

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

Proceedings at the Annual Meeting of the Association, held at the Rooms of the Royal Society, Edinburgh, on Tuesday, July 31st, 1866.

THE Council met in the Royal Society Rooms at half-past eleven A.M.

The morning meeting of the Association was held at half-past twelve P.M.; the afternoon meeting, at three P.M.

Members present:—W. A. F. Browne, Commissioner in Lunacy (President); Sir James Coxe, M.D., Commissioner in Lunacy for Scotland; Robert Stewart, M.D.; John Dale Hewson, M.D.; C. L. Robertson, M.D.; H. Maudsley, M.D.; John Sibbald, M.D.; Stanley Haynes, M.D.; W. Wood, M.D.; Henry Monro, M.D.; W. L. Lindsay, M.D.; J. Murray Lindsay, M.D.; Ed. Hart Vinen, M.D.; J. F. Duncan, M.D.; W. H. White, M.D.; Thos. Aitken, M.D.; G. Gilchrist, M.D.; J. W. C. M'Intosh, M.D.; James Rorie, M.D.; J. Crichton Browne, M.D.; Alex. Robertson, M.D.; J. Bruce Thomson, L.R.C.S. Ed.; James Rae, M.D. (Deputy Inspector-General R.N.); Charles Henry Fox, M.D.; David Brodie, M.D.; J. T. Arlidge, M.D.; Robert Jamieson, M.D.; James Howden, M.D.; John Smith, M.D.; Andrew Smart, M.D.; David Skae, M.D.; John Burke, M.D.; Frederick W. A. Skae, M.D.; James Sherlock, M.D.; J. W. Eastwood, M.D.; Daniel Iles, M.R.C.S.; J. S. Alver, M.D.; J. Dickson, M.D.; Harrington Tuke, M.D.

Visitors:—Sir John D. Wauchope, Bart., Chairman of the Board of Lunacy, Scotland; Arthur Mitchell, M.D., Deputy Commissioner; George Patterson, M.D., Deputy Commissioner; J. F. Wingate, Esq., London; John S. Butler, M.D. (Retreat, Hartford, U.S. Amer.); J. H. B. Browne, Esq.; Ernst Salomon, M.D. (Medical Superintend. of Malmö Asylum in Sweden); Dr. Rutherford, Bo'ness; Dr. Wm. Sellar, Edinburgh; Edward Malins, M.R.C.S.; John M'Grigor, M.D.; M. Munro, Esq.; Russell Reynolds, M.D.; Sir J. Y. Simpson, Bart., M.D.; John Webster, M.D.; J. Macbeth, Esq.; Rev. Edwin W. R. Pulling, M.A.; Archibald Hewins, Esq.; Rev. Henry M. Robertson; David Murray, M.D.; Edward C. Robertson, M.D.; W. H. Reed, Esq.

Dr. William Wood, the retiring President, said—

Gentlemen,—My race is run, and I am about to descend from the proud position in which you have placed me during last year, in favour of a much greater man—a man well known to you all—and who has so much to say to you, and in such eloquent terms, that I will not trespass upon your time. I will therefore simply introduce to you our valued friend Dr. Browne, who will take the presidency. (Applause.)

The President, on taking the chair, said—

Gentlemen,—I beg to thank you for the honour you have conferred upon me, in placing me in the Presidential Chair of the Medico-Psychological Association. I think, instead of dwelling on my feelings of gratitude, and

your feelings of kindness in so doing, I had better at once proceed to tell you what I think Medical Psychology is, and ought to be. (Applause.) The President then delivered the usual Address from the chair. (*See Part I, Original Articles.*)

Dr. Tuke.—I should not rise anywhere else to propose a vote of thanks to our able President for his address, but I feel that, as a stranger here, I may be excused for so doing. I feel I can hardly find words to thank our President as I ought to do, after listening to the eloquent tribute he has paid to the memory of my dear relative, our friend Dr. Conolly. (Applause.) I will content myself, therefore, with expressing my own gratitude and I am sure the gratitude of all of us, for the eloquent address which our President has just delivered. (Applause.)

Dr. Monro.—I beg to second the motion. I feel that it is a very great honour to this Association to have had Dr. Browne as our President on this occasion. We have all listened to his interesting address with a great deal of pleasure.

Dr. Tuke said—I have letters from several members expressing regret for their unavoidable absence; among others, from our distinguished French confrères M. Briere de Boismont and Jules Falret, also a letter to the same effect from Dr. Wolff, of Nova Scotia, containing suggestions which have been laid before the Council. I have, lastly, another letter, a very important one, from our esteemed friend Baron Mundy, who writes to me to the following effect:—

*“To the Secretary of the British Medico-Psychological Association,
DR. HARRINGTON TUKE, in London.”*

“SIR,—Having for some years regularly attended the annual meetings of our Association, you will oblige me in excusing to the Society my absence from the present one.

“I deeply regret not being able to attend at a moment when our Association will undoubtedly celebrate the commemoration of its best member, the late Dr. John Conolly.

“For my part—I flatter myself you will agree with me—I could have not done better in following by deeds his often-repeated principles, than by entering the army of my native country as an honorary surgeon for the time of this terrible war. That may justify my absence.

“The bust of Dr. Conolly which I have sent to you is executed by one of the most renowned Roman sculptors—Cavaliere Benzoni. Be kind enough to present it to the Association as a humble gift of mine on this solemn occasion. I leave it to you and to my dear friend Dr. Maudsley to move, where—with the agreement of the Association—this memorial shall be placed.

“Believe me, Sir,

“Yours very sincerely,

“J. MUNDY,

“Regimental Surgeon.”

“Pardubitz, in Bohemia;
7th July, 1866.”

I can add nothing to this letter; it speaks for itself, and I leave its answer in your hands. The bust to which it refers is before you, Dr. Mundy having taken especial pains to have it sent from Rome in time for this meeting.

The President.—I deem it altogether unnecessary that I should make a formal motion that we accept, and accept gratefully, this most suitable gift and donation from Baron Mundy. As to its ultimate destination, I must leave that in the hands of the Council of the Association; and I think we ought to record, in some more than usual manner, our sense of

the appropriateness of the gift, our gratitude for it, and our hope that the presence of the bust of our friend may not only bring back to the older amongst us a recollection of all the good that he did and all the kindness that he displayed, but may in some sense and in some degree animate others to imitate the noble and glorious course which he so recently ended. I move that the bust be accepted, and that, in due form, the thanks of the Association be transmitted to Baron Mundy. (Applause.)

Dr. Wood.—It is scarcely necessary, but for form's sake, I second the motion.

Dr. Tuke.—I will take care that the thanks of this meeting and my own shall be transmitted to our friend for his munificent and thoughtful gift. I think, as this letter leaves it to Dr. Maudsley and to me to suggest the destination of this bust, with the agreement of the Association I may propose now a scheme for the consideration of this meeting. We would ask the permission of the Association to present the bust of Dr. Conolly to the Royal College of Physicians in London. I have seen the president, Sir Thomas Watson, who will cheerfully employ his influence with the Fellows to have the bust accepted as a gift from the Association. If this proposition meets the approval of the Association, the bust will probably be placed in the Library of the Royal College of Physicians in London, where the meetings of this Association, through the kindness of the President and Fellows, have been so frequently held.

Dr. Maudsley.—I second the motion.

