

Dr. WHITE said he was afraid there was no promise of that.

Dr. RICHARDS said he thought it was a most important question, and something might be done in this respect by the Association.

Dr. BOWER said he did not think that clause contemplated the service of an assistant medical officer under more than one authority. Could they do something to strengthen the hands of the Parliamentary Committee? He moved that they "approve of the Pensions section of the new Bill, but would suggest its amendment by making previous service in other county or borough asylums count."

Dr. WHITE said he would withdraw his motion in favour of that, and seconded Dr. Bower's proposition, which was carried.

Dr. MOODY said he did not know whether he was too late to reopen the question of the one sixtieth for each year. He thought it too low, and he would propose that "one fortieth be the minimum," as he felt very strongly that if they could they ought to endeavour to obtain the substitution of one fortieth for one sixtieth as a minimum.

Dr. BOWER said he would agree to incorporate that in his motion, and Dr. White concurred. This, therefore, became the finding of the division.

Mr. BAYLEY said that his committee had fully discussed the matter, and they had been asked in a communication from opponents to the Bill to go carefully through the clauses, but they felt that they were not inclined to offer any opposition. They felt that any suggestions made by the Commissioners were almost always for the benefit of the patients and the asylums. He had always found, throughout his long service at St. Andrew's Hospital, that the Commissioners had always supported him.

Dr. PERCY SMITH said they at Bethlem Hospital had also received the same communication, but felt that there was no need to take active steps in opposing the Bill.

Dr. SEYMOUR TUKE said that he was sorry to see that the gist of the whole Bill seemed to be conceived in a spirit of suspicion. He was very much struck with the wonderful amount of confidence which existed in Scotland between the authorities who made the laws and the medical men who carried them out.

The PRESIDENT said that before they left that roof they would certainly desire to express their very warmest thanks to Mrs. Bower for having taken so much trouble to make their meeting a success (applause). He was sure Dr. Bower would understand how very much the Division appreciated his kindness and hospitality.

Dr. BOWER said it had been a great pleasure to him to receive the Division there. He felt it was a great honour that they should have visited Springfield House as the first private asylum.

The members and visitors subsequently visited Bunyan's cottage and Elston Church *en route* to Bedford, where they dined together at Roff's Dining Rooms.

SOUTH-WESTERN DIVISION.

The Autumn Meeting of this Division was held at the Grand Pump Room Hotel, Bath, on Wednesday, October 19th, under the Presidency of Dr. Urquhart. There were also present Drs. Benham, A. Newington, Aveling, Lindsay, Blachford, Goldie Scott, Noott, Craddock, Bristowe, Wade, Fox, Douglas, Weatherly, Soutar, Barraclough, Sproat, Morton, Stewart, Cobbold, and the Hon. Secretary (Dr. P. W. MacDonald).

Geoffrey Hungerford, L.R.C.P., L.R.C.S., Assistant Medical Officer, County Asylum, Dorchester, was admitted a member of the Association.

Letters of apology for non-attendance were intimated from Drs. P. Warry Leas, H. Manning, and Briscoe.

The minutes of the last meeting were held as read.

Next Meeting.—The Hon. Secretary said that he had not yet received any invitation, and he was instructed by the Committee of Management to suggest that the arrangements be left to them and the Secretary, as was done last time. The meeting would, as usual, be the third week in April, Tuesday 18th.

DISCUSSION: DR. BLACHFORD'S PAPER.

Having stated that this paper had been published in the JOURNAL for July, and having reviewed the salient conclusions which Dr. Blachford drew, the President called upon

