maudsley, Dr. Monro, Baron Mundy, Dr. Robertson, Dr. Skae, Dr. Henry Stewart, Dr. Thurnam, Dr. Tuke, and Dr. Wood.*

Dr. Tuke.—I have in my hand the revised laws sent to me by the members of the Committee appointed last year. There has been no meeting of this Committee, but a copy was sent to each member, and it has been returned to me with some verbal corrections and three additions to the rules, principally with reference to the election of President by ballot. As we have already had a long discussion, and as the time of the meeting might be better employed this afternoon than by going again over these laws, I would propose, if convenient to the members, to postpone the discussion altogether till next year, asking the Committee to report upon the rules, which they have not yet done. The alterations that have been made are of a very

unimportant nature, and I think the Committee might have made suggestions as to several more necessary changes.

Dr. Davey said he did not think the alterations were of an unimportant character.

Dr. Tuks said they were already in the bye-laws, and the only result of accepting the emendations would be to transfer the proposed regulations from the manuscript bye-laws to the printed rules.

Dr. Davey said he was willing, as a member of the Committee, to postpone the formal consideration of the rules till next year.

Dr. Thurnam said he should not have attended the meeting had he not supposed that the matter would be determined. It was desirable that no uncertainty should exist with regard to their laws.

Dr. Maudsley said that many of the members of the association did not know what the proposed alterations were. It would be much better to postpone the consideration of the question in order that the rules with the proposed alterations might be printed on the *agenda*, and that the members might have an opportunity of knowing what they were required to vote upon. He proposed that the consideration of the rules be postponed till the next annual meeting, and that the alterations be then printed in the *agenda*.

Baron Mundy seconded the proposal, and it was unanimously adopted.

Dr. Tuks said that, as his resolution would probably occupy some time, and involve a discussion, he would, if permitted, propose that the paper of their distinguished foreign visitor *Dr. Morel* should take the precedence.

A paper on the present state and future prospects of Psychological Medicine was then read by *M. le Dr Morel, Médecin en chef de l'Asile de St. Yon, Rouen*. [This paper will be found in *Part I. Original Articles*, of this Number.]

A vote of thanks to *Dr. Morel* was passed unanimously.

Dr. Tuks.—The resolution I am about to propose, will probably appear to most of us present, as the mere enunciation of a truism. I have, in the paper I hold in my hand, collected a number of cases, to prove that that which seems to us, to whom the symptoms of mental disease are familiar, so very simple, is by no means generally understood; and I believe that a declaration of our views upon the subject may be productive of much good. I do not know that we can do anything more useful at our meetings, than discuss such questions. You will remember the very interesting debate last year, upon the resolution of *Dr. Robertson*, as to the expediency of removing the patients at Bethlehem into the country, which resulted in an unanimous vote in its support. I propose to day to elicit your opinion upon the legal test as to the responsibility of lunatics, which is familiar to you, and which has recently so much engaged public attention. I shall not take up the time of the association by reading my paper, but in a few words introduce my resolution.

An excellent illustration of the necessity for some further education of the popular mind upon the subject of criminal and especially homicidal insanity, is afforded by the case of *McNaughten*, and the proceedings which followed his trial: *McNaughten* was proved to have murdered *Mr. Drummond* under the influence of a delusion; the then Attorney-General, *Sir William Follet*, as prosecutor for the Crown, put the following question to the late *Dr. Monro*, who had given evidence of the prisoner's insanity:—"May the insanity exist with a moral perception of right and wrong?" It was at once answered, that such a coexistence is very common. Chief Justice *Tyndall*, in summing up the case, after carefully laying down the law, that the test of responsibility is whether a man has mind enough to distinguish between right and wrong, said to the jury,—“But I shall leave this point to you alone, one thing has struck me in the medical evidence, the whole of it is on one side, there is no part which leaves any doubt upon my mind.” The result of such

