ber of the Journal will be the last one in 1889, in consequence of our commencing our Journal year in future on the 1st of January.

Dr. NEEDHAM—The duty entrusted to me is one which will be heartily appreciated by the meeting, namely, to propose our best thanks to the General Secretaries. I am sure when I mention the names of Dr. Rayner, who has so efficiently served the Association for a number of years, and who has resigned the office of Secretary after having made nothing but friends in the Association, and not a single enemy, Dr. Savage, who has so kindly undertaken the duties temporarily, Dr. Urquhart, Secretary for Scotland, and Dr. Conolly Norman, Secretary for Ireland, you will all readily concur with me in saying that our very best thanks are due to them. The Secretaries discharge a most important function with reference to the Association. A great deal of work falls upon them, and it is known to you how very admirably these duties are discharged. I beg most sincerely to propose that our best thanks be given to them.

The PRESIDENT—I will venture to say a few words to you with reference to Dr. Rayner. I do think we should make the most of our parting with him. I can speak from personal experience of his devotedness to duty and his punctuality. In all the stirring times through which we have passed—and there have been stirring times with regard to the Local Government and Lunacy Bills—we have felt that we could rely upon his being well posted up, and keeping us well posted up. We who had to work on the subject had a good deal to do, but we knew well that the work of the Secretary was ten times more than that we had to do as individuals. Although we have secured the services of a first rate Secretary, we cannot hope that for years to come he will quite replace the loss we have sustained by the retirement of Dr. Rayner.

The motion was carried by acclamation.

Dr. RAYNER—I beg to thank the Association for the vote they have accorded me, and especially to thank Dr. Needham and Dr. Newington for the very gracious way in which they have proposed it. It has always been a great pleasure to me to serve the Association, and it is a great regret to me to cease serving it. I thank you most sincerely. (Applause.)

The PRESIDENT—There are two gentlemen to whom the thanks of this Association should be conveyed. They are not members, but we owe a great debt of gratitude to them for the work that they have done in the matter of the Lunacy Bill. I refer to Sir John Dorington and Dr. Farquharson. They have done their best to reduce the asperities of the Bill, and to a certain extent they have succeeded. It would be only gracious on our part to instruct our new Secretary to commence his work by informing those gentlemen how deeply sensible we are of what they have done in the interests of the Association.

Dr. NEEDHAM seconded the motion, which was agreed to.

Dr. SAVAGE then read the results of the circulars sent out to members in connection with the Pensions Committee.

The PRESIDENT—I have to announce that eighteen Scotch students last week took the certificates of the Medico-Psychological Society. We must look to what Ireland has done, and we must look to what England has done, and I am afraid, looking to the difference in the respective populations, Scotland leads the way. I have also to make the official announcement that Dr. Hyslop, the Assistant Medical Officer of Bethlem, has gained the Gaskell prize for the year.

AFTERNOON MEETING.

The President gave his Address, which will be found at the commencement of this Number.

Dr. BLANDFORD—I beg to move our thanks to the President for his very valuable and interesting lecture.

Dr. CLOUSTON—I will second the motion. Apart from discussion, we can all recognize that our President deserves a hearty vote of thanks for his valuable and elaborate paper.

https://doi.org/10.1192/bjp.35.151.455 Published online by Cambridge University Press

The resolution was carried by acclamation.

The PRESIDENT—I thank you heartily for your expression of thanks. If it has been a labour of time it has also been a labour of love to work at this subject. I had little idea until I commenced its study that it was such a large one. I beg now to invite your criticisms to the fullest on any point that may have struck you.

Dr. HOWDEN—The subject of your address, sir, has been so very important that I think I require to read it before I can very much discuss it. What we have been doing is to a certain extent what you said in the commencement of your address, namely, the erection of a hospital for the treatment of those cases which are more amenable to treatment than the rest. My intention, however, was not so much to bring under observation the curable cases as the cases requiring special medical treatment whether curable or not; and the proportion that I went upon was that for a population of 500 we should have a hospital for the treatment of 100 patients. Whether I am right or no in my estimate remains to be proved. I quite agree as to the importance of concentrating our attention upon cases that are more amenable to treatment, and I think in my own case the simple experiments I have made will be at all events interesting, whether successful or not. I do not think statistics show anything with regard to the curability of insanity; it depends very much upon the nature of the cases themselves. The tendency of modern times is to send incurable cases into asylums, and therefore I think our proportion of recoveries is less than it was at the time when really the more acute cases were sent in. To a great extent we must find that our asylums are very overcrowded with old incurable cases that are troublesome to the Guardians to take care of at home, and they are sent into the asylums, not for cure, but to be taken care of.

