

### Part IV.—Notes and News.

#### MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

ADJOURNED ANNUAL MEETING and GENERAL MEETING, held at No. 11, Chandos Street, Cavendish Square, London, Thursday, November 17th, 1904, Dr. R. Percy Smith, President, in the chair.

The following members were present:—Drs. Robert Baker, Fletcher Beach, C. Hubert Bond, David Bower, Arthur N. Boycott, Geo. Braine-Hartnell, John F. Briscoe, W. Crochley Clapham, Robert H. Cole, Maurice Craig, Francis G. Crookshank, George J. Eady, Robert A. Graham, Charles K. Hitchcock, David Hunter, Theo. B. Hyslop, J. Carlyle Johnstone, Robert Jones, Walter S. Kay, Richard J. Legge, Evariste Laval, Henry C. MacBryan, Peter W. Macdonald, S. Rutherford Macphail, Charles A. Mercier, James Middlemass, Alfred Miller, Cuthbert S. Morrison, H. Hayes Newington, Bedford Pierce, L. Parsons, Evan Powell, Henry Rayner, George E. Shuttleworth, R. Percy Smith, James Stewart, Robert S. Stewart, Rothsay C. Stewart, Frederic R. P. Taylor, Frederick Watson, Lionel A. Weatherly, Edmund B. Whitcombe, Ernest W. White, T. Outterson Wood, James R. Whitwell, David Yellowlees. *Visitor*.—C. Hayes Newington.

The PRESIDENT.—Gentlemen, this is the adjourned annual meeting of the Association, and therefore I will ask the Secretary to read the notice summoning this meeting.

Dr. ROBERT JONES (Hon. General Secretary) read the notice, as follows:

“The Adjourned Annual Meeting of the above Association will take place, under the presidency of Dr. R. Percy Smith, on Thursday, November 17th, 1904, at 3 o'clock, at 11, Chandos Street, Cavendish Square, London, W., to consider and deal with the Reports of the Statistical Committee.”

The PRESIDENT.—Dr. Jones will now read the views of the members who are unable to attend to-day with regard to these statistical Tables.

Dr. JONES.—It is not easy to read these, because they refer to the Tables. The first is from Dr. Menzies, of Cheddleton Asylum, Staffordshire.

I had a letter this morning, dated November 15th, from the Honorary Secretary for the Irish Division. I am sorry these have not been received in time for me to hand them over to the Statistical Committee, but the President informs me that copies have already been before the Committee. I received my copy from the Irish Division this morning.

The PRESIDENT.—I think it is embodied in the Report of the Statistical Committee. It seems hardly necessary to read it again.

Dr. MERCIER.—But the Meeting has not heard it.

Dr. CARLYLE JOHNSTONE.—Shall we be having it from the Committee?

The PRESIDENT.—That is a Report from the Irish Division. The Reports of Divisions were to go direct to the Statistics Committee.

Dr. MERCIER.—Surely there is no reason why we should not hear them.

The PRESIDENT.—You will hear them again from the Statistics Committee.

Dr. YELLOWLEES.—You will find the Report embodies them and gives in detail the views given by the different Divisions; we have been careful to do that. But we have a number of communications from individual members, some of them of great length. We as a Committee have carefully read these letters; we cannot read them all to you, but we have given them full consideration and full weight. You will presently hear in our Report what the Divisions say.

Dr. CARLYLE JOHNSTONE.—Is it fair to the people who have been invited to send their views if you are not going to take the trouble to read them?

Dr. JONES.—Perhaps the President will allow me to make a personal explanation. Not infrequently, just before a meeting I get a wire or a letter of apology from individuals who are unable to be present. To such members, on my own responsibility, I issued this footnote at the end of the notice: “If any member is

unable to attend, his or her views are invited in writing, addressed to me, and the same will be presented to the Meeting." I have already done so in respect of the only one who has done this, Dr. Menzies, of Cheddleton.

Dr. CARLYLE JOHNSTONE.—Have you a letter from Dr. Urquhart?

The PRESIDENT.—Yes; but I think these individual letters should come as part of the debate. This Annual Meeting was adjourned so that the Divisions might have an opportunity of considering the Report of the Statistical Committee and reporting to that Committee; the Statistical Committee to bring up another Report. I take it that our first business undoubtedly is to hear the Report of the Statistical Committee. (Hear, hear.) I call upon Dr. Bond, the Secretary, to make his Report.

Dr. BOND read his Report, as follows:

The Statistical Committee begs to bring up a further Report, as directed at the Annual Meeting.

It met yesterday and considered the valuable reports from the divisions on the discussions at their late meetings. Also the Committee attended to considerable correspondence from private members.

With regard to the Divisions, the Committee found as follows:

The South-Eastern Division has reviewed the tables as far as Table II, Discharge Group.

The South-Western Division has reviewed the Register and all the Tables.

The Northern and Midland has reviewed the Register and all the Tables except those of the Death and Residue Groups.

The Scottish Division has reviewed the Tables as far as Table VI, Admission Group.

The Irish Division has presumably reviewed the Register and the Tables.