Dr. MACDONALD, who said he would confine his remarks to one or two heads,

for, as all knew, the causes of mental disease were legion. In mentioning alcohol in that city so famed for its waters, one need not hesitate to take exception to the remark so often heard on the teetotal platform that alcohol was filling our asylums. Apologising for the district from which he came, he had to contradict that statement, for over a very long series of years he found less than 5 per cent. of the cases brought under his notice were due to alcohol. Dr. Blachford had worked it out to 8.2 per cent., but it had to be borne in mind that those figures dealt with a city, which was totally different to an agricultural district. But how did these figures compare with the returns of the Commissioners in Lunacy? The percentage due to alcoholism taken from the Blue Book was 15.2—in his opinion another example of the fallacy of basing calculations on general statistics. Each district should apply itself to finding out the percentage of alcoholic cases, which varied so much in different parts of the country. He hoped no one would go away with the idea that he did not recognise in alcohol a great cause of disease, but what he did take exception to was the attempt on the part of many to hold it up as the one great cause of mental disease; yes, and in districts where reliable statistics could prove it was not. If by causing poverty, misery, and anxiety, alcohol indirectly produced disease, then we are agreed; but it was an entirely different thing to say alcohol was filling our asylums. He had been greatly struck with Dr. Blachford's observation as to the relation between syphilis and general paralysis. There was a time when every general paralytic was labelled syphilitic, and he had once heard an eminent authority actually say so. But this same authority had changed his opinion, and did not hold that view now. Another point of great importance was the few juvenile or developmental general paralytics met with at Bristol. In the course of ten or twelve years he had met with some six or seven, and the conclusion he had come to was that he knew of no reason why one should not be born a general paralytic any more than a syphilitic; and he thought many of the hopeless idiots who had been classed as idiots were nothing more or less than general paralytics. If we admit—and I am hopeful it is admitted—that general paralysis may be an inherited disease, then I think heredity must play an important part in juvenile general paralysis. I now come to the last and most important cause mentioned, viz. heredity. Dr. Blachford said the percentage of heredity was 33. His opinion was that one half of their patients were foredoomed from heredity, for he was quite convinced it was only in a few of their cases that they got the slightest reliable information on this most important point. He did not mean that it was necessary the father or mother should hand down the insane cell to the son or the daughter, but there was a predisposition to insanity; and it was this predisposition they claimed to exist. Professor Virchow, in his Huxley Lecture, reiterated this view of the matter. His opinion was that so long as they propagated the species by the marriage of the tainted, the defective, and enfeebled (sowing broadcast the seeds of degeneration), so long would these cases multiply and their asylums fill, till the burden became so great that the ratepayers of this country would have to turn to the Legislature for help. It was from them (the medical profession) aid and advice would be sought, and it was for them now to show what was taking place in the country districts and large cities as well. On a former occasion he had offended by speaking plainly on the question of alcohol as a cause of insanity, and he hoped Dr. Stewart would not get him into trouble that day.

Dr. STEWART said that much greater importance was sometimes assigned to our expressions of opinion than we intended, and when Dr. MacDonald said that it was not alcohol that was to blame but poverty and insanitary conditions and the misery afflicting unfortunate Dorset hinds which led to so much insanity, he might some day regret his expression of opinion if translated to mean that he went and flouted the alcohol theory. He (the speaker) did not want to say that alcohol was the destroyer it was often represented to be. He had no greater repugnance for anything than for the claptrap orators and the teetotal platform; but one might out of that repugnance fall into the other extreme. Supposing he was right in saying that they were doing what they could to point out to the general public how they might nullify the results of inheritance, and were doing their best for the good of the people, then he maintained they must look to other causes besides those to which Dr. MacDonald had referred. One of the causes he had not referred to was that rush and push which are so prominent characteristics of the

present day. People to insure something like a successful career considered it necessary to help nature to perform her functions. It was usual for the medical man to tell his patient he required stimulant, and as the power of the medical man was enormous, alcohol was taken. He had been trying to get it known that there were other things that could stimulate a man beside alcohol. The stimulant he used was food, and alcohol was not a food ("Question"). He thought that they would be right in accepting as the percentage of cases in which alcohol was the cause of insanity—something more than the figures Mr. Blachford gave, and something less than those of the Commissioners.

Dr. SOUTAR said that he was sure neither Dr. MacDonald nor anybody was prepared to contend that alcohol in excess would not induce mental degeneration. But the important fact was whether it was in their community inducing the amount of mental disorder that had been asserted. It was perfectly clear that the percentage varied with the locality. During the last five years at Barnwood House there had only been two admissions caused by alcohol. Often on consideration of cases it was found there were various co-operating causes. To be able to lay the finger on one single cause was very rare indeed (Hear, hear). Poverty and anxiety were co-operating causes with alcohol. He gathered that Dr. MacDonald meant that the distress was more effectual than the poison in inducing the insanity in a drunkard's family. Dr. Blachford had confirmed the opinion long held that heredity was the great predisposing cause, and had shown there were all sorts of exciting causes capable of inducing the attack. All sorts of ordinary maladies induced mental disease in the already unstable.