Dr. SAVAGE—Mr. President, by your command I rise to give time for the other members to collect their thoughts. Not having had that opportunity myself, perhaps you will forgive any shortcomings. First of all, it seems to me that the experiment *has been tried, and has failed.* More than a quarter of a century ago Sir William Gull was superintendent of the separate insane wards of Guy's Hospital. There he had charge of insane cases which had the advantage of the resident medical officer and the visitation of general physicians and surgeons as the case might be. One of the causes of its failure was the opposition of the Lunacy Commissioners, who did not consider the patients were so favourably placed as they were in asylums. We have also to remember that the association of a general medical hospital and a hospital for the insane has been tried since, and has not succeeded. Therefore, it is with caution that one would have to approach it. It seems to divide itself naturally into two great groups. First, it would be better if there could be a receiving hospital in any large city, where cases of acute delirium, whether alcoholic, or due to local causes, or to acute insanity, could be at once and summarily removed; where there would be no stigma of the asylum at all; and that either this hospital should be divided into two wings, or parts, one for the reception of the undoubtedly insane—chronically incurable insane—who should then be transferred to the ordinary asylum; while in the other part should be placed the delirious and acute cases of insanity. There is a great group of cases being constantly admitted into general hospitals. My connection with Guy's Hospital brings before my attention almost weekly some cases on the border line. It is a question whether they are simple delirium or acute delirious mania; whether the individual is suffering from ordinary lead poisoning, from aberration, or from locomotor ataxy. For the reception of these cases that should not be considered insane, there should be a large receiving hospital, such institution not being looked upon as a lunacy hospital at first. The next point referred to by our President is the question of clinical teaching. It seems to me that if you are only to teach clinically from these acute cases, you mislead. Our experience in hospitals is that the most assiduous students of the clinical wards, when they go into general practice look for aneurism of the aorta in every case of pain in the chest, and condescend to nothing, but obscure interpretations of

https://doi.org/10.1192/bjp.35.151.455 Published online by Cambridge University Press

simple maladies. One meets that so constantly that one feels that if you have only specially selected cases you will mislead your industrious students. But no hospital of this kind would be complete for clinical teaching unless it had some out-patient department as well. Some would say, "Perhaps people suffering from mental disorders will not like to come to you as out-patients." That is not true. In any hospital for clinical teaching we should not only have acute, but chronic cases. There are, of course, one or two most important groups, but I do not know how one would be able to get everything into a way satisfactory for teaching. Of course, as a teacher for some fifteen or sixteen years, one has felt that although the very rich material provided at Bethlem Hospital was extremely good, yet there were defects that any future hospital ought to deal with. For instance, epilepsy. Everyone recognizes some symptoms of a curable or relievable nature, and, as surgeons are now practising with brain surgery more and more, it seems to throw some light upon the cure of these epileptics. Now a hospital should surely have some group for epileptics. Then no hospital would be at all complete unless it had provision for the observation of imbeciles and idiots. Those of us who are teachers who live in London have so far had the advantage of being able to send our students to Dr. Fletcher Beach, who is always willing to teach; but if we are to aim at a hospital where a satisfactory teaching is to go on, I think you must have a larger hospital than has been suggested. Of course, it is absolutely necessary that the time spent by students in such a hospital should be considered as part of their clinical work, or else you will never get them. It would also be of great advantage if the clinical clerks of such a hospital could be drafted on as junior assistant medical officers; and I am not quite sure that the fixity of our assistant medical officers is not injurious to the progress of mental medicine (hear, hear). If we could have our assistant medical officers for twelve months or two years, just as a young fellow goes down as house surgeon to a provincial hospital, and does not expect then and there to become a consulting surgeon, it would be an advantage. In such a case, a young medical student would go down to the hospital and spend a certain time there, while his aim was to become the good, useful, general practitioner. The fact is, however, that directly a man gets into lunacy it is frequently death to his general medical interests, and therefore one feels that it will be a very great thing if the hospitals proposed by the President should form a feeder for young men passing on to assistant medical officers in general asylums, and thence into general practice.

Dr. CLOUSTON—With regard to the new proposal to establish clinical and curable hospitals, I must in the first place make a protest against the injustice with which what has been done in the past has been treated by the new reformers. To read my friend Dr. Batty Tuke's article in the "Nineteenth Century," the article in the "Times," or Mr. Brudenell Carter's speech, you would imagine that we have been absolutely devoid of medical spirit in our department during the last 100 years, that there had been no "Bucknill and Tuke," and that in fact nobody had ever existed who had looked on mental symptoms from a medical point of view. It is a great pity, sir, that that has been done, when addressed to the public in popular journals (Hear, hear), because we all know the public have not the means of correcting this manifest injustice. There has been a certain amount of playing with the public on the assumption of their ignorance in regard to this matter, and against that I desire in the name of this Association most firmly to protest. (Applause.) In regard to the addresses which have been published, we all sympathize with their object, namely, to advance the study of insanity, to have a larger and more philanthropic spirit aroused in the public mind with regard to it; but when we have persons writing as to the establishment of curable and clinical hospitals, and knowing the facts of the case, omit altogether to state to the British public that this experiment has been already tried in Berlin, in Vienna, and in Paris, and make not a single mention of the great experiments that have been made exactly on those lines in these great cities, then it is really time that the public should