an opinion from the Bench was, of course, the acquittal of the prisoner, on the ground of insanity; and, I think, looking at the case after a lapse of twenty years, that there can be little doubt that the verdict was just and thoroughly consistent with that dictum of the great English lawyer, Sir Edward Coke, who said that to punish a madman is useless, and the execution of a lunatic a "sorry sight to see." This verdict, however, was followed by a storm of popular indignation, and even our then greatest lyric poet, broke out in some verses in the 'Times,' not, I am happy to say, included in his collected works, which are more rhythmical than reasoning, and are certainly unworthy of the muse of Thomas Campbell; his opinion would not be endorsed by his successor, as great a poet, and from his special experience, a better authority upon such a question. In consequence, or at least subsequent to this pressure from without, came the questions in the Lords, and the elaborate answer of the Judges, since so constantly quoted in criminal trials, in which the knowledge of the difference between right and wrong is laid down as the sole test of responsibility. It is curious to find that the Judge who, as senior, read this decision to the Lords, was the very Justice Tyndall, whose humanity had saved McNaughten, as it would appear in contradiction to the law, which demanded his execution.

It is this clashing between an antiquated law rule and simple humanity, that has led me to bring the subject before you; it is obvious that the test as to right and wrong, if strictly applied, should result in nearly every lunatic who commits a murder being hanged, but as this would be rather too much even for lawyers, they have hit upon a course which seems to me to be repugnant to our notions of justice. One Judge will force from the medical witness the admission that the lunatic knows right from wrong, and then will tell the jury they must find a verdict of guilty, whether the man is insane or not. A second judge will rule the case as in McNaughten's trial; and a third, after having condemned the prisoner, will write to advise a remission of his punishment on the ground of his insanity. A conscientious judge, in many cases, must find it impossible to carry out to its full extent the severity of the law; they practically do not act upon it; nevertheless, the counsel for the Crown will sit down satisfied if he can drag from the medical witness an admission that the prisoner, for whom he appears, knows right from wrong, although he may be suffering under absolute mental disease. This same counsel, when a judge, will take care that homicidal lunatics are not generally punished with death, and, in point of fact, the law is almost a dead letter, not on account of the "crotchets of mad doctors" or the want of clearness in the written law, but on account of the merciful consideration of judges and jurymen, who will spare themselves if they can, that "sorry sight," as Coke calls it, the execution of a lunatic. It can be shown statistically that my statement is correct. During the last five years no less than *eighty* murderers have escaped capital punishment upon the plea of insanity. The number among these who had mind enough to know right from wrong we cannot estimate, but certainly the greater part must have been able to do so, and were therefore spared contrary to the law of England. Than that this anomaly should continue it were better to abolish capital punishment altogether.

The resolution I will ask you to discuss bears only upon the one point, that the presence of a knowledge of the difference between right and wrong is no proof of sanity; it leaves the question open as to the true test of responsibility. To me, I confess, it would seem intolerable that such a man as Townley should escape punishment, and absurd to suppose that a man sane enough to manage his affairs, should be allowed to commit murder with impunity, because he thought himself a tea-pot. Each case must be judged by its own merits. With our increased knowledge of the nature and symptoms

of mental disease, the time may come when we can with certainty mete out even-handed justice, as it is I am sure that the present test of responsibility is practically useless, and founded upon an erroneous idea of mental derangement. I beg, therefore, to move the following resolution—"That so much of the legal test of the mental condition of an alleged criminal lunatic, which renders him a responsible agent because he knows the difference between right and wrong, is inconsistent with the fact well known to every member of this meeting, that the power of distinguishing between right and wrong exists frequently among those who are undoubtedly insane, and is often associated with dangerous and uncontrollable delusions."

Dr. Jacobs seconded the motion.