Dr. BARRACLOUGH provided statistical information as to the insanity of Wiltshire, and remarked that the statistics of the Commissioners were compiled from information furnished by the relieving officers, who took no trouble to get at the conditions of life of the patient. His experience led him to express his accord with Dr. MacDonald in the question of the causation from alcohol. It played a very much less part in the causation of insanity than was usually asserted. As regarded syphilis and general paralysis most people would now agree that syphilis had much less to do with it than was generally supposed, and that in spite of the statement of Dr. Noott that it was evident in 75 per cent. of the cases. Wiltshire was for long the county in England with the greatest proportion of insane. Now it was bracketed fourth, having 1 lunatic in 200 of the population. Inter-marriage was responsible for a very large amount of the insanity which existed. In the old township of Calne it was said that every individual was related to everyone else; and although that was an exaggeration, it showed there was a large amount of inter-marriage, and the result was the proportion of lunatics instead of being 1 in 200 was in the township of Calne 1 in 189. In crime Wiltshire stood unfavourably, and nine out of ten cases were of an immoral nature. The character of the county he thought supplied the explanation. There was a lack of railway communication, and many places were miles removed from any station. Consequently stagnation existed, all the brightest intellects left the flotsam and jetsam of humanity behind.

Dr. NOOTT said it was extremely difficult to get at the facts because friends either carelessly or wilfully kept facts back. He did not think that there was much doubt alcoholism would cause an insane inheritance. Alcohol would bring about mental debility. There was nothing that could be so clearly demonstrated as the effect of alcohol on brain tissue, and it must therefore be a cause of insane inheritance. Their proportion at Broadmoor of cases caused to some extent by alcohol was just over 22 per cent., but in almost all these cases the question of heredity applied. Alcoholics were often the children of epileptics.

Dr. BENHAM said as the paper they were debating was prepared at the Bristol Asylum, he was naturally in accord with what Dr. Blachford said about alcohol. What was forgotten was that alcohol was very often the symptom of disease rather than the cause. He had been consulted twice within the last few months in regard to the marriage of persons who had been insane; and where pronounced insanity had existed, he had advised against marriage. Arrayed against his opinion were some of the great authorities of the county, and their views were brought under his notice in one case by the parent who consulted him. These opinions did not cause him to change his own. In one case his advice was taken, and in the other it was not. This showed that when one had strong views on the subject, he might

do something for the future purity of the human race as it was their duty to do. He wished to bear testimony to the accuracy with which that paper was prepared, particularly with regard to the heredity statistics. Every case in which doubt existed was excluded, or at least the doubt went against heredity rather than for it.

The PRESIDENT said he thought, from the tone of the meeting, they had pretty well made up their minds that the incidence of alcohol in regard to insanity had been much overrated (Hear, hear). They had been placed in possession of facts by Dr. Blachford and Dr. MacDonald, and he was sure that neither gentleman would have given them to the public had he not been absolutely sure of his ground. Their statements were in accordance with the general average of other institutions. What fell from Dr. Barraclough was specially interesting, because there was no county where statistics were so well dealt with as Wiltshire in the days of Dr. Thurnam. He hoped Dr. Barraclough would bring forward a paper dealing with the time since Dr. Thurnam published his last calculations. With regard to the incidence of syphilis, the further east they went apparently the more convinced were physicians that syphilis was the cause of general paralysis. Although a considerable proportion of the general paralytics under his care were undoubtedly syphilitic, he should not insist on such an extreme statement unless there was an absolute history obtainable. He did not see that it was practical to revive ancient laws to restrict the propagation of the race to the exclusion of the insane. Only the other day he was consulted by a clergyman who was about to marry a person whose family was steeped in insanity and neurotic maladies. He could not be induced to break the engagement even in view of the whole circumstances. And that was his usual experience in regard to this great wrong. It was curious that their discussion should touch this question, for while in the Abbey that morning he had chanced on the monument to Malthus, with its long and appreciative inscription.

