

used it, without going into any classification of the forms of the disease. He had certainly described some cases as being imitative and others not. On that point he hoped to be able to do some further work, and was, therefore, not then prepared to make further comment on it. *Latah* was just as frequent in the present day as forty or sixty years ago, when the Malays were absolutely uneducated. Now they had British-taught schools throughout the peninsula, and many of the young Malays wrote and spoke English. With regard to religion, the Malays for the last three or four hundred years had been strict Mohammedans, and he had certainly never seen nor heard of religion mixed up in any form with the condition. As to treatment, he had never had an opportunity of trying any, and he had not the slightest idea of how one would set to work, except by having the patient in an asylum under the ordinary conditions. These subjects did not come into asylums. The only *latah* subject in his asylum of 400 people was the nurse to whom he had referred, and she certainly was the best nurse in the place.

Dr. Morrison's paper was, by his own request, deferred till a subsequent meeting.

MEETING OF THE SCOTTISH DIVISION.

A meeting of the Scottish Division was held in the Royal College of Physicians, Edinburgh, on 14th November, 1895, Dr. D. Nicolson, President, in the chair. There were also present Dr. Campbell Clark, Dr. Carswell, Dr. Cowper, Dr. C. C. Easterbrook, Dr. Fox, Dr. John G. Havelock, Dr. R. D. Hotchkiss, Dr. W. W. Ireland, Dr. J. Carlyle Johnstone, Dr. J. M'Pherson, Dr. T. W. M'Dowall, Dr. Rutherford M'Phail, Dr. James Middlemass, Dr. L. R. Oswald, Dr. G. M. Robertson, Dr. J. B. Ronaldson, Dr. Batty Tuke, sen., Dr. A. R. Urquhart, Dr. W. R. Watson, Dr. G. R. Wilson, and Dr. A. R. Turnbull (Divisional Secretary for Scotland).

The PRESIDENT—It is a great pleasure, gentlemen, to me to be here with you to-day, as this is the first occasion on which I have been present at one of our national gatherings, and I need not say that I am very proud to be in the position which I have the honour to occupy. I will now ask the Honorary Secretary to read the minutes of the last meeting.

The minutes of the last meeting held at Glasgow were then read and approved.

PLACE OF NEXT MEETING.

Dr. TURNBULL—The next Spring Meeting is the meeting referred to in the minutes just read, which it was suggested should be merged in a General Meeting of the Association, and we have to consider if there is any place that might be suggested to the Council and selected for the meeting. The fixing of the General Meeting depends upon the Council, but I suppose they (the Council) would not object to our making a suggestion on the point.

After some conversation, it was decided that the Spring Meeting be merged into the General Meeting of the Association, if the place fixed upon for the latter was convenient to the Scottish members, otherwise that they should hold their own Spring Meeting in Glasgow as usual.

REPORT BY THE COMMITTEE ON CRIMINAL RESPONSIBILITY.

The PRESIDENT explained the circumstances under which the Committee was formed, and the lines upon which it had gone, and continued as follows:—In considering the report made by the Committee on Criminal Responsibility, you will see from the circular it is suggested that the discussion should take notice of the legal procedure in the different forms of minor crime, as well as in capital offences, in which the question of insanity arises, and should include reference to cases which are disposed of without asylum committal.

Dr. IRELAND—I was quite pleased with the report, as the Committee agreed to do nothing. I always consider it a dangerous thing for medical men to expose their flank by going before Parliament, as I generally observe that such proceed-

ings result in shackles being put on the medical profession. Hence I am very much disposed to let matters stand. The judges at present are very well disposed to allow the voice of medical men to be heard in these important matters. The distinction that you make in considering, not only capital offences, but smaller crimes, is very noteworthy. It is evident that the man who commits a capital crime generally gains by being insane, as it is much less grievous to be put in an asylum than to be hanged; but it is a very different thing if a man who has committed a small theft is declared insane, and is committed until he has recovered from his insanity. It may be said that he is much more severely dealt with than the other. I am quite unprepared to speak on the general question, because, like most medical men, I like to get a concrete instance. In fact, insanity is a conception of the human mind. There is no such thing as insanity itself. It is a mere abstraction, and it would have been a more instructive debate if we had heard a paper giving the history of interesting cases.