Dr. Morel said he was quite astonished to find it to be the law of England that when a man has a knowledge of what he has done, he is perfectly responsible. Many of their patients, especially of the class "*delirants par persécution*," had a complete idea of what they were intending to do. There were many who had no idea of their actions, who were instinctive, like the epileptic. The best way of ascertaining if the act of an insane person corresponded to a particular trouble or disorder of the mind, was to study the nature of the act in relation to the particular malady or trouble. Different classes of insane persons had different ways of arriving at their purpose, and in studying the nature of the acts, and the modes in which they were performed, we might be able to ascertain whether a man acted in a state of insanity or not.

The President said that the knowledge of right and wrong was not only frequent among the insane, but was very general, except in cases of acute mania, profound dementia, or cases where a delusion was so strong as entirely to absorb the mind.

Dr. Davey said he thought it would be well, in connection with the resolutions proposed by *Dr. Tuke*, to allude in some way to the answers given by the judges in 1842, in the case of Daniel M'Naughton, and which were intended to convey the present state of the law as regards the responsibility of the insane. Those answers were a disgrace to the legislature, involving a series of errors, and tending to the perpetuation of false views concerning insanity and responsibility. Upon them depended the fate of many an unhappy lunatic. We were accustomed to see lunatics dragged to the gallows, and transported for life, in consequence of the false views entertained on the subject. He thought the course suggested was a very proper one, and he had no doubt it would be attended with the best effect.

Dr. Tuke said that the judges did not express their opinion, but merely expounded the state of the law, which, he believed, they must have done with regret. They gave no opinion on the subject; they gave their views as to meaning and force of the statutes bearing upon the subject, even this not unanimously. The resolution that he had proposed does not impugn the decisions of the judges, but merely aimed at exposing the mistaken view of a purely psychological question, upon which the legal test of insanity is founded. This idea as to being a test of a knowledge of right and wrong is almost as old as the statute law itself; and, although it is so constantly quoted as the opinion of the judges, they in fact only laid down the law as they found it. Two hundred years ago, Chief Justice Hale, in his '*Pleas of the Crown*,' laid down the same rule, in almost the same language, "if the accused," he says, "is able to discern the difference between good and evil, then upon the fact proved, the judgment of the law must take place." It was not, therefore, the decision of the judges, that his resolution sought to impugn, but the rule of the law which forces them sometimes to inflict sentences which sometimes appear to be legally rather than morally just, and are moreover often inoperative.

Dr. Maudsley said that one objection to giving the questions and answers in connection with the resolution was, that one part of the answer of the judges contradicted another, and the whole was completely unintelligible.

The resolution was unanimously agreed to.

The following paper upon the "advantage of the cottage plan over all others for the accommodation and treatment of the insane" was read by Mr. E. Toller. [This paper will be found in *Part I. Original Articles*, of this Number.]

The President.—Probably you will wish to discuss this interesting paper as well as that of Dr. Morel. It is well that we should distinctly bear in mind that the two schemes brought before us are perfectly distinct, although both have been called "the cottage system." The scheme just brought before us is one for the building of small asylums instead of a large one. There are many asylums in which there are only fifteen patients, and this assemblage of small asylums cannot be looked upon in the same light as Dr. Morel's scheme for the treatment of the insane at their own homes. It is important in the discussion of these papers that we bear the distinction in mind.

Baron Mundy said that on the occasion of the previous discussion on the subject, Dr. Monro inquired what was meant by the cottage system, single houses, small asylums, or large asylums, with detached cottages? He (Baron Mundy) abstained from giving an answer to the question, as it could not be given in a few words, and it was then proposed that the discussion should be adjourned. The cottage system be understood to be that which was first carried out in England by Dr. Bucknill about ten years ago, when he was superintendent of the Lunatic asylum at Axminster, where he placed a number of patients among the families in the neighbourhood, beginning with eight, and afterwards increasing to thirteen. The system was a good deal discussed, and it was tried to a certain extent in Scotland, but not fully carried out. Dr. Bucknill's treatment was followed by the best results. The system was afterwards adopted by Dr. Robertson at Hayward's Heath, where he had six out-patients in cottages, placed with families at shorter or longer distances from the asylum. Dr. Robertson would, no doubt, be prepared to endorse his (Baron Mundy's) opinion that the system answered very well. The system recommended by Dr. Toler was of a more extensive character, embracing cottages to contain fourteen or fifteen patients. There were many private asylums in the country containing a small number of patients, and which might be considered as being conducted on the cottage system. The system of having detached buildings from the main asylum was not properly included in the cottage system. The meeting certainly would not have time to discuss these various methods, and he would not attempt to enter into the question. The system of placing the insane in villages should rather be called the colonization system. If the proposition he had made to the meeting should be carried out, these different systems would be examined, and detailed reports would be presented to the members on a future occasion.