Dr. Monro.—I was not aware that this bust of Dr. Conolly was about to be offered to the Association, but I came here intending to make a suggestion that a subscription should be inaugurated by this Association to raise a memorial to Dr. Conolly. I feel that, as we have had the honour of having so distinguished a man as Dr. Conolly amongst us, it will be one of the best means of perpetuating this Association to get up such a memorial. I do not exactly know what the memorial should be; but I have spoken to one or two of my friends, and I find that they are favorable to getting up some memorial of Dr. Conolly. I must advert to one or two peculiar reasons why I have taken the great liberty of coming forward to make this proposal. I believe I was Dr. Conolly's first pupil at Hanwell; and since that period I have been in the continual habit of meeting him in practice, and I have always received such great kindness from him that I cannot help feeling a most peculiar gratification in bringing forward this motion. I feel that it would be utterly beside the mark to enter here into a general panegyric of Dr. Conolly after the address to which we have just listened. We all of us appreciate the high character and great worth of our late friend, and there is no likelihood of his memory being forgotten by any of us. At the present moment I would suggest the idea of a subscription being commenced by this Association, which might become a more general subscription or not, as the gentlemen here may think right. I wish the question to be a little discussed, whether we should raise such a subscription; and if so, what the memorial should be? I am exceedingly glad to hear the proposal to present the bust to the Royal College of Physicians of London. That was the scene of the labours of Dr. Conolly. He used to be constantly at the meetings of the Fellows there.

The President.—Dr. Monro has permitted me to second his proposition, in which I most cordially concur, for the reasons he has stated, and even broader ones, on which I shall not dwell. I think it is desirable that some memorial, emanating from the Association itself, as an abiding memento of this great man, should be forthwith set about. As to its nature, and the mode in which the matter is to be set about, that may be for the discussion and deliberation of the Society now; and I shall be glad to hear any observations on the subject.

Dr. Lowe.—I imagine the suggestion has been made to elicit the opinions of those present; but I wish to suggest a doubt whether we are right and wise in alienating irrevocably the bust which has been presented to this Association. (Applause). I cannot imagine any more appropriate place than the College of Physicians as a temporary locality; but I think the time may come when we may value exceedingly for our own institution such a bust as that (Hear, hear), and I would like to ask whether something might not be introduced into the proposal which might recognise the possibility of the return of the bust to this Association.

Dr. Stewart.—I quite agree with the last speaker. I think it would be in a measure stultifying ourselves to give the bust of the individual whose memory will ever be respected by us permanently away from the Association. It struck me, when the proposal was made, as rather a singular one, that we should hand over to a different body a bust which was presented to ourselves, and which should be retained by us a memorial of him who has passed from amongst us. If Dr. Lowe moves an amendment to keep the bust, I will second it.

Dr. Lowe.—I feel reluctant to take any marked step against the proposal; but I am quite ready to do so if it is considered advisable.

Dr. Skae.—It may save discussion if Dr. Tuke would modify his proposition to this—that the bust should be placed in the guardianship of the College of Physicians till the Association has a hall of its own.

Dr. Tuke.—The reason why I suggested the Royal College of Physicians was, that, with great liberality, that body has always acknowledged the existence of our Society, and has invariably allowed us, since Dr. Watson was president, to meet in its rooms when the Association met in London. I thought it would be a suitable act of courtesy towards that body; and, at the same time, I think that the compliment to Dr. Conolly would be greater than in our keeping it for a problematic hall of our own.

Dr. Skae.—I think it would be courtesy to the giver that we do not alienate altogether his gift to the Society, but that we request that the College of Physicians will take the guardianship of the bust. If Dr. Tuke would modify his proposal to that effect, I think the Society would at once agree to it.

Dr. Wood.—I think the terms of this gift seem almost to imply that the giver intended that the Association should place the bust of Dr. Conolly in some suitable place. I almost doubt, although I have no authority whatever for the statement, whether we could with propriety ask the College of Physicians to keep the bust for us. Seeing we have received various acts of kindness from them, I think we would perhaps hardly be justified in asking them to accept the responsibility of keeping the bust for us. Of course, the feeling of the Association generally is to do the greatest possible honour to the memory of Dr. Conolly; and if there is any other place in which greater honour would be conferred on his memory than the Library of the College of Physicians in London, I would by all means vote that it should be placed there; but it does appear to me that, until we have a local habitation, it is a little inconvenient to have the charge of such a valuable bust—valuable as a very excellent likeness of a very great man, and also as the work of a very eminent artist, and as coming to us in peculiar circumstances. I feel assured that, as far as Baron Mundy is concerned, he would be well content that the discretion of the Association should be exercised in placing it wherever we think most suitable; and as it has been left in the hands of the two sons-in-law of Dr. Conolly to determine where it should be placed, I think the Association would be paying proper deference to the feelings of those two eminent psychologists to place it in the Library of the College of Physicians, as they suggest. The proposition of Dr. Monro seems

appropriate to this occasion, because in talking over the affair before the meeting, one of the various forms which were suggested for this memorial was a copy of that bust by one of the most skilled of our sculptors, which could be made at any time. For the present, however, it is of the greatest importance to place the bust where it will be well cared for, and at the same time that it confers honour on the College of Physicians to present it to that body, it would perpetuate the memory of a great man.

The President.—I shall be happy to hear any observations from any member on this subject. I may say, however, that in presenting this bust to the College of Physicians, not as guardians, but as possessors, we are placing it appropriately in the hall of that College of which Dr. Conolly was so distinguished a member.

Dr. Monro.—I omitted to mention what was on my mind formerly, that it had been suggested that a copy of this bust might be taken and retained for ourselves. In that way we should have the double satisfaction of presenting it to the College of Physicians, and thus having it placed in a position of great honour, and also of having a memorial of Dr. Conolly amongst ourselves.

Dr. Eastwood.—I would suggest whether it is not worthy of consideration, whether steps should not be taken for having a permanent place of meeting for this Association. If this was done, we might keep the bust, and the place might be called the Conolly Rooms, or the Conolly Institution.

Dr. Duncan.—The idea of a permanent hall at present is out of the question, although it may not be Utopian at some future period. Probably it might be advisable to ask the College of Physicians to take the guardianship of the bust, which practically would be a gift.

Dr. Sibbald.—Might it not be possible to ask the College to become permanent custodians of the gift? That would be practically presenting the bust to the College of Physicians, and at the same time continuing the connection between this Association and the bust which Baron Mundy has so handsomely presented.

Dr. Vinen.—I would suggest that a proper inscription be placed on the bust, with the name of the donor, and a statement of the circumstances in which it was presented to the College of Physicians. That would free us of all difficulties, and, at the same time, defer to the wishes of the two sons-in-law of Dr. Conolly. (Applause.)

Dr. Tuke.—In accepting the gift from us, I believe that the College of Physicians would not in the slightest degree object to an inscription being placed on the pedestal with the names and a statement of the circumstances under which it came into the possession of the College of Physicians. I now confess my own feeling of a great desire that the College of Physicians in London should possess the bust, and I hope the resolution will now be agreed to in the modified form suggested by Dr. Vinen. (Applause.)

The resolution was adopted unanimously, and it was agreed that the mode of presenting the bust should be left to the Secretary and Chairman.

Dr. Monro.—I beg now formally to move that a subscription be raised for a memorial to Dr. Conolly.

Dr. Sherlock.—I am anxious to see numerous copies of this elegant bust; but, perhaps, some other plan might be suggested of having a suitable tribute to the memory of Dr. Conolly.

Dr. Wood.—There is a receptacle for the effigies of our great men. There is a place called Westminster Abbey; and as Dr. Conolly was one of the greatest men of our day, I do not know whether it would be asking too much, if we could raise sufficient money to get a place for a statue in Westminster Abbey. As to the scheme of having a hall of our own, I am afraid the youngest of us will scarcely see that day. We number at present 200.

Suppose our number doubled, our expenses would leave us a small margin for keeping house; and if we are to have a local habitation, it must be something worthy of the position we assume. I doubt whether we shall ever be able to have a better place of meeting than the hall of the College of Physicians in London; and if we delay doing any honour to Dr. Conolly till we have a hall of our own, I am afraid we shall never live to see it.

Dr. Monro.—It will be better to refer the matter to a small committee of the Council, to report next year what subscriptions have been raised. (Applause.)

Dr. Tuke.—According to the rules of the Association, the place of meeting next year will be in London; and the Council would have proposed to-day the name of a most distinguished member of our body for the Presidency next year, which we feel sure would have been received with gratification, were it not that the illness of the gentleman in question prevents us having the great pleasure of electing him as our President. I refer to Professor Laycock, whose serious illness we much regret. In the circumstances, the Council have not named any one as President-Elect, and it is for the Association now to nominate a President.