The PRESIDENT—I am bound to say, as Dr. Ireland has put it, that the judges are certainly much more disposed to come round and see with us, and if they have before them a medical man whose opinions they can rely upon, they are always willing to listen and act in accordance with them. As one of the judges in the High Court of England wrote to me the other day: "Our legal rule is too narrow, and your medical rule is too wide, but I can always find, when I have a case before me, a way of getting round our narrow rule." These are his own words, and with the exception of a few judges, I believe they express very well the tone and feeling that they have with regard to this question. Again, it is very difficult to formulate a general rule that may not be mutilated when you come, as Dr. Ireland suggests, to the concrete instance. The difficulty is to please the lawyers and to satisfy medical men, and to compel, as it were, a just decision. We can all find cases to criticise where something was or was not done that we in individual cases might think could have been done; and it is for you to bring forward cases, that they may be analysed in the light of any change that may be suggested in the rule that is laid down by the judge to the jury, and if a sufficient case is made out I am sure that the Association will be prepared to give it a hearing, but unless you choose to mention the kind of case and the kind of difficulties it is impossible for them to be thrashed out in the complete way that an important matter of this sort demands. I have rather spoken in an explanatory sense, because I feel that there would be great risk in altering the ruling of the House of Lords judges, and unless we have a strong case, and unless we are unanimous, it would be puerile for us to go forward with any suggestion. I am bound to say that there is a great difficulty in dealing with the two questions bracketed on the circular, because in a capital case you hang the man rightly or wrongly, and it is done with, but in minor offences the man goes to prison, where he is probably very much better off than before. The bulk of the lower criminal class are well cared for in prison, and if there is any insanity the earliest possible opportunity is taken of dealing with them, so that, to my mind, a consideration of the one set of cases and a consideration of the other set of cases must be based on different possibilities and different practice and results. It is well to keep the two classes as far as possible apart.

Dr. BATTY TUKE—Some years ago a legal friend and I worked together for two or three years on this subject, and prepared a conjoint work on the medical and legal relations of insanity. Unfortunately my friend died, and I have never had the heart to look at the manuscript since. We began with as strong a feeling on the subject as anyone who has spoken in this Association—a strong feeling against the illogical nature, as we conceived it, of the criterion of right and wrong, but after going over the whole subject most carefully, although we found a certain proportion of cases in which injustice had undoubtedly been done, we came very reluctantly to the conclusion that for all practical purposes the present criterion was the only one that could be adopted. We all know the historic cases of injustice. I recollect one thirty or forty years ago—the case of a man who undoubtedly, had he lived at the present moment, would not have been hanged. I refer to Bryce, an epileptic of a very insane family. I think his great-grand-

father had been executed for a crime when he was probably insane. But times have greatly changed since then, and the medical profession in this matter have made a much greater impress not only upon the public, but also upon the judges and on the Home Office. I think the result of investigation has been that in the large number of cases considered by the Committee no instance can be adduced of a man having been hanged who should not have been. Undoubtedly the arrangement is a cumbrous one, but it has this to be said for it, that it has produced good results. The general feeling is that if capital punishment were done away with the matter is comparatively of very small consequence, because a man committed to prison passes a test of his sanity. He is subjected to the best test. If he is sane, well and good, and if he is insane he is not hanged. I don't think it is worth while discussing the question of minor offences. There may be cases of hardship, but taking the general working of the administration of justice in Great Britain we find that no great harm is done by the present system. It has been suggested that assessors to assist the judge should be appointed, but friends of mine now on the Bench say that would be unworkable and contrary to the whole principle of our law. Although there may be cases of shipping accidents where an assessor is allowed, that is an extremely technical matter, and no judge could take it as a criterion. In a matter of medical psychology the judge says that he is as good a judge as the medical witness, more especially when he is assisted by the medical witness in the box. My impression is that things should be allowed to remain as they are.