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be enlightened, at all events in regard to this aspect of the matter. We all know that this very principle has been adopted in Berlin, and that all sorts of neurological complaints have been dealt with at the *Charité*, and that has been going on for the last thirty years. I would ask any man who has visited that department whether the advantages of this plan of treatment in Berlin are not attended with corresponding disadvantages. I wish to say nothing against the system adopted there, but one has to ask, are there no disadvantages in those city hospitals, without grounds, without means of exercise, with exceedingly little decoration, and where the idea is, undoubtedly, a hospital and not an asylum? My own impression, sir, is that the department presided over by our worthy *confrère* in Berlin (Westphal) does not come up to the ideal curable medical hospital you have described. It is the same with the Asylum of St. Anne in Paris, and very much the same in Vienna; the proposers of the new hospitals are bound to face this fact, that the thing has already been tried, and more or less failed. With regard to another matter, it appeals to one's sense of injustice that in talking of the new hospitals the medical site of the present asylums has been absolutely ignored—that you have already existing in our present institutions medical arrangements of all sorts and kinds, which are calculated to have an effect on the mental condition of patients who are treated in them. What does the control, the regulated exercise, the regulated work, the food, amusements, decoration—what do all those things mean if they are not intended to have an effect on the brain and mental condition of the patients? and yet you would imagine from some of the new articles that no such principles have been laid down or carried out in our present asylums. Then, passing on to the clinical aspect of the matter, my friend Dr. Batty Tuke laid down this paradox in a speech that he made at the General Medical Council, that asylums were the worst places for the clinical teaching of mental disease. He did not say what were the best places, and he left us entirely in the dark as to what he would propose himself. In private conversation he assigned this as his chief reason—that you have no chance of demonstrating to your students the early symptoms of mental disease—the only symptoms which the general practitioner has to treat. Now, with regard to clinical teaching, I have always thought the first and greatest thing you can teach your student is this, to see and observe mental symptoms, to become interested in mental symptoms, and to look upon them as examples of disordered function of the brain. If you get this into your student's mind in the first place that every psychological fact that he observes is a thing to be noted and treated as a physician, you have done half your clinical teaching of mental disease. And I would like to know whether he cannot do this in an ordinary asylum? It may sound egotistical, but students by the score have told me that no part of their course was so interesting to them as the clinics of mental disease, that it seemed to take them into a larger field, to enlarge their sphere of vision, to look at things socially, at the conduct and motives from a medical point of view, which they had never done before. Then let us take the ordinary cases of simple mania, such as you recommended to be treated in the new hospital. Is it not the case that each one of us have beautiful examples in our asylums by which we can demonstrate the particular phases of mental disease? and as the disease is passing away, have we not then an opportunity of seeing the sliding scale showing symptoms which are equivalent exactly to the initial symptoms as the patient became ill? In fact, I scarcely think that putting a paradox of this kind before our great learned medical Parliament was in the least fair to our department, or to the present teaching of mental disease. With regard to your own paper, sir, it is replete with thought, full of ability, and of an earnest, practical spirit, that is not only interesting and suggestive to us, but that I believe really will help on the advance that we all desire. And now, before sitting down, I may say personally I should be exceedingly glad to see established in London or elsewhere a few of such hospitals as you have sketched out, which would help the medical mind outside our specialty, and give young men studying mental diseases an abundant field of observation. It did strike me in reading some

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of the articles to which you have referred that we shall not only need hospitals, but also a plentiful supply along with the hospitals of great and original minds, who are able to deal with this the greatest problem of medicine, the relationship of mind with brain. I think there is no man in our district who will not earnestly and honestly do his very best, quite irrespective of any influence or prejudice, to help on this movement, if it is going to advance the study of insanity, and to do good to our poor patients.