Dr. Skae.—I have not had the opportunity of talking over the subject to any of my fellow-members to any extent; but I have very great pleasure in proposing as President for next year our esteemed friend Dr. Charles Lockhart Robertson. (Applause.) I have great pleasure in making the proposal. The interest which he has taken in the proceedings of the Society, and the energy and activity which he has shown in many respects, entitle him to be placed in the position of President at an early period. I therefore propose that he should be President.

Dr. Monro.—As an old friend of Dr. Robertson, I beg to second the motion.

The resolution was carried unanimously.

The President.—The next business is to elect Editors for the Journal; and I propose that the Editors, Dr. Lockhart Robertson and Dr. Maudsley, be re-elected Editors of the Journal.

The resolution was carried unanimously.

Dr. Paul was then re-elected Treasurer, and Dr. Harrington Tuke Honorary Secretary,

Dr. Tuke moved that Dr. Crichton Browne be appointed with Dr. Sheppard as Auditors, which was agreed to.

Dr. Wood proposed the re-election of Drs. Rorie and Stewart as the Honorary Secretaries for Scotland and Ireland, which was seconded by Dr. Maudsley and agreed to.

Dr. Robertson.—There are two vacancies in the Council: we propose to fill these up by the appointment of our Ex-President, Dr. Monro, and Dr. Campbell.

Dr. Skae seconded the resolution, which was agreed to.

In the unavoidable absence of Dr. Paul, Dr. Robertson presented the Treasurer's annual balance-sheet, which was unanimously adopted.

The Treasurer's Annual Balance Sheet, July, 1866.

VOL. XII.

| RECEIPTS. | | EXPENDITURE. | |
|--|-----------------|---|-----------------|
| | £ s. d. | | £ s. d. |
| By Balance, 1864-5 | 9 13 3 | Annual Meeting | 18 7 8 |
| By Subscriptions received— | | Editorial expenses (one year) | 24 9 10 |
| By Secretary for Ireland | 170 5 0 | Printing and publishing four numbers of the Journal | 149 4 2 |
| By Secretary for Scotland | 27 4 0 | Sundries— | |
| H. C. Bastian, Esq., for Printing Tables | 24 3 0 | Treasurer | 1 10 0 |
| | | Secretary for Ireland | 0 8 2 |
| | | Secretary for Scotland | 0 4 8 |
| | | General Secretary | 7 2 0 |
| | | Balance in Treasurer's hands | 37 18 9 |
| | <u>£284 5 3</u> | | <u>£284 5 3</u> |

(Signed) J. H. PAUL,
Treasurer.

Examined and found correct,

(Signed) JOHN SIBBALD, for *Auditors.*

ROYAL SOCIETY'S ROOMS, EDINBURGH;
31st July, 1866.

Dr. Tuke said that there had been proposed and seconded the following list of new Members, twenty-three in number; and he had much pleasure in stating that among them was the name of *Dr. Wilks*, the distinguished Physician of Guy's Hospital, the first who had joined the Association under our new rule of admitting any member of the profession interested in our special studies.

Thomas Howden, M.D., Haddington.
 Edward Hall, Esq., Blacklands House, Chelsea.
 J. H. Hughes, Esq., County Asylum, Morpeth.
 G. R. Paterson, M.D., Deputy Commissioner of Lunacy, Scotland.
 Evan Jones, M.D., Dare Villa, Aberdare.
 Frederick Skae, M.D., Morningside.
 W. B. Kesteven, F.R.C.S., 1, Manor Road, Upper Holloway.
 F. Maccabe, M.D., District Asylum, County Waterford.
 W. Smart, M.D., Allva Street, Edinburgh.
 A. Robertson, M.D., City of Glasgow Asylum.
 J. B. Thomson, Esq., General Prison, Perth.
 Thompson Dickson, M.D., City of London Asylum, Dartford.
 Arthur Mitchell, M.D., Deputy Commissioner of Lunacy, Scotland.
 J. Shepherd, M.D., Eccles, near Manchester.
 W. H. Reed, Esq., County Asylum, Derby.
 H. L. Kempthorne, M.D., Bethlehem Hospital.
 Ernst Salomon, M.D., Malmö Asylum, Sweden.
 David Brodie, M.D., Institution for Imbecile Youth, Larpent, Stirling.
 J. B. Tuke, M.D., Fife and Kinross District Asylum.
 John Lorimer, M.D., Ticehurst, Sussex.
 Samuel Wilks, M.D., St. Thomas' Street, Southwark.
 James Rutherford, M.D., Bo'ness, Linlithgowshire.
 J. Hughlings Jackson, M.D., 28, Bedford Place, Russell Square, W. C.

The twenty-three gentlemen were unanimously elected.

Dr. Tuke.—The following gentlemen have been proposed as Honorary Members:—The Hon. W. Spring Rice; Sir James Young Simpson, Bart., M.D.; William Seller, M.D.; W. Laehr, M.D., Berlin. Their names are well known to us all, and I need do no more than read the list, which has been made out and circulated in accordance with our rules.

The Honorary Members were elected unanimously.

Dr. Robertson proposed that Mr. Cleaton, one of the Commissioners of the Board of Lunacy, should be elected an Honorary Member.

Dr. Maudsley seconded the motion.

Dr. Tuke pointed out that the standing orders required notice to be given before any honorary member could be elected.

Dr. Robertson withdrew his motion, and, in compliance with the standing orders, converted it into a notice of motion for next meeting.

The Chairman.—There is a note from Mr. Blake, M.P., which has been under the consideration of the Council, suggesting that we should present an address to Her Majesty, praying for the appointment of a Royal Commission to inquire into the treatment pursued in lunatic asylums towards the insane.

Dr. Crichton Browne.—Mr. Blake proposes to devolve on a Royal Commission the functions already carried out by the General Board of Lunacy. I do not suppose this Association would wish that there should be any more inquiries into the subject that might appear to clash with the present Boards.

Dr. Monro.—I think this subject cannot be taken up without an exposition from Mr. Blake himself of his exact object in making the proposal.

It was agreed that Mr. Blake should be informed that the Association could not take up the subject without hearing his proposal from himself.

Dr. Tuke.—I have given notice of the following resolution for this meeting:

"That a diploma of membership should be lithographed for members and honorary members, to be presented to them on their election." I brought this to-day before the Council, who were to some extent adverse to it; and I have so far modified my original resolution, in consequence of the advice of our President, so as to make my motion read as follows:—"That the diploma of membership should only be granted to members after having been so for five years." The reason for that is, that a gentleman may be elected and take to another profession. I would propose, therefore, that the diploma should only be given after five years, and that no diploma should be given to any medical man who is not engaged in our speciality. At all events, whatever may be decided as to ourselves, I think this resolution should be carried in regard to honorary members. We have many honorary members, and I think we might follow the example of our Parisian friends, and send them a diploma. I have brought this sketch of a diploma, such as that which I would suggest for the adoption of the Association.

Dr. Robertson.—I second the motion.

Dr. Monro.—It is now proposed that the diploma should be given to those who have continued members of the Association for five years, and more especially to the honorary members. Now, I object a little to the whole idea of this diploma; but I certainly feel that the granting of a diploma to honorary members is the least objectionable part of this proposition. I agree with Dr. Tuke that there should be a printed form expressive of the special honour which is conferred upon the honorary members, but I should not be inclined to call it a diploma, because, although I believe the real meaning of the word diploma does not amount to very much, still we are in the habit of considering a diploma as being granted where special powers are granted, such as a diploma to practise, and so on. In associations similar to this, such as the Medical and Chirurgical Society, there is no idea of a diploma, and I do not see why we, a young and rather feeble Society, should have a diploma. It is rather grand, and we might have it quoted against us that we were bombastic in our treatment of the subject. I do not see any special reason why members for five years should get a diploma. I do not see what use they could make of this diploma. I presume no member of this Society would frame such a diploma.

Dr. Tuke.—I do not know why not.