Dr. Fox said he did not think that the instances referred to by Dr. Mundy formed a fair test of the cottage system, because both Dr. Bucknill and Dr. Robertson had had the opportunity of selecting their patients from large asylums. The system could not be said to be applicable in the case of violent maniacs, but for harmless imbeciles, no doubt, it might be successfully adopted.

Mr. Toller said that he proposed a small block of three cottages to be specially appropriated to the more severe cases.

Dr. Fox said he was not prejudiced against the system, but it was obvious that the gentlemen who had been named had had most favorable materials to work upon, having had the opportunity of making a selection.

Dr. Mundy said he did not deny the necessity of a central asylum; and it was essential in making the experiment that cases should be selected. He never generalised, or stated that all patients could be treated on the same system.

The President said there appeared to be a general agreement as to the propriety of having small detached houses in connection with large asylums. *Dr. Morel's* view, however, appeared to be that the whole system of asylum practice was unadvisable, and that the domestic scheme should be adopted.

Dr. Robertson said that an effort was made last year in an Act of Parliament to give the unions power to open lunatic wards where it was thought chronic cases might be placed. A subsequent Act, however, to amend the previous one, required any unions opening such wards to receive patients from every union in the county. It was obvious that no Board of Guardians would consent to accommodate patients belonging to other unions, so that the enactment is a dead letter. Considering the great increase in the number of insane persons, the question should be carefully considered. It appeared from the statistics, carefully prepared by *Dr. Boyd*, that of every 100 patients admitted during fifteen years into the Somerset Asylum, 36 had been discharged cured, 8 relieved, 30 died, and 26 remained; so that in county asylums admitting 150 patients a year there was a steady increase of from 30 to 35 patients a year. The result was that most asylums were full. Finding his own asylum in that condition he (*Dr. Robertson*), at *Dr. Mundy's* suggestion, tried the cottages, on a small scale; two with three patients each. Curiously enough, the patients preferred the asylum, principally in consequence of the better diet. In the asylum the food was carefully distributed, but in the cottages the patients were at the mercy of the attendants; and though he allowed eight shillings a week for food alone, there were constant complaints on the score of diet. The great value of asylums, which ought not to be overlooked, was to be found in the power of supervision by the principal officers.

Mr. Toller said he did not advocate the placing of patients with persons who were paid for their board. By his proposed plan the attendants were all under the authority of the superintendent, as in the case of large asylums, and a uniform diet was established for all with the exception of those cases to which he had referred that might admit of a slight diminution.

Dr. Robertson said it appeared that at the end of twenty-five years there remained fourteen patients out of every hundred admitted. He was disposed to think that *Dr. Bucknill's* plan was the best—that of small blocks for chronic cases. He did not, however, see any objection to enlarging county asylums where there was plenty of land, even to the extent of accommodating 1000 or 1500 patients. He had seen some handsome blocks at Brentwood, but they were fitted up in rather a costly manner he thought, at a total cost of about £125 for each patient. He believed that detached blocks built in an economical manner formed the most satisfactory mode of meeting the accumulation of chronic lunatics. With regard to the domestic mode of treatment, that might be carried out round the asylums, or else throughout the country where the patients lived, in their own villages where they were known and would in a measure be protected by the public feeling and opinion. In Scotland a large number of pauper lunatics were boarded in that way, and the system was carried out under the supervision of the Scotch commissioners. Cottages were licensed for from three to five patients, who were visited by deputy commissioners at least once a year, and reports were made on every patient. Notwithstanding his friend *Dr. Mitchell's* statements in his recent work he (*Dr. R.*) viewed the whole system with grave suspicion. He doubted much whether the people had yet, even in Scotland, reached that state of progress in which they might safely be entrusted with the care of their in-