Dr. BLANDFORD—There can be but one opinion as to the desirability of such a hospital as you have sketched out. One would be very glad to see such a hospital in this city for very many reasons. I have not discussed the question with Mr. Brudenell Carter, but I have discussed it with certain County Councillors, and I must say their ideas are extremely crude on the whole subject. They have a notion that you can build a hospital such as Mr. Brudenell Carter would like to see established as you would build any other hospital with certain wards, and covering as much ground as an ordinary hospital does. They seem altogether to forget that out-door exercise is just as much a matter of treatment as anything else, and that a hospital which had not that means of treatment would be very insufficiently equipped for the cure of insanity. Then there comes the question as to where this hospital is to be, and immediately there starts up the question of £ s. d., because either such a hospital must be some little distance from the centre of London, or it will be a very costly affair to buy the land to build it. But I may remind Dr. Savage, who spoke of the desirability of having a hospital in which some of the cases of acute delirium and so on might be received, and from whence they might be drafted off, if they did not get well, to the county asylum, that we have now all over London those very institutions, in the shape of workhouse infirmaries. A patient is taken in a state of delirium into a workhouse infirmary. He gets well of delirium, and goes away; or, if he is not merely delirious, but is afflicted with insanity, he is drafted off to the county asylum. There is no doubt that these infirmaries might be very valuable, but when one goes to them we see immediately how deficient the whole institution is in anything like medical knowledge of the subject. Patients are sent there—a great many of them in the first instance by magistrates—who may or may not think that they ought to go there, and when they are there they are also more or less under the jurisdiction of magistrates, and of medical officers who have had no teaching in this specialty, and who, I am sorry to say, evince lamentable ignorance of the subject. On two occasions lately I have seen patients who have been discharged from those places as having not enough the matter with them to detain them there who have been as flagrant lunatics as it was possible to be, and one of them in such a suicidal condition that he could not be left alone for a moment. I merely mention this to show that we have to a certain extent those institutions at the present time, and that all we want is that they should be properly officered and properly devoted to this work.

Dr. WHITCOMBE—It is no use shutting our eyes to the fact that we have for a long time been in a rut, and ruts are very difficult things to get out of. I refer to the mode of admission, chiefly. It is not our fault but our misfortune that the law enforces that a patient, in the first instance, is to be taken before a magistrate, and sent to an asylum. Frequently we have our patients saying: "What have I done? What am I sent here for? What am I to be kept in prison for?" It has been stated that the hospital treatment of insane in hospitals such as you have laid down has been tried in this country, and has failed. I am certainly unable to agree with that. The only country that I know of that has tried this to any extent, and that not to the extent you spoke of, is Australia. There they have reception-houses, and Dr. Manning, in his last report, speaks most highly of a reception-house at Darlinghurst. The number of recoveries are stated to be greater than ours. A very large proportion of patients are discharged as not insane without going through any of the paraphernalia of asylum red-tapeism. The subject of hospital treatment has been before me for some time, and I am bound to say I agree most thoroughly with

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those principles that you have advocated. But I would go even further still, and would get more outside help than you have described. I think if such cases went through a hospital before going to an asylum the hospital would then command everything that is required as a teaching institution. I hope that before many years are past, we shall have in our county a hospital for the treatment of the insane on such principles as you have laid down. I cannot help feeling that at the present time our treatment of brain disease is not quite what it should be. We must more and more treat it as we do any other clinical disease.

Dr. HACK TUKE—I should like to say a word with reference to some foreign asylums, as Dr. Clouston has referred to those at Berlin and Vienna. I have taken some pains to inquire into the results of the treatment in those at Heidelberg and Strasburg, which I have visited, and where there are special small asylums devoted entirely to acute and supposed curable cases. I have, I am sorry to say, failed to obtain any definitely satisfactory results as to the cures being greater than they are in ordinary asylums, taking into account, of course, the class of patients admitted. I have only recently had a letter from Professor Fürstner, of the Irrenklinik at Heidelberg, an institution which I have twice visited to endeavour to obtain information. Two weeks ago I wrote to him, asking him whether he would kindly give me any definite proof that the cures were larger than they would be if the same class of cases had been treated in an ordinary asylum, and in writing back he simply expresses the general sentiment that he believes it is better to isolate curable from incurable cases, but he gives me no statistics whatever in support of his position. Then, as to Prof. Joly, of Strasburg. Everything is there done as regards treatment, and there is every possible internal appliance, and yet he cannot give me any statistics of recoveries which at all prove that under those circumstances the chances of cure are greater than in an ordinary institution for the insane. It seems to me that there are in the best asylums, and have been for years in Great Britain and elsewhere, appliances which were supposed to be necessary for cure, with all the drugs at hand which are likely to be useful, the baths, etc., and if the case is a curable one, it is quite as likely, I venture to say, to get well in an ordinary asylum in England—a really good county asylum, with a good medical man—as it would be at Strasburg or Heidelberg. In the instances pointed out, there has been very little opportunity of exercise in the open air. The buildings in question are built with a special object in view, simply for curable cases, and without any of the external advantages, with regard to exercise and so forth, which we have in our large asylums. Then, it seems to me, we must recognize the fact that the material on which we have to work is a most unfavourable one, and I believe—although I am quite in favour of making the experiment, and I hope that the London County Council will make the experiment—that their hopes will, to a large extent, be unfulfilled. I believe the material on which you have to work is so exceedingly unfavourable that when you get your 40 per cent. of cures in all cases, after deducting the transfers, you probably have got very near the limit of curability. With regard to the remaining 60 per cent., I am afraid a very small number of that percentage will be cured by the proposed hospitals. Let us hope that it may be different. We may assume that in such hospitals the attention of the physicians will be more immediately directed to the treatment of the patients, and that they will not have their minds distracted by administrative details. That, no doubt, is a strong point. Pathology, too, may be carried out perhaps more definitely than it has been, or, at any rate, the attention of the superintendent who wishes to carry out pathological investigations may not be diverted, as at present, by having to look after the petty details of the hospital; but it does seem to me that the great expectations which are being raised are doomed to disappointment, even including those which fall under brain surgery. No doubt it is very desirable to have everything done that can be done. It was only the other day, I met with a member of the County Council who had visited the Hanwell Asylum. He saw an epileptic patient who had depression of the skull, and he is hoping that that