Dr. BLACHFORD replying, agreed with Dr. MacDonald that the percentage of alcohol was very often exaggerated; but that was not surprising. The Commissioners' statistics were based on figures supplied by relieving officers, to whom the cause was nearly always given as alcoholism, or not known; even then, instead of it being so returned, it was attributed to alcohol. In many such cases evidence of prior insanity was afterwards found. With reference to Dr. Noott's statement of 22 per cent., he thought they naturally found drunkenness existing in the criminal classes, so that must not be taken to apply generally.

Dr. NOOTT explained that the impression that the asylum of Broadmoor consisted of the criminal classes was quite erroneous; 81 per cent. were either murderers or would-be murderers, but the patients were not of the criminal class of the ordinary kind. They were simply criminals by the accident, having become insane and having committed a crime before they had been taken care of. There was a very large percentage of the lower middle class, and a very small number of the well-to-do. In the lower middle classes the relatives thought two or three times before they got rid of the breadwinner. In the upper classes, again, more care was taken to control the insane persons before they could do any harm. If people could only be induced to notice the first signs of lunacy, and to put the patient into their hands, Broadmoor need not exist. In reply to a question by the President, Dr. Noott said there was absolutely no trace of the incidence of alcohol in the well-to-do classes at Broadmoor.

LUNACY IN PRIVATE PRACTICE.

Dr. BRISTOWE read the paper on "Lunacy in Private Practice" (printed at page 66).

Dr. LIONEL WEATHERLY was to have followed with a paper on "Lunacy and the Public," but apologised for having been unable to fulfil his promise. He said public opinion, if that public opinion is based upon a knowledge of facts, is no doubt from every point of view a helpful thing towards a better legislation, but if that public opinion is only a mass of hysterical and emotional ideas in the minds of those who know nothing about the subject, and if such emotional ideas are embodied in new legislation, then that legislation must be pernicious. They must be agreed that English legislation in connection with lunacy had to a great extent been a legislation which had its foundation in hysterical ideas, and was pernicious in absence of knowledge of facts. It seemed passing strange to find, as one did find from practical experience, that the very people who would shout loudest about

their rights, and who wrote to the newspapers about taking away the people's liberties, and perhaps, going further, said that the insane were placed where they were badly treated, that these were the people who, when insanity invaded their own family, were most indignant on discovering the red tape with which they were surrounded, and by which they were restrained in obtaining asylum treatment. If a person had to be sent to an isolation hospital because he was suffering from scarlet fever, the medical officer had not first to call to his aid some individual who knew nothing about the subject before he could be removed. But when anyone fell victim to mental disease he was hedged round with the legislation of ignorance before he could be placed out of harm's way. Was it not time that they who knew should be heard in reference to the course pursued, a course which they recognised as having a pernicious influence on the persons affected with this disease? To come to private asylums, against which the cry has been loudest, "Oh, you ought to do away with them, because it is the self-interest of the proprietor to keep his patients as long as possible, and to get the most he can out of them!" It only required a man of common sense to recognise that self-interest acted beneficially. It was the interest of the proprietor of a private asylum to make the patient comfortable, to make the relatives contented, to maintain his reputation, so that there should not be a word said against him. There could not be a superintendent of any public asylum who felt so keenly that he should not keep a patient a day longer than necessary as the superintendent of a private asylum, because he knew the public could not accuse him of self-interest in the matter.

He could not help feeling that if this unwarrantable suspicion was still allowed to grow the recovery rate of insanity could not possibly increase. They had once more heard that day how necessary it was that insanity should be treated early. How were they going to obtain that for the well-to-do classes if they were hemmed round with restrictions, and if the public were educated in these false beliefs? The Commissioners should lay more stress on the fact, and should let the public know it, that they see personally every insane person detained under the Lunacy Acts; that they speak to every one, and that they ascertain whether it was right that he should remain in asylum care. The Commissioners should let the public know that they have not found people in asylums who ought not to be there, and ought to refer to the efforts made for the welfare of the insane. If they did not do this, and did not educate the public, the medical profession would continue to be handicapped in their treatment of insanity.