Dr. Monro.—Well, I should rather think it *infra dig.* for them to do so. A five years' member may have only shown his ability to pay five guineas and his possession of a good moral character. I think it is far too grand a thing to give to any of our ordinary members. It is not advisable to have two sorts of members, some holding diplomas and some not holding diplomas. If there is any real honour in our diplomas it is a little invidious to make any selection, except in regard to the honorary members. It would be literally impossible to give a diploma to guinea subscribers, because, suppose a gentleman subscribed for one year and then gave up, he might use his diploma as a sort of certificate in applying for the superintendence of an asylum. I would move, as an amendment, "That it is expedient that a printed certificate of membership should be presented to honorary members on their election."

Dr. Maudsley seconded the amendment.

Dr. Wood.—I sympathise with Dr. Monro's view of this matter. It is usual, when anything new is proposed, to hear reasons for it. Now, I am not aware that Dr. Tuke has given us one reason why we should assume the importance of issuing a grand certificate of the kind he has exhibited when our illustrious friends the Royal Society of Edinburgh are content with such a modest paper as this. There is this objection to our issuing this diploma. In the first place, a diploma is to be given to men who have gone

through a certain amount of work, and have fitted themselves legally for a certain legal status. Now, this testimonial is to be given to men whom, perhaps, none of us have ever seen, who may be personally unknown to us, who may be known to just one or two from his official position, sufficient to enable him to get admission to our Association, and after five years he is to be considered eligible for this illustrious document. Now, it does appear to me that if our members are worthy of admission to the Association they are worthy of all we can do for them, and I cannot quite enter into the view that they must wait five years before they can be so distinguished as to receive this paper. Then there is this objection to issuing this official diploma. It has been mentioned that it is not the most worthy members of associations who think it worth while to frame and glaze evidence of their membership, and I can conceive the possibility of such a document as this being put to other than a most worthy purpose. It does appear to carry with it a sort of recognition of the individual's position (hear, hear), which, perhaps, he may be fairly entitled to. I confess I am more disposed to adopt the amendment than the resolution. It is reasonable that especially foreign honorary members should have some distinct evidence of their admission to honorary membership; but in regard to the ordinary members it appears to me at least unnecessary, and no good reason has been assigned why we should depart from the general custom in other associations. While we were discussing this question in the Council our esteemed friend Dr. Butler came into the room, and our friend Dr. Tuke referred to him whether it was not the practice to confer distinction in that form in the United States, and he was a little disappointed to hear that there was nothing of the sort there. I think that, for this year, we may be content with having an official notification given to the honorary members, but for the ordinary members there is something invidious in telling a man to wait five years for a diploma.

Dr. Tuke.—I have not the least objection to give it at once to all members. The proposal to limit it to members for five years was made out of deference to Dr. Browne's opinion on the subject.

The Chairman.—I think my recollection was that it should be ten years.

[A vote was then taken, when the amendment was declared carried. The original resolution was not pushed to a division.]

Dr. Lockhart Robertson.—I beg to move "That the Committee on Asylum Statistics be reappointed, with the view of furthering the adoption of a uniform system of statistics in the Annual Reports of the Public Asylums of Great Britain and Ireland, and of our Colonies." The Association is aware that I have for some years now been urging their attention to the important question of the adoption of a uniform system of statistics in the annual reports of public asylums. At our annual meeting for 1860 (held in London) I read a paper, "Suggestions towards a Uniform System of Asylum Statistics," which was published in the 'Journal of Mental Science' for October, 1860. Again, at our annual meeting for 1864, held at the Royal College of Physicians, I moved for a committee to prepare a report on this question. This report was submitted at our last annual meeting (1865), and unanimously adopted. The report is printed in the 'Journal of Mental Science' for October, 1865. The committee on that occasion contented themselves with suggesting six tables which might serve as a basis for a uniform system of asylum medical statistics. These tables were, however, regarded by them "only in the light of a principal instalment of those which are desirable." I am glad to be able to report that these tables of the committee have already met with considerable success, and have this year been adopted in the reports of many of our county asylums. The labours of this committee have also been most favorably noticed by the Commissioners in Lunacy in their last Annual Report to

the Lord Chancellor. I take the liberty of reading to this meeting the observations there made:—

“The importance (observe the Commissioners) of adopting in all asylums a uniform system of statistical tables and registers has long been felt by us, and we are glad to find that the subject has recently been again under the consideration of the Medico-Psychological Association, at whose last meeting a committee to whom it had been referred submitted forms of tables which were adopted and recommended for general use. These tables, confined to medical statistics, are simple in form, and only include the main and most important facts required to constitute a basis for more elaborate and detailed information.

“The superintendents of most county asylums publish in their annual reports tables more or less elaborate, and containing a large amount of valuable information. While, however, the facts recorded may be identical in many if not most of the reports, the form in which they are recorded varies so greatly that it becomes impossible to tabulate them for the purpose of showing general results.

“In any future legislation it would no doubt be desirable, as suggested in the report alluded to, so to revise the present ‘Registry of Admissions’ as to include some of the more important particulars required, in order to obtain correct statistics of insanity. But in the mean time we trust that, with the view of facilitating statistical comparison, the visitors and superintendents of all institutions for the insane will not object to adopt the forms of tables recommended, which will be found in Appendix (I).

“Table I gives the numbers of admissions, readmissions, 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 died during the year.

“Uniformity in recording the ages of patients on admission, the duration of the existing attack, and the form of mental disorder under which they labour, is also very desirable; and it is to be hoped that the medical officers of asylums may see the great importance of coming to some agreement upon these points. How far the table of the causes of death may require modification or extension will be a matter for subsequent consideration.”

In order to carry out the work thus begun, and here so favorably noticed, I beg to move the reappointment of the former Committee on Asylum Statistics.

Dr. Maudsley seconded the resolution, which was agreed to unanimously.
The meeting was then adjourned till Three o’clock.

AFTERNOON MEETING. *The President.*—The first paper on our list is by Dr. Webster.

Dr. Tuke said,—Sir, before the business of the meeting commences I am anxious to lay before you the following letter, which has just been put into my hands. Dr. Butler is now present.

“John S. Butler, M.D., of the Retreat for the Insane, Hartford, Conn., and Vice-President of the Association of Medical Superintendents of American Institutions for the Insane, is appointed a delegate from this Association to the Medico-Psychological Association of Great Britain, which holds its meeting in Edinburgh, July 31st, 1866.

“JOHN CURWEN, M.D.,

Secretary of the Association of Medical Superintendents of American Institutions for the Insane.

“To the President, Medico-Psychological Association.
“July, 1866.”

The President.—I am sure the meeting will receive the distinguished delegate of our sister Association with much pleasure, and I trust that he will join in our debates. We are glad to welcome him among us. (Applause.)

Dr. Butler shortly expressed his thanks, and the President then called on—*Dr. Webster*, who read the paper of which notice had been given, “THE INSANE COLONY OF GHEEL REVISITED.” See Part I, Original Articles.

The President—I shall be happy to hear any observations that may be made on Dr. Webster's paper on the present condition of Gheel.

Dr. Monro.—I would like to know if I clearly understood Dr. Webster to say that in about a thousand cases there were about five in hobbles, because I understand that Dr. Webster upholds Gheel as a pattern place.

Dr. Webster.—Not the hobbles.

Dr. Monro.—I was going to say that in Scotland or England we would hardly dare to acknowledge that we used hobbles for any of our patients. I am afraid that looks as if the Gheel system was something not so far advanced as the English system.

Dr. Webster.—You know that though they have hobbles on they can walk wherever they like.

Dr. Monro.—I do not know, exactly, what hobbles are.

Dr. Webster.—They are a band round the ankle, so that the patients cannot take a long step, but they can take a short step.

The President.—There was another point where I failed exactly to catch the meaning of Dr. Webster. I think he spoke of the ratio of cures being 69 per cent. I presume that must have been recent cases and selected cases, because if such be the per-centage in Gheel it is indeed a pattern place.

Dr. Webster.—This return of 69 per cent. refers to the last ten years' patients, and only to those considered likely to be curable, excluding paralytic patients.