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case may be removed to any hospital which will be established by the London County Council. He is sanguine that that case will be cured. I think most of us will think very differently with regard to that and similar cases. Therefore, I think those who have looked at the material on which you are to work in regard to the curing of patients will approach the subject with great caution, and will be much less likely to be disappointed in the result, which I for one do not expect to be very encouraging in regard to cures. I would only say, in conclusion, that it is extremely difficult to form an estimate on the point referred to by you, sir—the size of a hospital or asylum for curable patients. In fact, I think it is a matter upon which at the present time it is almost impossible to speculate; but I believe, as the result of the somewhat pessimistic view which I am inclined to take with regard to the curability of insanity, that it will in the end be found smaller, rather than larger, than that which you have shadowed forth in your able address, for which I beg, Mr. President, to thank you.

Dr. RAYNER—Statistics are, of course, very deceiving, however well one may attempt to quote them, and when Dr. Tuke alleges against these acute hospitals and clinical hospitals that they cannot show by their statistics that they get any better results than the ordinary asylums, I think that we should take one matter into consideration which is very important. These hospitals probably treat their cases only for a very short time. Dr. Newington, in his Utopia, contemplated that his population should change three times in the year; that the limit of treatment would, therefore, be only four months, so that in comparing statistics of his hospital with the statistics of an ordinary asylum you would really be comparing the recoveries under four months with the recoveries under four months in the ordinary hospital, and that, it seems to me, should be the comparison to be made between your acute hospitals and the general hospitals of which we are speaking; and if the recoveries under three or four months were greater in these clinical hospitals than in the ordinary hospital we should then be able to judge of the results of treatment. If comparison was made in that way you would probably find it was rather in favour of clinical hospitals. I cannot accept Dr. Savage's statement with regard to the experiment at Guy's Hospital as having conclusively settled the question of treatment of insane persons in connection with ordinary hospitals. No doubt it came to an end there, but there was great opposition and great friction from the Commissioners, as Dr. Savage has stated; and I think beyond that there were internecine difficulties which tended to end the experiment. I am still of opinion that general hospitals do neglect their duties very gravely in totally refusing to receive insane cases of any kind except they get them by accident. Of course, as Dr. Savage was saying, he never visits Guy's without finding insane cases, and that is the experience in every hospital in London, which disproves the statement that insane cases cannot be dealt with in hospitals. There is also the fact that the large workhouses, to which Dr. Blandford refers, do habitually treat large numbers of cases in their acute stage without any very great detriment to the other occupants of the infirmaries. If, therefore, it can be done even under such unfavourable circumstances, I believe it can be done satisfactorily on a small scale by making proper and due arrangements. In regard to the comparison of recoveries at the present day with recoveries in past times, from a very careful, or, at all events, very considerable comparison of the admissions in late years in Hanwell with the admissions in earlier days, as far as one can trace by books, I should certainly be inclined to say we do get a larger number of recoveries than they did in the earlier days.

Mr. C. M. TUKE—It is a very great advantage that these schemes should be worked out by members of the profession of the eminence of our President, as they will then have an infinitely greater value than the wild schemes sometimes proposed by perfectly irresponsible theorists, who are most extraordinarily ignorant of their subject. We all know that the public do know very little of the subject, and are very easily misled, and that, of course, we wish to deprecate in every possible way. I was talking only yesterday to a County Councillor, a very intelligent man, whose knowledge of lunacy was, of course,

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extremely limited. He, however, wishes to progress with the times, to do the best for the ratepayers and the patients, and in propounding his own ideas he did not progress further than that he thought a very considerable chance should be given to the curable patients, that there should be some scheme arranged by which they should be divided from the incurable. He seemed to think that nothing was done at present in this matter, and it was quite news to him to be told that in all county asylums there were reception rooms and wards for acute cases. I was able to point out to him that medical men did everything in their power, according to what resources they had, to direct attention very greatly to the curable cases, and I think I had the pleasure of rather modifying his views on the subject. It will be some time, certainly, before any very large special hospital can be built up, and I agree with Dr. Tuke that there is a possibility of our over-rating the value of such an establishment. There might, no doubt, be more clinical teaching. I think Dr. Savage has done a great deal in this respect in London, and where county asylums are within easy reach of the Metropolis, I feel certain if the chance was offered many medical students would take short journeys out of town to such asylums, and would derive benefit from the practical instruction given. I cannot agree with one speaker who seems to think we are doing so little in medical treatment. This is a statement we generally hear from the uninformed public, and I think he has been unfortunate in his experience. In my short experience I have seen very considerable medical treatment applied in all sorts of ways—drugs, amusements, massage, electricity, and various schemes for the occupation of patients, tried with the utmost perseverance, and very often, I think, with great success.