sane relatives. Cupidity, fear, and ignorance were strong motives of action with the masses, and he (Dr. R.) for one would hesitate before he submitted the insane poor to such hostile influences. On the contrary, he believed that rich and poor alike still required the safeguards which public asylums for the insane alone afforded. Mr. Toller's paper he viewed as an interesting contribution to the extension of that system. He begged to congratulate him on this his first appearance before the Association as a contributor to their papers.

The President said he should like to ascertain the opinion of the meeting with reference to Dr. Morel's plan of treating the insane in their own homes.

Dr. Morel said that the cottage system had been adopted in the asylums near Rouen, but only for the higher class of *pensionnaires payants*. He was glad to find that Baron Mundy was not exclusive in his system, because in France he was generally considered to be so. He appeared now to admit that there would always be a certain number of patients for whose accommodation an asylum would be necessary. They should learn from all systems; but he thought it necessary that there should be a renovation of the entire system of building, as well as a renovation of the modes of studying mental disease; profiting always by the experience of the past.

Dr. Tuke wished to know whether the cottage system was proposed for poor only, or for the higher ranks of society.

Mr. Toller said that his scheme was designed, entirely for paupers, and that he had not specially considered the treatment of the rich.

Dr. Tuke asked if Baron Mundy thought that the plan of putting out one or two patients by themselves was better than keeping them in an asylum, say for ten or twenty patients.

Baron Mundy said that the Chancery patients would furnish a complete answer to the question, but he would make it a law that no insane patient should be treated out of an asylum except under the care of a phrenopath, a psychologist, or a specialist in mental science. Asylums were not needed by the rich, who could be well treated in private establishments or single houses under proper superintendence, not that of the general practitioner.

ASYLUM STATISTICS.

Dr. Robertson said he had prepared a long paper on Asylum Dietetics, but at that advanced hour he would not read it. He would, however, occupy the time of the meeting for a few moments by bringing forward the question of Asylum Statistics. It was very desirable that the financial tables of county asylums should be drawn on some uniform plan. He brought the subject forward three years ago, and a committee was appointed, but it never met, and the thing died. The commissioners, in preparing their last statistics, had evidently found the greatest difficulty in dealing with the returns from the different asylums owing to this want of uniformity. Again, it often happened at county asylum boards that some visitor produced a report from another asylum, and said, "How do you account for such an asylum maintaining its patients at a lower rate than yours?" It required some time to furnish an answer to the question, and then it usually appeared that the discrepancy arose from the different charges which the maintenance account had to bear in different cases. In one case he had discovered that a great element of economy was the marvellously small cost of the beer consumed, so that instead of spending £1000 a year, as asylums of similar size did, on beer, the establishment in question expended only £400, making a difference of fourpence on the rate. He begged to propose the appointment of a committee, who should be requested

to submit, next year, half a dozen tables which might be adopted in county asylums, so as to produce a uniformity in the returns.

Dr. Maudsley seconded the proposal.

Dr. Thurnam said he had long felt an interest in this question, and he had no doubt that the result at which *Dr. Robertson* was aiming was a very desirable one. He almost despaired, however, of getting the members to act upon a uniform plan, and if even they were willing he doubted whether the authorities of the asylum would sanction any deviation from the existing methods. He believed that nothing short of legislation would accomplish the desired result. Even in the outward form of the reports they could not secure uniformity, and he doubted where there was a disposition on the part of the members, even with regard to what was for the most within part their own power. He should be happy, however, to support any plan which might be suggested, and to make another trial.