Dr. Monro.—I should not call 69 per cent. a remarkable proportion if you only take curable cases.

The President.—Not if you exclude all epileptic and paralytic cases—in fact, if you exclude all incurable cases.

Dr. Monro.—We have had 68 per cent. of that class of patients cured at St. Luke's, but not just lately.

Dr. Sibbald.—I have listened with a great deal of interest to Dr. Webster's paper, and I do not like to let it pass without making one or two remarks upon it. I visited Gheel twice myself, and I saw a great deal there that I

thought was very instructive. I think that the principal lesson which may be learned from Gheel is, that there are a large number of lunatics who may be treated in private houses outside the walls of asylums, who previous to recent times were supposed to require the restraint of an asylum. But I saw at Gheel a great many symptoms of restraint which were certainly worse than anything you will find in an asylum. I think that such things as these hobbles, and a great many other forms of restraint which I thought exceedingly objectionable, and some of them most cruel, ought to be abandoned. I think it is a great pity that, at the present time, Dr. Webster has not been able to report that these things are now done away with in Gheel. Those patients who are under restraint should not be in Gheel, and they would not require restraint, and would be much more suitably treated in an asylum.

Dr. Webster.—I state, in my paper, that the number of patients who have hobbles were much fewer than on my previous visit. I saw no strait-waistcoats, which I am sorry to say I saw in many foreign asylums. It must be kept in view that on the Continent many medical men have not the same objection to force being used as we have in England, though in many parts of France I found a great improvement in this respect. Those persons who had the hobbles can walk about, though they cannot go a great distance. I consider that I have seen worse forms of restraint than those I saw in Gheel, where the system has greatly improved during the past ten years, and I have no doubt that ten years hence it will be still further improved.

Dr. Tuke.—I think it is much to be regretted that Dr. Webster did not take up the question whether the Gheel system should not be more generally followed than it is in England. I think we do not advance the matter by merely describing Gheel as it is, unless we get some opinion as to whether the Gheel system is or is not a right system; and Dr. Webster has carefully avoided giving such an opinion. I think that the Gheel system is not a right one, and I say so with some hesitation, because I find that the opponents of Gheel are described by those who advocate it as the opposers of all liberal movements. Gheel is called—very improperly, I think—a free-air, liberal system. All that is precisely begging the question. I deny that altogether, and it is for the advocates of the system to show that it is so, and that it is successful. Dr. Webster seems to me to have entirely failed in doing that. He gives too few figures to justify any safe conclusion from them; but he says that there were about 1500 patients, and that 290 were excluded as being paralytic or epileptic. I made a note at the time that the cures amounted, taking the whole cases, to something like 27 per cent. Now, a proportion of cures of 27 per cent. in a place like Gheel is excessively bad. The Report of the Commissioners of Lunacy is very imperfect in statistics of this sort, but I find that the average number of patients received into small asylums—which I take to be the nearest resemblance we can show to Gheel—show a proportion of cures of 33 per cent., very much more than that of Gheel. I do not produce this, of course, as proving anything; I only say that, if the figures were the criterion, our figures show that the Gheel system is inferior to the best form of a really more liberal, free-air system which we have adopted in England. There can be no question that the proper object of asylum treatment is to give as much liberty as is consistent with safety to the patient and to the public. The question about Gheel resolves itself into this—Is the treatment for the pauper poor at all to be compared with the treatment of patients of a higher rank? Do the advocates of the Gheel system wish to treat the two classes together? If they do, I tell them that the scheme of Gheel is absolutely and entirely impossible. It is impossible to take people of rank and high social position and send them

to a village like Gheel; and for this reason, that not only would there be the danger of these doing some damage to themselves, but there would be a risk of their injuring the reputation of their families by some act of folly. That is one reason why the Gheel system cannot be carried out. But the question has two sides: the one is, that private asylums can be very much improved; and the other is, that Gheel may be very much improved. The system of restraint at Gheel stands lamentably in need of improvement; and then there is the question of medical treatment, which is the most important of all. The whole question of the treatment of the insane ought to be primarily a medical question, and it seems to me that if you scatter about 1500 patients, say in 700 houses, they cannot have proper medical treatment, and without proper medical treatment I look upon the whole treatment of insanity as merely a question of board and lodging; and in my opinion, if there is not proper medical treatment it is equally bad whether the patient is boarded and lodged in a cottage by himself or in a larger house. My advice to the advocates of Gheel would be to get up a whole colony of small asylums, and give the charge of each asylum to a medical man. They would then find the ratio of cures increasing, and they might some day attain to the rate of cures to which we have attained in our private asylums in Scotland and England.

Dr. Monro.—Dr. Webster will, perhaps, be so kind as to answer the question whether he looks upon Gheel as an example for England, or whether he looks upon it as at all equal to the English treatment, because certainly his account would give the impression that it was very far behind.

Dr. Webster.—Dr. Tuke has alluded to the medical treatment of patients. Gheel is divided into four sections, each of which has a physician who sees the patients and attends to their medical treatment. If any serious illness affects any of them they can be more frequently seen, or they can be sent to the central hospice. The medical treatment at Gheel is pretty much the same as elsewhere. These four medical gentlemen are men of experience; and in addition to the four physicians there is one surgeon who attends to surgical cases, and a medical superintendent. There are six medical men in the place, therefore I do not think the medical treatment is at all defective. It has been asked whether, in my opinion, such an establishment should be set up in this country. I have no hesitation in saying that it might, but that there are difficulties to be encountered. You must get proper attendants, people that are accustomed to it, and there are few places in this country where it could be carried out to any extent. When I had the pleasure of visiting the new asylum at Inverness I understood from Dr. Aitken that they intended to have a system of that kind there—small cottages for the patients upon the system of Gheel, though, of course, in a less extensive form. Gheel is not at all adapted for ladies and gentlemen, to a certain extent; but it is adapted for a larger proportion of lunatics, and in such a place as that they are more likely to spend the rest of their days comfortably. I do not wish to be a strong advocate of the Gheel system. My eyes are open to the difficulties and objections that may be urged against it; but I hold that a similar system is very desirable. It is talked of in Belgium that they are to have another establishment of the same kind to the westward. There is one, I think, near Lyons. I have no hesitation in saying that I think there are strong reasons why such an establishment may be set up in this country, as elsewhere, but of course there are certain cases for which it might not be adapted. As to the cases, I may say that I mentioned that the average cures at Gheel, excluding general paralysis, amounted to upwards of 30 per cent.

The President.—Thirty per cent.? To what, then, did your 69 per cent. apply?

Dr. Webster.—I said that of 1417 cases the per-centage of cures was 30·69 per cent., excluding general paralysis.

Dr. Tuke.—What is the entire number of patients without any exclusion?

Dr. Webster.—The patients of every description admitted for the last ten years was 1696, and the cures were 434. Subtracting the cases of general paralysis and epilepsy, of which none were cured, the average cures of every form of insanity were about 30½ or 30¼ per cent.

Dr. Monro.—I would ask Dr. Webster whether he does not think that is a very small per-centage of cures, considering that paralytic and epileptic cases are excluded?

The President.—It is equal to the general per-centage of the county asylums.

Dr. Webster.—It is even greater. It is greater than it was in Hanwell a number of years ago.

Dr. Monro.—In Hanwell all cases are included.

Sir James Coxe.—A great proportion of the patients at Gheel are already incurable when they are sent there.

Dr. Wood.—Gheel is more strictly an asylum than any of our asylums. In our asylums we have a considerable proportion of recent cases, greater than at Gheel. I think Dr. Tuke under-estimated the medical care at Gheel, because, if he compares what is expected in the way of supervision from our own medical officers, he will find that the patients are amply provided for at Gheel. Indeed, taking the number of patients and the number of doctors, I think it is at least equal to what we have in any of our asylums; and if we compare it to a population extending over any considerable area, we shall find that it is in excess of what we in England provide for the sick poor. Therefore, it does not appear to me that the proportion of doctors to patients is so small as Dr. Tuke would seem to fancy.