Dr. URQUHART—I should like, Mr. President, to add one word of congratulation. We all know your qualifications for the high position you hold, and we are assured by your address to-day that you have not only given your attention to the problems of insanity as represented in your own practice, but are able to speak with a large authority on the problems of insanity at large. I feel, in England, that I belong to the most abused section of a most abused profession. We are buffeted by a storm of eloquence from a great many people who know little or nothing of what they are talking about. If I thought for one moment that I was not treating insanity from a medical point of view, and to the best of my ability as a medical man, I should go home and retire at once. (Applause.) We have been told that reception-houses are found to be valuable in Sydney. I have seen the reception-house in Sydney, and it is not so very different from the reception ward in a workhouse infirmary, where I had the honour of serving, except that the former comes under the surveillance of the doctor who manages the Metropolitan Asylum of New South Wales. But surely that is a very small affair compared with the introduction of hospitals which are to be attended by physicians whose great claim for office is that they know nothing at all about insanity. (Much applause.) Here is a new point of view for the profession. The other day in England there was not a single member of this specialty found worthy to be made a Commissioner! If it had been committed to the care of the Council of this Association they could have picked out from its members, I may say, a dozen most able Commissioners. (Laughter.) And now we are told, in addition to this, by Dr. Batty Tuke (Edinburgh) that an asylum is not the place where insanity can be studied. We know perfectly well that in the large asylums every kind of case is admitted, and every kind of case can be studied. We have yet to be told that the large London hospitals are the worst places in which to study general diseases. It seems to me that in these latter days we are threatened with a deluge of paradoxes, under which we are advised to sit down and to be content to see our work taken from us and handed over to men yet to be trained in the treatment of mental disease. It is most absurd. Surely these schemes have been tried before. It was by the efforts of the men who founded this Association that visiting physicians have been abolished, and if this plan is to arise phœnix-

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like from its discredited ashes, I, for one, certainly will give no help towards such a consummation. (Applause.)

Mr. CLARK BELL (New York)—I esteem it a very great honour, and I assure you it has been a peculiar pleasure, to have listened to so able a representation of the subject before us, and while I would not for a single moment, being a lawyer myself, and not a medical man, say anything to you upon a subject so technical in its character, there may be something I can say which may be of interest to you medical men to hear. I should, were I in England, be a very firm supporter of your President in the propositions which he has advanced on the question of medical education. In my profession in America, and among the laity, of whom I am one, there is an idea, and perhaps it may not be proper to speak of it as applying to England, about which we know so very little, that there is a great want of knowledge in the medical profession upon the subject of mental disease. Certain gentlemen on this floor, one of great distinction, have spoken of the treatment of mental diseases in your local infirmaries, under the charge of the medical men of the place. Now, at the Congress of Medical Jurisprudence held in New York City last month, and representing the broad field of forensic medicine, of which the branch to which you devote your lives is so important a factor, we took it upon ourselves, after discussion, to pass a resolution that we believed it to be the duty of every school, both of law and medicine, within the United States to have a chair of medical jurisprudence attached to every university in either branch of the profession, and Professor Rees added as a rider to that general proposition the proposal that that should be made a branch of study in which the student should be examined and pass an examination before he should be entitled to graduation. Now, I do not know whether I am correct, because my knowledge of medical studies and medical proficiency in England is greatly derived from reading, and not from practical observation, but I think I may take the liberty of saying that the reproach which has rested upon the medical profession in America falls with almost as much force upon England, although, perhaps, I should exempt Scotland. But is not the greater part of your trouble the want of what you believe to be competent knowledge upon the subject which you are speaking of among your medical men? Under the law in my State, any man who has a medical diploma, and has practised only three years, is entitled to certify a person into a lunatic asylum. That is what arouses the public mind and makes the laity feel so sensitive—that the personal liberty of the citizen should be so dealt with. I do not know whether under your curriculum of study you would consider that a man who had only the usual medical degree was a competent man upon the subject of mental medicine; but I am inclined to think from some action taken by this body, which has attracted no little attention on our side of the water, that you have had some doubt upon that subject. You have, we hear, established a system by which your young medical practitioners may pass certain lines of study before they are properly qualified to take upon themselves either the practice or the administration of mental medicine. This is a great step in advance. I believe that by medical men in England adopting this system of advancing medical education upon this subject it has made a great step forward, and that you will bring the great body of the medical profession to a higher plane. With regard to the State care of the insane, it is contended by one class of thinkers that all the insane should go into State institutions, of which we have five or six in the State of New York for a population of 6,000,000 people, and under one single head. The number in those City institutions was at the last census a little over 5,000. There is also a movement in favour of county institutions, analogous to those which exist in England. The public feeling is against the State institutions, and the movement to put such institutions into the hands of the Government was defeated in the Legislature. I find you are all county care men here, and on that point you would be against the more advanced popular thought with us.