Dr. URQUHART—This is a very important question for us, and I hardly think that the abrupt conclusion of the Committee is commendable. Something should be done. I think that we should once and for all discredit the McNaghten questions. The only man who has tried to rejuvenate them was Sir James Fitzjames Stephen, and we must all remember that Dr. Maudsley has lately shown that the fine metaphysical distinction involved in his interpretation of the word "know" is such as to be beyond the working intellect of the average British juror. I think, at the present moment, if nothing is done we are debarred from any future objection to those famous questions which were answered as well as the knowledge of the time permitted; even to-day we would not be entitled to go very much further with the knowledge we have since acquired. We are in a transition stage; it would, therefore, be inadvisable to make ourselves the jest of future generations by laying down an exact rule on the subject. But I do think that the Committee ought to have gone further, and to have said that these questions are not the questions which should be put, that the time has gone by for them. I am sorry Dr. Yellowlees is not present, as he might have told us about the case of Laurie, the Arran murderer. Laurie was condemned to death, and after his condemnation a small jury of psychologists was appointed, who in effect revised the whole proceedings and found that man not guilty.

Dr. IRELAND—They found him insane.

Dr. URQUHART—No, they found that the whole circumstances were such as to indicate a certain amount of mental fatuity, and that, although he was deserving of punishment, he was not a subject for the extreme penalty of the law. For the first time in the annals of Scottish legal procedure, I believe, mitigation of penalty on account of fatuity not amounting to insanity was introduced. I think, therefore, that the report of the Committee is imperfect—imperfect in not entirely discrediting the McNaghten questions, and in not recommending a particular judicial authority for the revival of death sentences. It seems to me that questions of criminal responsibility cannot be confined to capital cases. A great deal of misery is induced by insane criminals whose crimes are less startling, and the incidence of that misery often falls upon respectable people and leaves them in poor or depressed circumstances. Still, with all the homicidal and suicidal cases admitted into our institutions, the small number of criminals is surprising. So many, by mere accident or opportunity, might have become criminal, and yet how few pass through the Courts. I must apologise for making reference to statistics so limited in scope, and dealing with private patients only, but I find that in the sixteen years of my work in Murray's Asylum there were

538 admissions, and of these only ten have come under the cognisance of the police. Never once has Section 15 of 25 and 26 Vic., cap. 54, been put into operation in Perthshire to my knowledge. I have never known the Procurator Fiscal advertise that a case was to be tried before the Sheriff, and proceed to extremities under the section I have referred to.* We have always found that the Inspector of Poor, or the friends, intervene, and undertake the responsibility of placing the person under proper care. There is really very little to say with regard to those police cases. One was a thief by habit and repute, and was punished by imprisonment, but soon sent to an asylum as insane. Another was a case of sexual indecency, tried in London. He was sentenced to two years' penal servitude (the maximum penalty), so that he might be kept out of the way as long as possible. But after a few months in gaol a petition was got up, and he was released under proper safeguards. I think that we ought to consider whether these weak-minded criminals are properly dealt with. I don't believe they are. Both sides of the House of Commons are pledged to action, and we ought by all the weight of our influence to induce a proper appreciation of the condition of weak-minded habitual offenders, and secure proper means of dealing with them.

Dr. CRAWFORD—Mr. President, I am sorry that I have not been able to put in written form all that I would like to say on this subject, because it is an important subject, and because one does not wish to take up the time of this meeting longer than is absolutely necessary. It so happens that I can speak of thirteen cases of serious crime in which I have personally been engaged at the instance of the Crown—all of them occurring within the last three years. Four were found insane by the judge in bar of trial. They came before the High Court, and a plea of insanity in bar of trial was set up, and accepted by the judge. That procedure is a very simple one, and it only requires the judges to be satisfied. There is in Scotland no question submitted to a jury; there is no jury. In three cases the prisoners were found insane after trial. The jury returned a formal verdict—to the effect that the prisoner was insane at the time the crime was committed, and then followed the usual order of detention until her Majesty's pleasure be known. Two of these thirteen were treated as dangerous lunatics under Section 15—the one that Dr. Urquhart referred to—in this way. One of them was a charge of culpable homicide, but not of a serious character. In fact it would have been difficult to have established any stronger charge than that of assault. The prisoner assaulted the victim, and it was not till ten or fourteen days afterwards that the victim died, and no very serious notice had been taken of the crime at the time. It was thought that it was only an ordinary case of assault, but owing to death having occurred, the case assumed a more serious character, and the man would have been indicted for serious assault or culpable homicide. The question of insanity was raised in his case, and upon my report the Crown determined to commit that man as a dangerous lunatic, and so advantage was taken of Section 15. The other case was one that was dealt with ten days ago, where a man, Joseph M'Queen, threatened to murder his wife, in connection with the Motherwell tragedy. His son had murdered an uncle in Motherwell, and the father, who suffered from alcoholic dementia, began to utter threats that he and his son would die on the same scaffold for a similar offence. He was dealt with as a dangerous lunatic. It was simply an expedient to get out of the difficulty of indicting him. In three cases the procedure was adopted which one is tempted to describe by the vulgarism of splitting the difference. The plea of insanity was set up, and, as I think, might have been established, or ought to have been established, but the difficulties being so considerable the Crown and the defence agreed mutually to take a middle course—the Crown accepting a plea of guilty of modified crime, and the prisoner taking a modified sentence. I cannot but say as the result of my experience that the judges are perfectly willing to accept of reasonable evidence of insanity without special regard to the questions referred to. Whatever English judges may say, my experience of Scottish judges is that they are very willing to view the case on its merits, if it be presented with reasonable fulness and accuracy to the Court.