Dr. MURRAY LINDSAY said that the shrewd and judicious remarks they had just listened to were just what they might have expected from Dr. Weatherly's common sense. He agreed with everything he had said. There was no question that there was a great prejudice against public asylums, and particularly against private asylums. He had an experience in both, and his impression was that private asylums were, and had been for many years, very well conducted. They were more open to inspection than public asylums; there were more visitors. He had never seen the least desire to retain cases unduly even for one day. His feeling was that more harm had been done by premature discharge than by unnecessary detention, and there was a tendency to discharge cases prematurely. He had seen no case of unnecessary detention during his long years of service in Scotland and England. Public opinion was very prejudiced and very strong against asylums. He had often met with people who had said they could not send their relatives to a private asylum because of the pecuniary interests of the proprietor. He had always contested that, and he had even given it as his opinion that patients were safer in private than in public asylums. The Commissioners might do something more than they did, and asylum proprietors themselves ought to do something more to enlighten the public.

Dr. WADE said that he heard Lord Shaftesbury declare that the Parliamentary Commission of 1877 had not discovered a single case of wrongful detention in an asylum, and yet the Lunacy Act of 1890 was passed positively without being discussed. It would certainly be a great gain if the Lord Chancellor were to consult those who had practical experience in lunacy; but he had it from high authority that legislators did not want the opinion of experts. That being so he did not see what could be done.

Dr. WEATHERLY.—Educate the public.

Dr. WADE.—How can we? The public did not come to these meetings, but

might be reached through the medical press. Sometimes it was difficult to get the magistrates to certify, because the medical men could not make up their minds that the person was dangerous. They should impress on the profession the necessity of sending to asylums dangerous epileptics and persons with fixed delusions.

Dr. S. CRADDOCK said he held strong opinions on the subject of dangerous epileptics, but he had been very unsuccessful in getting them admitted to asylums. He had even had cases returned home from asylums, patients he considered ought to have been permanently detained. There was no class more dangerous. He remembered sending Dr. Wade one of these cases, but his certificate was returned for further details. As usual he sent it back, saying that he never added to or detracted from anything he had written. After much correspondence Dr. Wade received instructions to discharge the patient unless he could get a medical man to examine him further, and that medical man was not to be Dr. Craddock. As to the examination of insane persons by the magistrates, it was generally of a most imperfect character. He found when he went to give evidence there would be sometimes a magistrate who would not go into the case at all, and then another time there would be a magistrate who ignored the medical evidence, and tried to get information for himself, in which he was very rarely successful. He had under his care in the Bath workhouse a considerable establishment for imbeciles. Occasionally it happened that they became violent, and he had to transfer them to the asylum. He had set his face against their being brought to the Guildhall, two miles away, which was the course of procedure advocated by the magistrates and the board of guardians. The magistrates did not like going to these cases at all, and still less when they had to go two miles uphill. The board of guardians saw no reason why he should take up that position, but the Local Government Board and the Commissioners in Lunacy fully supported him. Something ought to be done to make magistrates go to the insane instead of having them put into the dock like criminals. If they undertook the office of the justice of peace they should be prepared to carry out the duties in a proper manner.

Dr. SOUTAR thought many of Dr. Weatherly's remarks open to question, as to whether, for instance, public opinion was not, upon the whole, healthy. If public opinion had been altogether influenced by those who were in charge of asylums it might have happened that their present position would not have been so good as it was. After all, the liberty of the subject was a sentiment to be upheld, and if it had been exaggerated it was better it should be exaggerated than disregarded. He could not see that the Act of 1890 had done much to retard their work. As many came into the asylums now as before. The difficulty was, just as often as not, that the doctor would not certify. Now and again the magistrate would overrule the opinion of the doctor, but that was rather exceptional, and so long as they had human beings to deal with they must expect such incidents. With regard to public and private asylums, he thought there was room for both. Certain patients were better in a good private asylum and others in a good public institution. It was a question not so much whether it was a public or a private asylum, but whether it was a thoroughly well-managed asylum. If the best was done for the patient it did not matter whether it was public or private.