Dr. YELLOWLEES—I am rather surprised that nobody has expressed the

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pleasure I am sure we felt in listening to some of the terse and most characteristic aphorisms into which you, sir, condensed a great deal of wisdom. I have not listened to better aphorisms for a long time. "The more there is to smash, the less smashing there will be;" "Responsibility limits cure;" "They may as well blame ordinary doctors because patients land in the cemetery, as blame us for having incurable cases." I think, sir, these were wise words, and I thank you for them. As to the general question of your paper, which is one full of interest to us all, I share the feeling that the treatment of some nervous diseases in a general hospital is of very great importance, and also of some forms of insanity. I seldom have greater pleasure than when I am asked to go to one of our infirmaries and see an insane case. It is good for the students, and extremely good for the hospital physicians, who, as our friend from America tells us is the case in his country, are not always the wisest people about insanity. As to teaching asylums, that is quite another matter. I have no faith whatever in an asylum got up for the purpose of teaching. I think it must necessarily be a small asylum, and receive only certain forms of illness. It is, therefore, likely to give the students imperfect views of insanity in the wide sense, and I am quite sure, whatever it does for the students, the patients will lose a great deal more than they gain. (Applause.) I am quite sure that no amount of physic or of the wonderfully wise and skilful treatment they are to get from outside physicians will make up to them for the care and treatment that they receive in an asylum. Like Dr. Clouston, I protest against this foolish outcry that has been raised in the "Nineteenth Century," and in the newspapers; and it is the very strangest thing that it should have been raised so largely by an asylum physician. I deprecate Dr. Whitcombe's very strong views. If we are not discharging our duties as medical men in the medical spirit, the sooner we all resign the better, and hand over our duties as guardians and hotel-keepers to laymen who can do them quite as well. (Applause.) I am quite sure the County Council, whatever they choose to do in following such foolish advice, will discover that they can no more prevent the accumulation of incurable cases, by some strange and unknown mode of treatment yet to be revealed to us, than, as you say, we can prevent the filling of the cemeteries. The asylums for curable patients, in connection with others, of which you speak, are entirely different, and I am sure some modification of such an asylum would be a wise thing for our counties, only, unfortunately, it will be too late in the day to adopt it. I have long believed that the right way to care for our county patients would be to provide cure asylums or hospitals for a small number of patients—not more than 200 or 250—near the principal towns, and from these to relegate the incurables as they arose to the home asylum, which may be of any size, and where they would simply get the guardianship and the hygienic conditions which their state required. That I believe to be the proper scheme, but it has never been properly tried, for, unfortunately, county after county follows the old plan of building an asylum which is to be a cure asylum, and which grows with the increasing population and the accumulation of incurables until its character is completely altered. I thus very heartily approve of cure asylums, though I am afraid that the perfect, ideal asylum which you have sketched is not attainable.

Dr. BOTT, L.C.C.—I have listened with a very great deal of pleasure to your address, and I availed myself very eagerly of the kind invitation to come here and listen to it to-day. What I have heard will, no doubt, assist me in forming some kind of judgment upon a question which is at the present time exciting a considerable amount of interest in the London County Council. I may say, as a medical man, I differ very largely from my colleagues on the Council as to the views taken by Mr. Brudenell Carter, and also by Dr. Batty Tuke, on this question, and I felt that I should like to have an opportunity of listening to the opinions of those who from experience were capable of forming some sound judgment upon so important a matter. Without attempting in any way to give

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any expression of my opinions, which are in such a crude state at present, I may say I am merely travelling about in search of information, and when I have availed myself of the opportunities which are afforded me, I may be able to make use of them in the direction which you have so ably pointed out in your address, for which I am very much obliged to you.