In consideration of the above-mentioned facts, the Committee, though it thinks that by the adjustment of several minor recommendations, it can secure the entire acceptance of their proposals by the South-Western and Irish Divisions, and by the South-Eastern and Northern as far as the latter have covered the ground, is of the opinion that further opportunity should be given to any of the Divisions who may desire it, for making additional representations.

Having this in view, the Committee suggests to this Adjourned Annual Meeting that it further adjourns itself to the time and place to be selected by the Council for the General Meeting in May, 1905. By this time the Divisions will have completed their Spring meetings. Unless unexpected difficulties arise the Committee will then propose that the new Tables and Registers as a whole should be approved and adopted.

Looking to the very large scope for discussion to-day, the Committee thinks that it will conduce to useful progress being made if some method of procedure be adopted at the outset. It recommends the following:

That, in the first place, the principle involved in altering the Register be considered, and, if approved in the usual way, that it be finally adopted by the Association.

That, next, the details of the foregoing alterations be considered, and if they appear to commend themselves they be provisionally approved. The Committee has reason to believe that though it has arrived at conclusions itself, a rigid adoption of them now might cause difficulties later on.

That, thirdly, the arrangement of the Tables into "General" and "Group" be considered, and, if approved, finally adopted by the Association.

That, fourthly, the Tables be taken *seriatim*, and that as each one is taken the comments on it made by the Divisions and the Committee and others be given. That if a short discussion reveals the fact that an individual table is accepted generally, it should be provisionally approved and brought up again at the Adjourned Meeting for final adoption, but if serious and weighty objections be displayed against it, the discussion thereon be adjourned to the adjourned meeting; each member being invited to forward to the Committee any views that he may have.

The Committee will itself report to the Adjourned Meeting.

The Committee thinks that by this procedure a definite commencement will be made towards giving effect to its proposals, as amended or not. It considers that while every opportunity should be afforded for an endeavour to bring all into

reasonable accord, yet it would be not only inconvenient but also prejudicial if questions, however important, were to be kept indefinitely open on account of a minority not being of the same opinion as the majority. It thinks that by proposing the adjournment of this meeting with a view to a final settlement in May it is proposing such full opportunity, and it asks with some confidence that it may be allowed to look forward to a definite time when it shall be relieved of its somewhat arduous duties.

The Committee is glad to be able to report that, having referred their work to the able Asylum statistician, Dr. Chapman, it has received from him an expression of general approval. This in itself is a guarantee that its proposals are at least practicable and free from the possibility of statistical fallacy.

Dr. Chapman has suggested that the Tables, though still being disposed in groups, shall be numbered consecutively. The Committee readily falls in with the suggestion.

The Committee is able to recommend the treatment of one thorny subject in such a manner as to lead to its appropriate discussion hereafter and to prevent at the present time it being a serious and lengthy hindrance to the final settlement of the Tables. It refers to the question of the Forms of Insanity. The Northern and Midland Division has made the valuable suggestion that Table IV, Ad. Group, be accepted for the time, and that the next Annual Meeting be moved to appoint, if it thinks fit, a special Committee to study the whole question of Classification. When the Report of this Committee is received and adopted then such new terms and forms as it provides can readily be substituted for those now in use. No statistical difficulty or disarrangement in the proposed Tables will be thereby caused.

The PRESIDENT.—The first recommendation the Committee makes, which is very important, is that it would conduce to useful progress if some method of procedure could be adopted at the outset. And the Report makes certain recommendations. First of all, that we should approve the principle of the Registers, and then the details, and, thirdly, the arrangement of the Tables into general and into grouped Tables. Fourthly, that the Tables be taken *seriatim*. I think it will clear the ground to some extent if we do this. So I should like to know what the sense of the meeting is as to this general procedure. In the first place, there is the proposition that the principle involved in altering the Register be considered, and, if approved in the usual way, be finally adopted by the Association.

Dr. YELLOWLEES.—Mr. President, it is my duty to move *seriatim* the proposals made in the Report which has been read by Dr. Bond. I do not know whether on one reading all present have fully taken it in. It was found that several of the Divisions have not yet fully reported, and we, as a Committee, are extremely anxious to avoid the slightest appearance of trying to rush this matter. We want it to be as generally acceptable as we can possibly make it. Therefore it seemed to us that another series of divisional meetings should complete the revision and inundate us, if they so wish, with further suggestions; we shall thus obtain, and shall try to embody, if practicable, the views of the whole Association. What we shall ultimately lay before you at the adjournment of this meeting will, I hope, commend itself to you, for this seems the only way to come to an end of our work. It has been a very long and laborious work, and we are anxious to see the end of it. It seems to us that if you accept this suggestion each Division can complete its revision and send us their views. We have accepted a number of suggestions from the Divisions, and examined all of them. Some of them had been discussed by us already, and for various reasons were not approved. As a Committee, we are anxious that our work should be fully completed, and that there should be no appearance on our part of trying to thrust upon the Association any conclusion or opinion of our own. I have, therefore, first to move that at the end of the present sitting this meeting be adjourned until the date fixed for the meeting in May, by which time the different Divisions will again consider the Tables and complete their revision. In the light of their further suggestions we shall again revise the Tables and be able to present them to you in their completed form. I beg to move accordingly.