Dr. Tuke.—It appears to me that it will be 250 patients for one doctor, or four to 1000, scattered about in separate houses.

Dr. Webster.—The superintendent is five and the surgeon six.

Dr. Tuke.—Well, take six, and assume that they are all there, I contend that it is not enough. The system there is, perhaps, the best we can afford for the poor; but the question is, not what we can afford, but what is best. Now the Gheel system is not the best. It is of the most vital consequence, if you want to cure the insane, that the moral influences of the trained, educated mind of the medical superintendent should be brought as much as possible to bear upon the wounded and diseased mind. I should think that Dr. Browne's recent report of the state of the poor in the Scotch cottages ought to have settled the whole system of Gheel for years to come. But still, if it is to be considered proper treatment, let us have it clearly stated, whether it is for poor or rich, for curable or incurable patients. There can be no question that if an insane tailor could be boarded with a sane tailor and his wife, and he could be put gradually to work, that would be infinitely better than to put him to work with many insane tailors in an asylum, containing a thousand patients. But is that what can be done? It appears to me that you should be careful to decide that question before you destroy our public asylums, because the advocates of Gheel would in reality destroy our public asylums (cries of "No, no.") Pardon me, I am talking of what I know to be true. If a man says that a certain system is a better one than that now in use, then, if it be a better one, the better ought to be adopted. We have had it in our own *Journal* put distinctly to us that it would be much better that all these incurable, and paralytic, and foolish, and demented cases should be taken out of our asylums and put in separate places. Now, there can be no doubt whatever, I think, that that is very absurd.

Dr. Maudsley.—It is not a question of entirely overthrowing our county

asylums, because it is well known that many of them are at present overcrowded, that a second asylum had been found necessary in many counties, and that in many cases new asylums are proposed for boroughs. It therefore becomes a serious and important question whether you are to go on extending asylums in the way you are doing, or whether you cannot in some mode relieve existing asylums. Now, there is one question that has not been considered here for a moment. What right have you to deprive a man not dangerous to himself or others of his liberty by sending him to an asylum? So long as he is not dangerous to himself and others, and proper medical care is exercised over him, why deprive him entirely of his liberty? Why not, if possible, put him in a cottage with his own friends, or with others who are willing to take charge of him for a suitable payment? If he is a pauper, he will be kept with his own friends at small expense. But it is not entirely a question of expense either. If the man is hopelessly incurable, so long as he is not dangerous to himself or others, that man has a right to the greatest amount of comfort he can have. If he can have that in a cottage, then, though it costs a little more there than in a county asylum, we ought to give it to him. No one would speak of setting up in England the Gheel system exactly. The population is too crowded in this country, the land too valuable, and it would be practically impossible to do so. But the practical question is whether, with so many asylums overcrowded, we cannot find any other system; and whether this cottage system may not afford us the required outlet for a certain class of incurable but harmless patients.

Dr. Crichton Browne.—How can Dr. Maudsley arrive at the fact that a lunatic is not dangerous? Any day a lunatic may be liable to commit serious acts of violence. We have had lamentable instances of this recently in this country; and it is not very long since a case of that kind occurred in this city. So far as I know, there is no test by which we can arrive at the knowledge as to whether a lunatic is dangerous or harmless. As to medical treatment, that objection is scarcely fair, because if you go to large county asylums you will find a large number of patients not subject to medical treatment of any kind. Sometimes patients in these asylums are not seen by the medical men because they are working out, and are not subject to medical treatment. Of course, in the case of patients whose disease has been chronic for ten years, it would be absurd to place them under medical treatment. There are no means known by which we can combat chronic insanity in that stage, except by those general moral principles that regulate an asylum. These are, of course, of great value; but I am not sure that the moral agencies brought to bear in some homes and private cottages are not still more valuable. I have not visited Gheel, and had no intention of discussing it here. I would just mention an experiment I made during the past winter. I had a small asylum of 120 patients. I selected ten patients from the quietest, the most harmless, and the most inoffensive, and determined to give them as much of the free and open-air system as possible. I allowed them to go out every day on parole to their friends, and they had perfect freedom to go in every direction within certain restricted bounds. Well, within a month I had to withdraw that liberty in four instances. They were the best patients I had, and yet I had to withdraw that liberty because they grossly abused it, and complaints were made to me of their conduct. Now, that certainly suggested itself to my mind that, if these very best patients gave way when they were still subjected to a certain amount of discipline, and knew that their conduct was watched, and that their privilege would be withdrawn if they gave way, it was not at all a satisfactory state of things, and did not tend to give one confidence in the Gheel system.

Dr. Wood.—I heard with some surprise the doctrine which Dr. Maudsley has mooted, which is one directly opposed to the teaching of our great Dr.

Conolly. He will remember a very remarkable case that was some years ago tried in the Court of Exchequer in London, when the Chief Baron held the doctrine which Dr. Maudsley seems now to hold. That doctrine was considered to be so opposed to the experience of all those who practised in London that Dr. Conolly took it upon himself to publish a pamphlet on the subject. The Lord Chief Baron held, as Dr. Maudsley appears to hold now, that we were not justified in curtailing the liberty of an insane person if he is not dangerous to himself and society. Now, I think there cannot be a more dangerous doctrine. I thoroughly agree with what Dr. Crichton Brown has said on that subject. We never know when an insane person is dangerous, or at what moment he will become so; and I think it must be clear to Dr. Maudsley's experience that many patients conduct themselves with great propriety in an asylum and yet when at large become dangerous lunatics. He shuts out of view some most important points. What is to become of a patient who, though not dangerous in the ordinary sense of the word, is so far dangerous in a moral sense that he may ruin himself, his family, and all belonging to him. Insanity is a disease which requires treatment in all cases, and that treatment, I maintain, can only be properly carried out by placing him under control. I apprehend there is a danger even greater than that which results from physical violence; and, in considering this question, we are apt to overlook one of the most important considerations of all. It is this, that a man who is in the prime of life and is begetting children is in a condition where he may propagate an insane race; and, I think, in such circumstances it behoves us, as philosophers, seriously to consider whether we are justified in placing a man who is avowedly in a condition of disease in circumstances that will enable him to propagate a diseased race. That has often struck me as one of the most important considerations in withholding liberty from patients who otherwise might be trusted. And I must say that in my own personal experience it has often influenced me in recommending the friends of patients to retain them, though they might not appear to be dangerous to society in the common sense of the word.

Dr. Maudsley.—Dr. Wood has been speaking to some extent under a misunderstanding of my meaning. It was no intention of mine to advocate the sending of patients out of asylums without any control. The system I advocated was that of sending patients to reside in cottages.

Dr. Wood.—But you raised that question as to control.

Dr. Maudsley.—Yes. I raised that question, and I think it is important. If you get an incurable patient, and see that he is incurable, and neither dangerous to himself nor others, my question was, why should you shut him up in a county asylum for the rest of his life? Put him in a cottage and allow his friends 5s. or 6s. a week to support him and take care of him, and arrange for the doctor and the Commissioners of Lunacy to visit him: see that he has proper superintendence. That would relieve your overcrowded asylums, but I never contemplated allowing insane persons to be left entirely without control.

Dr. Wood.—I was speaking of a proposal to leave persons without control. I have not the slightest objection to putting them in cottages if it can be arranged that they shall be under control.

Dr. Alexander Robertson (Glasgow).—I may state as a fact, which is of some importance in such a discussion as the present, that in the city parochial board a certain portion of selected patients whom I judged to be harmless were sent to cottages in the country to reside there, and have now been residing there for four years, and at our last inspection we were altogether well pleased with their condition. The question was put to almost the whole of them if they desired to get back to the asylum, and

not one of them had such a desire. It is right to say that six months ago we had to bring one back who had been found to be improperly cared for, but the person into whose care he had first been given had died. We are so much pleased with that system in Glasgow that we are disposed to extend it. I think that fact is of importance.

Dr. Crichton Browne.—I would ask Dr. Robertson if the Glasgow asylum is not an aged structure of a rather dismal description—whether it is such a building as that few persons would desire to return to it?