* In some parts of Scotland this is a common practice.—[ED.]

I would just like to say, with regard to the lesser offences, that there is great room for something to be done in the direction of understanding the mental condition of juvenile and adolescent offenders, and I don't think it would be extravagant to suggest that in the case of first offenders, juvenile and adolescent, an inquiry should be held by specialists for the information of the prison officials. I think it would be a pity to put forward an opinion of insanity with regard to these before a judge or a sheriff, but on the facts of the case the sentence might be given, and the special way in which the prisoner might be dealt with afterwards could be committed to the Prison Commissioners, who have considerable powers, and who might be entrusted with greater powers. If it were pointed out that this prisoner was manifestly neurotic or insane, he might be dealt with in a special way, not necessarily by committal to an asylum.

Dr. M'PHERSON—It was not my intention to speak upon this question, but Dr. Carswell has referred to one or two cases in which I was interested. One of them raises a point which the Committee appointed to deal with this matter might have taken cognisance of. This man was a degenerate, as the term is used by continental writers, and had systematised delusions of persecution about his wife. He shot his wife, but fortunately she did not die, and he fired three shots into his own mouth, but did not succeed in taking away his own life. I received a letter asking me a question about premeditation, and I told the agent that premeditation was quite clear in this case, as it was in all cases of the kind. If the man had not bought the pistol, he had bought laudanum to take if his attempted suicide failed otherwise, and he had, according to his own statement, fervently prayed to the Supreme Being for strength to enable him to commit the act that he was going to do. The result was that the counsel dropped the plea of insanity, and the Crown accepted the minor degree of offence. The judge, in passing a sentence of eight years' penal servitude, said that if he believed that the man had bought the pistol for the act and premeditated the offence he would have given him a sentence of penal servitude for life. I think that raises a very important point indeed, because there is no question that all those patients labouring under persecution mania deliberately premeditate the deeds that they are going to commit. With regard to the other case that Dr. Carswell referred to, the man was an epileptic, and was known to take what were called hysterical attacks. Those in the Glasgow Prison attracted the notice of the Crown authorities. I could not trace the history of any of the fits except one, which was very indefinite, but he had the appearance of an epileptic. I reported that he was an epileptic, and was irresponsible for his actions. When I got to the Court-house I found—though I was cited by the Crown—that I was not to be called as a witness. The defence took up my evidence, and said they would examine me. The judge in summing up severely animadverted on my statements, and said that it was on all fours with the sort of medical evidence that was being trumped up to get people off who were guilty of such crimes. He gave them his definition of insanity, and left them to judge between his definition and mine. However, the jury were impressed by my evidence, and they brought in a verdict of "guilty," with a strong recommendation to mercy, on account of the state of the man's mind. Sentence of death was passed, and the recommendation having been forwarded to the proper quarter, Sir Arthur Mitchell and Dr. Yellowlees were appointed to examine him; and on their recommendation the sentence was committed to penal servitude for life, but while on the way to Peterhead he committed suicide by hanging himself.