Dr. Wood said that the principal thing wanted was some one to start the plan. If the proposed committee drew up certain forms of returns, submitted them to the commissioners, and obtained their approval, no doubt many of the members would be induced to adopt them. At present they had no standard, and each man was left to his own device, and thus he naturally fell into the groove made by his predecessor. Some might be still unwilling to adopt the plan recommended, but when the returns were once authoritatively sanctioned, he believed they would be generally employed in connection with large asylums. The statistics at present rendered were of very little value. Very excellent reports indeed were issued from some asylums which it might be invidious to name, but others were of a very different character; and it would be a great pity if a uniform system were not adopted.

Dr. Thurnam said that the returns in some of the tables were so incomplete that even the distinction of sex was not marked. He believed there had been some improvement in the returns of late years, but no uniformity of system was observed.

The motion was then passed as follows:—"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."

Dr. Davey.—There is a very agreeable duty which now devolves upon this society—that of returning our best thanks to *Dr. Monro* for the very able and courteous manner in which he has presided over us this day. I am sure you all feel with me that he is the right man in the right place. I need not say how excellently he has conducted the business, how clearly he has seen through a difficult point, and with how much courtesy he has put us right when we were going wrong. These are great requisites in a chairman, and *Dr. Monro* possesses them. I have great pleasure in proposing that our best thanks be given to him for his able and impartial conduct in the chair.

Mr. Toller seconded the motion, which was unanimously carried.

The President.—I beg to thank you for your kindness.

Dr. Tuke proposed a vote of thanks to the President and Fellows of the College of Physicians for granting the Society the use of their hall.

The motion was seconded, and carried unanimously.

The proceedings then terminated.

ANNUAL DINNER.

The Annual Dinner of the Association was held at the Crystal Palace; Dr. Monro, President, in the chair. Dr. Bucknill, as an honorary member, dined with the Association, and was the sole representative of the English honorary members of the Association. M. Morel represented the foreign members. Among the guests were Dr. Hawkins, Dr. Copland, Dr. Webster, Dr. Sibson, Dr. Ogle, Dr. Llewellyn Williams, and Mr. Ernest Hart. The *conversazione* on the evening before, at the house of the President, was numerously attended by the members of the Association, and by a number of the leading physicians and surgeons in London.

The following letters have been received by the Honorary Secretary, upon the announcement to the writers of their election as honorary members of the Association:—

16, HENRIETTA STREET,
CAVENDISH SQUARE, W. ;
July 23, 1864.

MY DEAR SIR,—I am desirous of expressing my grateful sense and high appreciation of the honour which I have received in having been elected as Honorary Member of the Association of Medical Officers of Asylums for the Insane.

I beg leave to thank you also for sending me the July Number of the 'Journal of Mental Science.'

Believe me to be, dear Sir,

Yours much obliged and faithfully,

Dr. Tuke.

THOS. WATSON.

17, PALL MALL; July 18, 1864.

DEAR DR. TUKE—I beg to acknowledge and thank you for your letter of the 15th instant, in which you announced that the Association of Officers of Asylums and Hospitals for the Insane have done me the great honour of electing me an Honorary Member.

I beg you will convey to the members my appreciation of their kindness, and that I shall endeavour to promote, so far as I have the means, the interests of the Association which is calculated to confer great benefit on the public at large, and more especially on those who labour under a most important and often varied class of disease.

Believe me,

Yours very faithfully,

Dr. Tuke.

A. TWEEDIE.

ZURICH, September 24, 1864.

DEAR SIR,—By your letter of September 4 you kindly informed me that the meeting of the Association of Medical Officers of Asylums, held last July 14th, did me the honour to select me an honorary member of this Association. Believe me, sir, that I feel really touched and very much honoured by this nomination of a Society containing so eminent men, and pray have the kindness to transmit my sentiment of warmest gratitude to the Association.

I am Sir,

Truly yours,

DR. W. GRIESINGER,
Professor of Clinical Medicine and of
Psychiatrie at the University
of Zurich.

Dr. Robertson, Hayward's Heath, Sussex, England.

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