Dr. Alexander Robertson.—Certainly we cannot contrast our building favorably with the new institutions; but with the aid of the Commissioners it is now brought to a pretty good condition. The patients are boarded out with cotters. There are several men and women. They reside there and work on the farm. They come to have an affection for their guardians, and the guardians have the same for them, and this proves that such patients can be selected and trusted there without anything wrong occurring. We have nine out of the small number of 150. In addition to that, I have selected some six more to be sent to houses selected by myself.

Dr. Monro.—I have not had any prejudice one way or another as regards this subject, because I am afraid I do not know sufficient about it to form a very strong opinion; but when I heard Dr. Webster read his paper I presumed he was reading a paper about something which he esteemed a pattern and example for others to follow. The few things that especially caught my attention were matters such as that about the hobbles. I do not want to make too much of that. But certainly the cures seemed to be an exceedingly small per-centage. I should say that fact after fact in Dr. Webster's paper seemed to intimate to me, who call myself an unprejudiced person, that the asylum was not succeeding, and yet I presume Dr. Webster read the paper in favour of that system. Then Dr. Maudsley spoke exceedingly strongly as to letting every chronic insane person who is not actually dangerous have all the enjoyments of life.

Dr. Maudsley.—As many of the Chancery patients have.

Dr. Monro.—Now comes a very important question, which I think should have been settled some time ago. Is it a more enjoyable thing for an insane patient to be in the hands of a farmer or poor cottager than in one of our county asylums? I think that that system of boarding out of workhouses, to which this system is very like, was looked upon as a thing quite exploded. I do not say the Gheel system is not a great deal better than that one, but still that is a point that was gone into before asylums were built to meet the great evils which existed then. Dr. Maudsley speaks of the comforts of those poor people. Of course, those of them who happen to fall into the hands of kind cottagers or kind farmers, and who are not obliged to hobble or to wear strait-waistcoats may be exceedingly comfortable, more so than in asylums. But I cannot conceive how a system which has a certain percentage of things which we have utterly given up because we look upon them as cruel can be considered a system which is kind to the poor and allows the chronic insane to have the ordinary enjoyments of life.

Dr. Houden.—We are all, no doubt, aware that a certain number of insane people may live in cottages; but before putting very much value on the liberty enjoyed by those who live in those cottages, one would require to know more about the condition of these people. The cases referred to by Dr. Robertson have additional interest on account of their having been drafted from an asylum, though, in regard to what Dr. Maudsley has referred to, taking the question in the abstract, as to whether we have a right to deprive an insane person of his liberty unless he were dangerous to himself or others, it appears to me that we deprive him of his liberty as much by putting him in a cottage as in an asylum, and that the question is simply whether he is

better managed in an asylum or a cottage. In the asylum with which I am connected I have five cottages in which I occasionally board patients. There are always four or five patients boarded in these cottages, and they are under my own supervision, on the farm connected with the asylum. In some cases I have the greatest satisfaction in having the patients boarded there. In cases of convalescent insanity, in particular, I think the system of placing the patients in cottages, under a sort of supervision, before they are discharged altogether, is a very desirable one. At the same time, I must state that I have always great difficulty in getting patients to go to these cottages out of the asylum. I do not like to put imbecile patients, totally unable to take care of themselves, into cottages. I think they are better in an asylum, and I must say that I have always had difficulty in getting the other patients to go into those cottages who would be most likely to benefit by being in them. Generally speaking, they prefer being in the asylum. That must be because they find themselves more comfortable in the asylum. I think that we will all agree that we ought to put the patient where he is best, and I agree with Dr. Maudsley to this extent, that if the patient is better in a private house by all means have him there; but if not, have him in an asylum.

Dr. Sibbald.—I think we cannot lose sight of the lesson which we are taught by Gheel, that there are many patients who can be very properly placed in cottages, although there are many imperfections in the way in which Gheel is managed at present, and although there are many patients there who, I believe, none of us would approve of being there. With regard to the remarks which have been made as to the difficulty of deciding what patients are not dangerous either to themselves or others, there is, I think, no more difficulty in that than there is in deciding that a patient is dangerous to himself or others, which every medical man has to do when he signs a certificate for confining a patient in an asylum. The one question is just as easy of decision as the other. And in the public asylums, which are growing larger and larger every year, there can be very little doubt, I think, that there is a large number of cases which, if they were not in asylums at the present time, would not now be placed in asylums; but from the fact that they are in asylums at present the superintendent does not like to take the responsibility of saying, "This case may be put out." He says, "Keep them in." I think if some means could be adopted whereby these patients might be experimented upon—as is the case to a considerable extent in Scotland at present—such a course would be productive of good both to the patients and to the country generally.

Dr. Arlidge.—The great question of the day is what to do with the lunatics. They keep growing on our hands. They grow by accumulation in every asylum, especially pauper lunatics, and therefore it becomes a grave question what we shall do with many of them. Those who belong to asylums know that a large number of the inmates are doubtful inhabitants of asylums; they have been put in many years ago, and they remain there, because they have been once placed in an asylum; and the great question of the day is, whether we shall go on constructing county asylums at an enormous expense, as heretofore, or whether we shall adopt a new scheme in providing for a certain class of pauper patients? With reference to providing for a certain class of patients, Gheel is of value in showing what might be done. We cannot commend Gheel as a model to be actually followed, but the proper course is to take out of Gheel what is valuable and adapt it to the wants of this country. Dr. Webster has properly pointed out that Gheel has been an insane colony for some hundreds of years. The whole population of that little commune has grown up acquainted with the habits of lunatics; but we have no place in England which has the seclusion of Gheel, or which

has a population adapted to take charge of lunatics. We know that in this country the great body of the population has numerous prejudices and fears in regard to lunatics, and we could not possibly intrust even the most harmless of our lunatics to them. The main importance of a discussion in reference to Gheel is that it may lead us to the discovery of what is valuable in the Gheel system and adapt it to our wants. It has occurred to me that we might in some way adapt it by relieving some of our asylums of a proportion of their patients, and placing them in cottages, under the supervision of the attendant of the asylum. At the same time let these cottagers, if practicable, be old asylum attendants, or others who may take their discharge from the asylum and settle themselves in the neighbourhood. That would allow a colony gradually to grow up. The example of Gheel has been of weight on the Continent, and there is a strong tendency to reproduce Gheel in some form or other elsewhere. Dr. Webster has mentioned that the Belgian Government is about to institute another similar colony, and in France there is a great disposition to imitate it. In France we have experiments going on, showing what can be done in the way of dealing in cottages on detached farms with lunatics for whom accommodation used to be provided in asylums. Remarks have been made as to the proportion of cures. As Dr. Monro rightly says, if you exclude all epileptics and general paralytics, $30\frac{1}{2}$ is certainly a small per-centage. During the time I was superintendent of St. Luke's Hospital we exceeded 70 per cent. of cures.

Dr. Monro.—And it was 68 per cent. for many years running.

Dr. Arlidge.—If you read the reports of the American asylums they will tell you that they can cure 90 per cent.; but that is partly accounted for by their receiving cases of delirium tremens, and turning them out cured, so that we cannot compare their cases with our own. As to curable cases, I think there is a great defect in Gheel in not making special provision for curable cases. Boarding out is not so well adapted for cases of recent occurrence. These cases ought to be brought to an infirmary in the town, and that plan is to be carried out.

Dr. Webster.—It is being carried out.

Dr. Arlidge.—The restraint that exists at Gheel is of small moment indeed. We must remember that on the Continent medical men have strong prejudices in favour of using restraint. Those men who put on hobbles would say—"It is much better to allow these men to walk about in hobbles than to shut them up within the walls of an asylum." Now, I do not advocate restraint; but there is a measure of truth in that view, and it must not be lost sight of. If there is restraint at Gheel you must put it down to the habits of thought of medical men on the Continent. If medical men were transplanted from England to Gheel, I dare say they could see how to do away with the hobbles and with all restraint.

This closed the discussion.