Dr. TURNBULL—I think we have wandered a little from the point of the report, whether or not there is any need for alteration in the law, and whether or not we concur in the conclusions of the Committee on that matter. I think we must all allow that they have presented us with a very suggestive and interesting report. It seems to me as if the report was something like the practice in cases of the criminal insane—it is a little illogical, but it reaches the best conclusion, though in an illogical way. For instance, in one part of the report they make out that the McNaghten questions can only be tolerated if a meaning was brought into them that they were never

meant to bear; and in spite of that they think that the law calls for no change I think the McNaghten questions are dying a natural death; and they are not adhered to in the cases that come before the Court. Perhaps our best plan is to let them die a natural death instead of making an onslaught on them as Dr Urquhart proposes. I think the cases that we have all a little doubt about are those which are upon the border-land, where it is debatable whether they are fully insane and irresponsible or not. These people are allowed to go about, yet the moment one of them commits a crime he claims the benefit of his peculiar mental state, and wishes to be held irresponsible. I don't know that that is quite right; and it seems to me that the idea of limited responsibility is one that is properly applicable in these cases. There is much difficulty in saying what is the best way of determining that responsibility, and I think that if medical evidence was brought into Court and submitted to cross-examination, and put before the jury without appealing necessarily to the McNaghten questions, probably that would be a sufficient guarantee to the public that the cases were properly inquired into and properly dealt with.

Dr. RONALDSON—I have simply to say that my experience has been altogether in accord with that of Dr. Turnbull. In regard to those legal cases to which allusion has been made, I find that when the question arises, the Procurator-Fiscal asks my opinion as to the mental state of the prisoner; and accepts my opinion and hands the case over to the parochial authorities, if it is a parochial case. The case is sent to the asylum under my care, and there are no further questions put. When the patient recovers I discharge him as a recovered patient. I have never had any difficulty in dealing with these cases.

The PRESIDENT—No doubt, as Dr. Turnbull has said, we have somewhat wandered from the question under discussion—the report of the Committee—but I do not think that any great harm has resulted from that, because we are talking, if not of the report, of certain collateral questions. My own feeling is that the discussion of capital cases and of minor offences cannot be carried out simultaneously, not that minor offences are dealt with in a perfect way, but because the treatment of the two does not run on parallel lines, and when I say that they should not be discussed together I have no wish to imply that minor offences should not be dealt with as minor offences, but that they should be dealt with apart from the graver questions of the fatal results that are associated with decisions in capital cases. Now of course I have had wide experience of the working of the law in England, and my belief is that no insane person is hanged. It is our own blame in England if that happens, for medical men and neighbours, and members of the community generally, are as capable of reporting to the Home Office and demanding an inquiry as those who are more immediately engaged in the trial. The Home Office is always ready to sift and look into the nature of evidence submitted to it, and to ascertain on these occasions if something more could be done. They ask the opinion of the judge if there are circumstances connected with the evidence which might be reconsidered, and then, after they collect this evidence, they send for someone. Medical men are sent down, and on their decision the Home Secretary refers to the judge again, and thoroughly sifts the matter in the light of the fresh evidence that has come before him. He leaves nothing undone, and I feel that the confidential reports of medical men are so thoroughly considered and laid before the judge, and that the whole matter is so dealt with that it is impossible for me to conceive a stronger or more complete inquiry before any man is sent to the scaffold. It has been my own experience, unfortunately, to differ in opinion from some medical men in those cases, sometimes finding the medical witnesses distinctly contradicting each other, and I have had to arrive at a conclusion which differed sometimes with the one side and sometimes with the other. Medical Superintendents have said that a man is sane and ought to be hanged, and I have had to find that there was distinct evidence of insanity before the fatal act occurred; and I may say that a considerable difference exists in the capacity of medical men in sifting the criminal's mind. It seems to me in talking with other medical men and those from asylums, most eminent men in matters of insanity, I have been com-

pelled to come to the conclusion that in some cases they have not been able to turn out the soul of the individual at the time that he committed the act, and you have to do that before you are in a position to report completely and thoroughly to your own satisfaction. One man may be satisfied with one kind of conversation with the convict, and another man might require repeated conversations. The great difficulty is in laying down any general guide that will be applicable or much help to a medical man in worrying out the circumstances and motives of the individual in committing the act for which he has been tried, and with all humility I say that one has to carry it out in one's own way. I am unable to criticise or blame others because they have arrived at a conclusion different from mine. My own feeling is that it rests with us, and I think it is a great and important subject that the Association, at any rate, can always have before its mind—that of watching the progress of cases of this sort, and being ready to supply the knowledge that appears to have been left out, and to write to the Home Office or the local authorities. I think the discussion of to-day is worthy of the occasion. I am sure that it will merit future consideration, and I hope that it may lead to useful results.