The PRESIDENT—As far as I can find out, there is a general concurrence in any remarks I have made with regard to the position taken up by Dr. Batty Tuke. I have been most careful to avoid saying anything that would hurt anybody's feelings, but I did think that this Association should not meet at this time unless some of the statements that he has made had been controverted. I cannot see how any body of sensible men like the London County Council can take up anything but a hostile position to medico-psychology unless those statements are, as I say, corrected. The same thing applies all over the country. I had the opportunity of lending a copy of Dr. Batty Tuke's article to a country practitioner, a man of sound sense, and he brought it back to me with the remark, "Well, that will set the public altogether wrong on the subject; it will set the public against mad doctors." And that must be the case. Until we have to a certain extent successfully met his arguments, I do not see how we can approach sensible men with any chance of persuading them to do good in this matter. Many arguments have been used in this discussion. They are all of great weight, but I have observed that each argument that has been brought forward has been met by other arguments of equal weight, and so the majority of the points of discussion can be left to answer themselves. There is a general feeling, however, that such experiments as have been tried have not succeeded, notably foreign experiments. I wish to point out that as British asylums do take the lead over foreign asylums, there is no reason why failure abroad should prevent us trying the experiment here. I do not think the experiment has ever been thoroughly tried. We have had the instance of Guy's Hospital brought forward. That was in the days when there was bound to be friction between the authorities of Guy's Hospital and the Commissioners. We have, then, to consider that the lunacy law must be observed. The lunacy law is getting to a certain extent organized, and as we know more of it we can create more opportunity for extending a principle without coming in contact with it. There is one other thing that we cannot afford to forget, and that is, that these hospitals were fore-ordained by Lord Shaftesbury nearly 50 years ago. We have lived to see Lord Shaftesbury's death, but we have lived to see that almost every word that he has said has come true, and I think the very fact that Lord Shaftesbury himself, knowing the subject as he did even in its imperfect state, having recommended these county hospitals, will bespeak from us the warmest and most careful attention. With regard to certification—it is a little way from the subject, but Mr. Clarke Bell wisely suggested that certification should not be undertaken by people who were not qualified to do it. He says that in certain States in America three years' practice is required before a man is qualified to certify. We allow a man of three days' practice to certify. But it is not the medical man who sends the patients at all now, it is the magistrates; so that we need not trouble ourselves about medical certificates. What do we want with medical certificates? We are not the people who have the privilege tendered to us by the Home Secretary—and a blessed privilege, indeed, it was—of sending patients to asylums. It is the magistrate who does this now. He also let fall one or two remarks about the State control of lunatics. That is a question that has lately been discussed in England. Mr. Leighton about eight years ago brought forward a general resolution that the State should undertake the care of all lunatics. There were many arguments used, but the most efficient one in opposition was that the State had undertaken the care of prisoners, and was heartily sick of it, and that they wished they had left it in the hands of the County Boards. I believe each successive Government has

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approached the subject of State control in the same way, and the conclusion at which they have arrived has been to leave it alone, and let it be where it is. I thank you very heartily for the kind things which you have said, and for paying the greatest compliment to my paper by raising such a good discussion upon it.

The proceedings then terminated. The members dined at the Ship, Greenwich, and spent a very pleasant evening.

The following were elected members of the Medico-Psychological Association:—

CORRESPONDING MEMBER.

Professor Paul Kowalewsky, Karkoff, Russia.

ORDINARY MEMBERS.

Morgan Finucane, M.R.C.S., Senior Assistant Medical Officer, Hants County Asylum, Fareham.

William Robert Smith, M.D., D.Sc., F.R.S. Edin., 74, Great Russell Street, Bloomsbury Square, London.

Charles John Dabbs, M.R.C.S., Senior Medical Officer, Camberwell House Asylum, Camberwell.

Richard T. Finch, B.A., M.B. Cantab., Resident Medical Officer, Fisherton House Asylum, Salisbury.

George Buchan, M.D., C.M. Glasg., Resident Medical Officer, Town's Hospital and Asylum, Glasgow.

J. T. Callcott, M.D., Medical Superintendent, Borough Asylum, Newcastle-on-Tyne.

BRITISH MEDICAL ASSOCIATION.

LEEDS MEETING, AUGUST, 1889.

Section E.—PSYCHOLOGY.

President.—D. HACK TUKE, F.R.C.P., London.

Vice-Presidents.— { W. BEVAN LEWIS, L.R.C.P., Wakefield.
RINGROSE ATKINS, M.D., Waterford.

Secretaries.— { Dr. J. G. MCDOWALL (Menston Asylum).
Dr. PERCY SMITH (Bethlem Royal Hospital).

WEDNESDAY, AUG. 14.

PRESIDENTIAL ADDRESS.

Provision for the Insane Poor in Yorkshire.

The PRESIDENT, delivering the customary Address, dealt with the Past and Present Provision for the Insane Poor in Yorkshire. His review of the provision made for the insane poor in Yorkshire began with a reference to the Lunatic Hospital at York, generally known as the old York Asylum, founded in 1777, which was now an attractive institution, containing 135 patients on January 1st, of whom 46 were paupers. Taking the estimate of Dr. (afterwards Sir William) Ellis, the proportion of pauper lunatics in 1815 to the population of the country would be one in 1,300, whereas now it was one in 560. The Wakefield Asylum was constructed to accommodate 150 patients on what was

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