Owing to the lateness of the hour, the other papers on the programme were held as read.

Dr. Tuke.—I beg to move that we tender our best thanks to the Royal Society of Edinburgh for the use of this hall.

The President.—May I suggest that our thanks should likewise be tendered to the Royal College of Physicians, who offered their Library for our meetings.

The motions were unanimously adopted.

On the motion of Dr. Monro, the following gentlemen were appointed as a committee for promoting a memorial to Dr. Conolly:—The President and council, and the past Presidents, with power to add to their number.

Dr. Tuke.—I beg to move a vote of thanks to our esteemed President, who has presided over this long *sederunt* with so much kindness and courtesy,

and who has given up so much time in attending to the private affairs of this Society.

Dr. Webster seconded the motion, which was carried by acclamation. The proceedings then terminated.

ANNUAL DINNER.—The annual dinner was held in the evening, at the Douglas Hotel, St. Andrew's Square. There was a large attendance, and the quality and style of the dinner and wines were of the very best. Among the guests of the evening were:—Sir J. D. Wauchope, Bart., Chairman of the Scotch Lunacy Board; Sir James Y. Simpson, Bart., M.D.; Dr. Seller; the President of the College of Surgeons; the President of the College of Physicians; Dr. Russell Reynolds; Dr. Gillespie; Dr. Argyll Robertson; Dr. Webster; Dr. Butler (U.S.); Dr. E. C. Robertson; Rev. H. M. Robertson. Sir James Coxe was also present in his right as a Member of the Association.

In consequence of the very severe and serious illness of Professor Laycock, the Medico-Psychological Class connected with the University of Edinburgh was conducted, for the greater part of the Summer Session, by Commissioner Browne. By a happy coincidence the course was concluded and the prizes awarded upon the eve of the meeting of the Medico-Psychological Society, so that a number of its members and nearly all its officers were enabled to be present.

After a Lecture on "Hereditary Tendency to Mental Disease" had been delivered, and strong commendation bestowed upon the diligence and interest displayed by the class—amounting, we understand, to about thirty—and upon the ability and industry of those who had especially distinguished themselves, as attested by Drs. Seller and W. Robertson, assessors to the University, to whom the competitive clinical papers, essays, &c., had been submitted, the prizes were delivered by Sir John Don Wauchope, Bart., Chairman of the Board of Lunacy, Commissioner Sir James Coxe, Professor Balfour, &c.

Sir J. D. Wauchope, in presenting the prizes, expressed the satisfaction which he experienced in being present on this occasion; his desire to encourage such means of instruction in the study of mental disease as were afforded by this class; and his conviction that holding the position which he did he was performing a public duty in sanctioning all efforts to diffuse knowledge which was calculated to diminish the numbers of the insane and to ameliorate their condition.

The members of the class were then invited to attend the meeting of the Association on the following day; a privilege of which they availed themselves.

PRIZE LIST.

CLASS OF MEDICAL PSYCHOLOGY AND MENTAL DISEASES.

For Excellence in Clinical Examination (Dr. Gilchrist's Prize).

1. CARLO MALAN.

For Excellence in Written Examinations (University Medal and Dr. Browne's Prize).

1. JOHN MACBETH.

Best Essay on "Le Pitit Mal" (additional Prize from Dr. Browne).

1. THOMAS LAUDER BRUNTON.

For Excellence in both Clinical and Written Examinations
(Certificates of Honour).

1. JOHN MACBETH.
2. CARLO MALAN.
3. THOMAS LAUDER BRUNTON.
4. WILLIAM J. WILLIAMS.
5. WILLIAM MUNRO.
6. ALEXANDER R. HAUGHY.

T. LAYCOCK.

The Honorary Secretary has received the following letters, which he desires to communicate to the members of the Association.

"1, HARRINGTON SQUARE, LONDON, N.W. ;
"19th July, 1865.

"MY DEAR SIR,—I beg to acknowledge the honour conferred on me by the Medico-Psychological Association, in electing me one of their honorary members; and if at any time it should be in my power to forward the interests of the Society I shall be pleased to avail myself of the opportunity.

"Accept my best thanks for your kind personal expression of good-will.
"Believe me, yours faithfully,
"W. H. WYATT."

"DR. TUKE."

"2, SAVILE ROW, BURLINGTON GARDENS ;
"28th September, 1865.

"DEAR SIR,—On arriving from Italy a few days ago I had the honour of receiving your esteemed communication of the 12th inst., informing me that the Medico-Psychological Association had conferred on me the distinction of an honorary membership; I feel, I assure you, very proud of this honour, and beg you will take the first opportunity of conveying to your Association my warmest thanks for their kindness.

"It is a great satisfaction to me to find my very humble efforts to ameliorate the condition of the insane approved of by such a body as yours, and will be an encouragement to me to do all I can to forward the noble and humane objects of the Association. I have just been visiting some of the Continental asylums, with a view of obtaining additional information to assist me in forming some legislative measures relative to public lunatic asylums next session.

"I beg you will accept for yourself my best thanks for the kind courtesy with which you conveyed the resolution of the Association to me.

"I remain, dear Sir,
"Yours very truly,
"JOHN A. BLAKE."

"HARRINGTON TUKE, Esq., M.D."

"STABILIMENTO SANITARIO IN MILANO PRESSO ST. CELSO ;
"14th February, 1866.

"MOST HONORABLE SIR,—I am very sensible to the honour that the eminent Medico-Psychological Association of England has done to name me between their honorary members. Whilst I tried, as I could, to demonstrate to my countrymen the elevated scientific merits of the honorable English

alienist physicians, I have, too, experienced their great kindness and goodness for me.

"I beg you, Sir, with all my thanks, to tell my feelings to the eminent Association of which you are the noble general secretary.

"Heartily and respectfully,

"Your most obedient servant,

"DR. BIFFL."

"VIENNA; 18th February, 1866.

"DEAR SIR,—By your letter of January 1st, which I have received on the 10th instant, you kindly informed me that the last meeting held at the Royal College of Physicians did me the honour to select me an honorary member of the Medico-Psychological Association.

"I am desirous of expressing my grateful sense and high appreciation of this honour, and pray have the kindness to transmit my sentiment of warmest gratitude to the Association.

"I am, Sir, truly yours,

"DR. L. SCHLAGER,

"Professor of *Psychiatrie* at the University of Vienna."

"GHEEL, le 22 Février, 1866.

"MONSIEUR ET TRÈS-HONORÉ CONFRÈRES, — J'ai l'honneur de vous accuser réception de la lettre par laquelle vous m'annoncez mon agrégation comme membre honoraire de l'Association Médico-Psychologique de Londres.

"Cette marque de haute distinction m'honore et m'encouragera dans l'accomplissement de la mission humanitaire qui m'est dévolue. Par mon dévouement, je tacherai toujours de me rendre digne de votre savante et philanthropique Association.

"Monsieur, et très-honoré Confrères, veuillez à ce sujet agréer personnellement et exprimer à vos estimables collègues mes sincères remerciements. Veuillez croire à la parfaite estime et à la haute considération, etc.

"Votre dévoué Confrère,

"DR. BULCKENS."

"Monsieur HARRINGTON TUKE,

"Docteur en Médecine, etc., Londres."

The Want of Education in Physical Science.

To every man abhorrent of waste, the thought that thousands of his fellow-countrymen have received no useful training must prove a source of frequent and deep regret. It is a trite remark, that while we devote our utmost energies to the improvement of bullocks and sheep, we leave God's last and greatest work—man—too often untended and uncared for. The stimulus to improve the breed of cattle lies in the immediate gain to the owner; but the benefit to be derived from the improvement of the human race seems to lie too remote from individual interests to excite the necessary sympathy, unless exceptionally, in the breasts of philanthropists. Yet we are not an inhumane people. We spare no cost to provide hospitals, asylums, poor-houses, and jails, for the care and recovery of our less fortunate brethren; and we appoint inspectors and commissioners to watch over and report on the manner in which these establishments are conducted. So far, so well. But, in spite of all this labour, a fear, strengthened by a consideration of the