INSTRUCTIONS TO COMMITTEE ON PENSIONS SCHEME.

Dr. URQUHART briefly related what had been done in this matter, and reported that the Committee had called upon Mr. J. A. Robertson, C.A., to make a preliminary statement for consideration. This would enable them to make a report to the next meeting.

Dr. TURNBULL—The recommendation of the Annual Meeting was that the sum to be expended be not more than ten guineas, and that that sum, or any part of it, be payable to any properly-appointed Committee, and I beg to move that the Committee be reappointed with these powers, and with instructions not to exceed the expenditure of ten guineas.

Dr. J. CARLYLE JOHNSTONE—I beg to second that.

The motion was put to the meeting and unanimously agreed to.

ROXBURGH DISTRICT ASYLUM.

Dr. CARLYLE JOHNSTONE showed the plans of the new female infirmary which is to be erected at the Roxburgh District Asylum, and explained the internal arrangements of the building.

COLLECTIVE INVESTIGATION.

Dr. G. M. ROBERTSON—At the last meeting of this Division a Committee was appointed to consider this question of collective investigation; and at that meeting it was unanimously agreed that this was a subject that was well worthy of our attention; and it was also thought that the Association had not given it that attention in the past that it should have done. The Committee consists of Dr. Urquhart, Dr. Turnbull, Dr. Carswell, Dr. Mitchell, and myself. We have discussed the question, and the report is in your hands. I suppose it is not necessary for me to go over it. My attention was directed to this question of collective investigation by the fact that many members of the Association were constantly sending round asking questions about different things in asylum administration, which were answered, perhaps, at the cost of some trouble, and then we heard nothing more about them. I thought that instead of going on in this irregular manner, our methods should be more systematised. Since the Committee has been appointed there have been two collective investigations of a private kind. Dr. Watson, of the Govan Asylum, issued a series of questions, and I wrote to him asking him to summarise and tabulate his results for the gentlemen who answered his questions with regard to having a matron or a housekeeper in an asylum. He did this, and sent round his summaries, which were very interesting. The Greenock Asylum also issued a series of inquiries as to the number of attendants compared to patients, and I wrote to the secretary there asking him to tabulate the results of the inquiries, which he has done. In discussing this matter with the members of the Committee the recommendations we came to were the following: "That members should be asked at the meetings of the Division, to propose desirable subjects for investigation, these being medical, psychological, administrative, etc." "That the subject or subjects

suggested should be printed on the billet of the next meeting for objection, modification, selection, or approval." Seeing that a good deal of trouble would be caused to members in investigating these questions, it was but right that they should have a chance of objecting to any questions and preventing the views of any particular man being forced. This gives the seal of authority. "That, if the wish of the meeting be that a certain line or lines of inquiry be adopted, authority should be given to one or more members (according to the number of subjects) to act as secretaries, to issue questions, to render uniform, so far as is possible, the methods of inquiry adopted, to receive the answers, and to tabulate and summarise the results." "That the member suggesting the subject adopted be asked to act as secretary for that subject, and failing him, any other; it being recommended by this method to decentralise and to diffuse among all the members interest in these inquiries." If the Association approve of that subject then it grants power to the member to carry out his investigation, to ask other members of the Association to take the trouble to answer his questions. It was thought much better that, instead of appointing one secretary to do all this work, any person could be the secretary for the special subject that he took an interest in, and in that way each man would take a keener interest than a general secretary. It also diffused interest in the members of the Association instead of having a small clique who would go on collecting information. The next recommendation is "That the tabulated and summarised results be laid before the next meeting, if possible." "That it is to be hoped that all members will assist, so far as is possible, to carry out these investigations in their asylums, it being understood that any undesirable subject may be objected to at the meeting, and that all inquiries entered upon have the recommendation of the Division." As to the investigations that have been carried on by private individuals, one can understand that members may object to carry out a series of investigations for the sake of a private member, but if the inquiry is authorised by the whole meeting it shows that the subject is worthy trouble should be taken to further the interests of the Association. The seventh head was suggested by Dr. Urquhart:—"That a small standing Committee be appointed to keep the question of collective investigation before the Division, a member of which should be the Secretary of the Division, to bring inquiries adopted into touch and uniformity with the rest of the Association, if necessity for this should arise." I understand that other divisions are going to take up the subject, and it is desirable that we should be kept in touch with the other divisions, and by appointing a small standing Committee, and also by appointing the Secretary of the Division one of the members, all the different divisions could be kept in touch, and the scope of any inquiry that was gone into could be carried out and extended in other divisions.