Dr. MACDONALD said he had listened with very great pleasure to Dr. Bristowe's able paper on an interesting subject, and he could not help recalling to their minds the early days of this Division, and Dr. Bristowe's profound scientific communications. Reference had been made to the lingering prejudice against asylums, and he thought by no other means or method could this steadily decreasing prejudice be still further removed than by the teaching and advice of members who, like Dr. Bristowe, had first acquired a sound knowledge of mental disease and asylum treatment, and afterwards worked as general practitioners. It was thought that the urgency order might assist in the early treatment of mental disease, but as the superintendent of a public asylum he should be sorry were the urgency order to become applicable in the case of the ordinary county patient. He could not help saying that very often the delay was occasioned by the reluctance, if not inexperience, on the part of medical men themselves to sign the necessary certificates. Quite recently he had admitted a patient concerning whose case he had previously been consulted and advised special treatment, but owing to hesitation and delay on the part of the doctors, he (the patient) had made a determined attempt at suicide, after which he was hurriedly sent to the asylum. With regard to Dr. Weatherly's

remarks, he thought, with Dr. Soutar, that many of his statements were open to criticism. He was of opinion that the best class of private asylum was, and always would be, required; at the same time they should not forget that for some considerable time legislation had favoured public control in the management and treatment of the insane. He failed to understand Dr. Lindsay when he said that private asylums were more open to inspection than public asylums, and that patients were safer in the former than the latter. It might be said, being a public asylum officer he was biased, but he could assure the meeting he had a thoroughly open mind. If we could only teach the public to recognise asylums as hospitals for the treatment of disease, much, if not all, of our present difficulties and troubles would disappear.

Dr. BENHAM, alluding to the attitude of the medical profession generally, thought the new regulation that all medical students had to spend some time in an asylum would be of great benefit, for future practitioners would be much better equipped with knowledge and able to sign certificates in difficult cases. Men going out from themselves as Dr. Bristowe had done would do much good, and only by the influence of such gentlemen amongst the general practitioners would the dislike of asylums be diminished.

The PRESIDENT said that it was quite a pleasant surprise to hear the Act of 1890 well spoken of. He had been for years under the impression it was a detestable measure. Why it actually conferred a monopoly on Dr. Weatherly, and he did not think anything could be worse than that! He was firmly of opinion that private asylums should be free to grow and to multiply. Let those that were worthy survive. Those that were not would soon go under. The central difficulty and vulgar error was that all insane persons were regarded with distrust and suspicion and aversion. It did not matter who had to deal with them, they were all in the same category. There could never be a better word than "asylum" for their purpose. What they had to do was to purify the public conception of it and not to change the name. As to the certification of the insane, it was a never-ending wonder to him that they found the medical men of England bold enough to certify. When it came to accurate diagnosis and weighing the *pros* and *cons.* in a difficult case as to whether a person ought to be certified or not, what medical man could be free from fears of future prosecution? It was much easier to let difficult cases alone, but the daily newspapers showed the disastrous results. To make the discussion practical, was there anything the Division could do to mend matters in view of the Bill soon to be reintroduced into Parliament? That was the question for them.

Dr. WEATHERLY, in reply, said he was absolutely in accord with Dr. Wade, and members would remember he had spoken previously of their not hiding their light under a bushel. They should publish their views in the medical newspapers. He quite agreed that each asylum should stand on its own merits, for they got their patients how? simply by recommendation of former patients and their friends. That being so, there was no doubt the properly managed asylums would prosper. He maintained again that the very self-interest of which the public accused them, the private proprietors, was unquestionably the greatest safeguard for the patients and their relatives.

The PRESIDENT pointed out that the superintendents of public asylums receiving private patients stood in no other relationship to their patients and their patients' relatives than did the private proprietors. Any shortcoming in duty, still more any misdeeds, would come back on their own heads, and they would suffer just as keenly.

The members afterwards dined in the hotel, which brought a most successful meeting to a close.

NORTHERN AND MIDLAND DIVISION.

A meeting of this Division was held on the 12th October, at the County Asylum, Mickleover, near Derby.

Members present—Drs. Richard Legge, C. K. Hitchcock, J. S. Adair, S. Rutherford Macphail, W. S. Kay, James Middlemass, Alfred Miller, H. Harold Greenwood, and Crochley Clapham (Secretary). Visitors—Edmund Vaudrey, J. T. Story, John Richards, and F. B. Rackstraw.