The PRESIDENT—I have great pleasure in proposing that this report be adopted, and that steps be taken without delay to carry out the provisions and recommendations which are embodied therein, with the view of getting to work at once on so desirable and hopeful a scheme. I am quite sure that it goes without saying that there is plenty of work to be done, and that with willing workers it is a great pity that means should not be taken for bringing that work into a focus, and thereby benefiting the general objects of the Association. I think we are doing something of the sort in London. Dr. Mercier had something before a recent meeting, so that you are a bit ahead of us, but we are always willing to take a lead from this side of the Tweed. I am sure that excellent results will be obtained if the recommendations are carried out.

Dr. IRELAND—I have no objection to this report of my friend Dr. Robertson being adopted, but at the same time I think we should clearly understand what it amounts to. I may say that the proposal to form a Committee in order to investigate particular subjects has been generally adopted since ever I remember this Association. Any member who had some particular inquiry which he considered of sufficient importance to bring before the Association stated it, and gave notice on the billet of reading a paper on the subject, and generally a Committee was formed and information was collected. Of course it has been determined by precedent that we have full power to do this. I remember at the

meeting in Carlisle, I myself read a paper about the detention of idiotic children in asylums, and a Committee was formed. We made inquiries and ascertained the number of such children as were detained in asylums for adults. The principal novelty, I suppose, which Dr. Robertson has in his motion is, as it were, that we should be pushed on to provide this kind of machinery by which our lagging spirit of inquiry should be goaded into more energetic action. I have no objection, but I would not like to have different people prevented from asking about some particular subject. I don't think he meant it, but he implied that that had become or might become a nuisance, and that his better regulated scheme would supersede this. It has been a custom in this Association for men well-informed in science and in special branches to be asked for information, and to give it to other gentlemen who were making inquiries in the same field, and I have often received very useful information in a very courteous manner from different persons. I certainly would not like that practice to be discontinued.

The PRESIDENT—I think the intention is to strengthen the hands of those individuals and not to supersede them.

Dr. IRELAND—But he means to give an official sanction. Perhaps some inquiry might not be accepted by a majority of the Association, and then, as it were, he might be shut out in the cold as a troublesome individual. However, that is merely a possibility. I have often been dissatisfied with small Committees. The general rule is for the gentleman who has made his proposal to nominate his Committee, and then other members are much too modest to propose themselves, and even, although they are anxious to get a kind friend to propose them, they do not dare. I should say that they should be appointed in a regular manner, and that they should be elected by ballot or vote. Otherwise I have no objection to Dr. Robertson's proposal, and I second the motion made by the President.

On being put to the meeting, the motion was unanimously agreed to.

Dr. TURNBULL—I beg to move that Dr. G. M. Robertson, Dr. Oswald, and myself, *ex-officio* as Secretary for the branch, should be put on the Committee.

Dr. URQUHART—I second that motion. Dr. Robertson has taken up this important work and we should give him every possible aid. We do not want to trench on the ground lying untilled in England. Dr. Mercier brought up this subject in London last May, and requested those willing to help to give in their names. Some of us responded at once, and we shall no doubt soon hear the result; but this is a Divisional Committee for Scotland. We desire to keep in touch with London, and not to enter on any scheme of collective investigation that could not be accepted there. I hope that a Committee will be formed at headquarters to bring all these investigations to a focus. We wish to work with the other Divisions and with the general body of the Association; but, at the same time, we wish not to be hindered in our operations or to wait any longer than we have done.

Dr. CARLYLE JOHNSTONE—I quite sympathise with what Dr. Ireland has said, but I think that before proceeding to vote we should have some light thrown on the subject by those who personally know members whom they consider to be suitable. I would like to state my own opinion, and I think that the Secretary himself should be a member of the Committee, and that Dr. Robertson ought to be on it, seeing he has had the work to do—I am going to vote for him—and I cannot think of any one better than Dr. Oswald, who represents a different district of the country and a different school. Committees are often appointed in a very arbitrary manner and perform their duties in a very perfunctory manner, but Dr. Turnbull's proposal seems to be eminently reasonable.

Dr. IRELAND—I should judge that Dr. Robertson is sure to be elected. That leaves us to elect one, and I think we should have a Committee of five. I am not at all urgent in the matter, but I think that it is possible that the number should be made five.

Dr. CARLYLE JOHNSTONE—I move that it be three, including the Secretary of the Branch.

Dr. MIDDLEMASS—I beg to second that.

On being put to the meeting, Dr. Johnstone's motion was agreed to.

Each member present wrote on a slip of paper the name of the gentlemen whom he wished on the Committee, and after the scrutineers had handed in their report,

The PRESIDENT said—There is practically a unanimous vote for Dr. Robertson and Dr. Oswald. Dr. Robertson and Dr. Oswald, along with the Honorary Secretary, will, therefore, form the Committee.

Dr. WATSON, on behalf of those present, begged to thank the President for his interest in the work of the Branch, and for his presence on that occasion.

Dr. NICOLSON suitably replied, and the proceedings terminated.

The usual dinner then took place at the Palace Hotel.

MEETING OF THE SOUTH WESTERN DIVISION.

A meeting of the South Western Division was held at Wonford House, Exeter, on Tuesday, 15th October, 1895. There were present Dr. P. Maury Deas (who was voted to the chair), Drs. Morton, Aldridge, Weatherly, Felvus, Mortimer, Wilson, Davis, Wade, Benham, Aveline, and Macdonald (Hon. Sec.)

Dr. DEAS, in welcoming the members, said this was the first meeting of the Association ever held in Exeter, and he could only wish that there had been a larger attendance and that it had been a finer day. He felt it a privilege to do what little he could to make the gathering a pleasant one.

The minutes of the previous meeting were then read and confirmed.

LETTER FROM MRS. HACK TUKE.

The HONORARY SECRETARY read a letter from Mrs. Hack Tuke thanking the Division for their vote of sympathy and condolence.

ELECTION OF NEW MEMBERS.

The CHAIRMAN declared that the following new members had been duly elected:—

ROBERT LEONARD RUTHERFORD, M.D., Medical Superintendent, Digby's Asylum, Exeter.

WILLIAM BRITAIN MORTON, M.B., Assistant Medical Officer, Wonford House, Exeter.

ALLAN MACLEAN, M.D., J.P., St. Martin's, Weymouth.

MAURICE HOWARD LASLETT, L.R.C.P., Assistant Medical Officer, Somerset and Bath Asylum, Wells.

THE NEXT PLACE OF MEETING.

A discussion took place with regard to the next place of meeting, in the course of which Dr. MACDONALD suggested that as far as possible the meetings should be held in the centre of the district. This found general acceptance. It was eventually decided to hold the next meeting on Tuesday, 14th April, 1896, at Gloucester.

REPORT OF THE COMMITTEE ON CRIMINAL RESPONSIBILITY.

The CHAIRMAN said the Hon. Secretary had a report to make with regard to a communication from the General Secretary.

Dr. MACDONALD stated that he had received a copy of the report of the Committee on Criminal Responsibility, and also a letter from the General Secretary asking him to bring the report before the Divisional Meeting. As this report came the day after the notice for this meeting went out, he of course could not bring it forward that day, and perhaps it was better that he could not do so. He asked for instructions.

Dr. WEATHERLY emphasised the views he expressed at the discussion upon the report at the last Annual Meeting of the Association (*vide* No. for Oct., 1895, p. 744), and referred to the resolution put from the chair on that occasion, and unanimously adopted. He earnestly hoped that, when this matter came up for discussion at their next meeting, they would be able to send up such