Dr. BOND.—I second that.

The PRESIDENT.—The motion is that this adjourned Annual Meeting be further

adjourned at the end of the present sitting to the time and place selected by the Council to meet in May, 1905.

Carried unanimously.

Dr. YELLOWLEES.—I rise again to move, in the name of the Committee, our next proposal. I ask you to excuse my frequent rising; the prominence is official, not personal. I have to move a resolution which I hope will appeal to you, because to us, as a Committee, it is the very backbone of our work. It concerns the Registers. I am not sure whether the Association has fully appreciated the great step that has been taken in the preparation of these Registers. It will obviate the great rush of work at the end of every year, because the work will be done throughout the year, and the summation of it at the end will be merely a clerk's work. There need be no more laborious hunting through case-books at the end of the year. The whole of the Asylum Tables will be constructed from the Registers as now arranged. I think that a very great gain. The English Commissioners have accepted these Registers provisionally, and practically *in toto*. We had a number of suggestions from them, and they had a number from us, and after a long conference the matter was so arranged that I can say these are provisionally accepted by them. Moreover, they say that these Registers give them all the information they wish, and therefore I hope you in England will no longer be troubled by a needless Annual Register. I beg to move formally "That the principle of altering the form of the Register be approved and adopted by the Association."

Dr. BOND.—I second this motion.

Dr. CARLYLE JOHNSTONE.—Does Dr. Yellowlees mean the principle of dividing one register into civil and medical?

Dr. YELLOWLEES.—Yes, the principle of the alterations, and expanding the Register in the manner proposed.

Dr. HAYES NEWINGTON.—Dividing also the Discharge Register into discharges and deaths, as in Scotland?

Dr. CARLYLE JOHNSTONE.—Will Dr. Yellowlees tell us what the Scottish Commissioners say about it?

Dr. YELLOWLEES.—They recognise that England is the predominant partner (laughter), and, as Dr. Johnstone knows, they have already separate Registers in Scotland for admissions, discharges, and deaths. The English Commissioners agree to adopt that Scotch principle and to divide the general Register into a civil and a medical Register, and it is that arrangement which this resolution asks the Association to accept and adopt.

Dr. CARLYLE JOHNSTONE.—I have no objection to the General Registers being divided into Civil and Medical, and Admissions and Discharges.

The PRESIDENT.—If there are no further remarks on this matter, I will put the resolution to the meeting. It is: "That the principle of altering the form of the Register be approved and adopted."

Carried unanimously.

Dr. YELLOWLEES.—Next I have to move, again in the name of the Committee, "That the alterations in the Registers proposed by the Committee be provisionally approved." This is a step farther than the mere acceptance of the principle. It implies that we have carried out that principle in details which will be acceptable to the Association. And yet we do not ask you to stereotype those forms and details, inasmuch as it may possibly be necessary to make certain clerical alterations to suit one or other of the bodies of Commissioners. We are anxious not to tie our hands, and yet we are anxious to get, so far, your approval as to the way in which the details are shown. I have said that the purpose of the Registers is to include all the medical facts about every patient, and to include all these medical facts in such a way that they can, with perfect ease, be transferred from the Register into our tables, and that a clerk can do it. The Superintendent, who ought personally to keep this Register, need never trouble about the tables further; a clerk will do them all. Therefore I have to propose, in the name of the Committee, "That the alterations in the Registers proposed by the Committee be provisionally approved."

Dr. HAYES NEWINGTON.—I do not think there need be any opposition to this. It does not tie our hands at all; if this Association provisionally approves the proposal, we know we have the approval of the English Commissioners, and also

that the Irish Commissioners are extremely anxious to be with us. That will represent a large body of opinion, medical opinion, in the United Kingdom, upon which the Committee can reflect with some satisfaction, and go farther. We recognise quite that the Scottish colleagues of the English and Irish Commissioners have not made up their minds on one or two crucial points, and there will still be opportunity for them to give us their advice, and, if possible, alter our views, or to allow their own views to be modified by us. We hope that when we meet next we may be able to say that everybody is in substantial accord.

Dr. BOWER.—Will this be the time to make a suggestion as to the terms used in connection with the discharge of patients, that they should be altered and made more definite? On the Civil Register discharges column, to the right of the black line, the discharges we have to return must be "recovered," "relieved," or "not improved." There are many cases that are improved, but which one could hardly call relieved—at least, not in the sense I take the word "relieved" to mean. I should think very much better terms would be "recovered," "improved," "not improved." I do not make a proposition of it; I am only making a suggestion for the Committee to make a note of.

Dr. HAYES NEWINGTON.—It has been noted by the Committee, I think.

Dr. YELLOWLEES.—Yes, it has.

Dr. BOYCOTT.—In discussing these matters, and coming to decisions on them, what will be the effect upon the discussion of them by the Divisions next year? Will it tie their hands in any way? We are referring many of these things to the Divisions for reconsideration before the next meeting, and yet we are coming to decisions on them now, and we are, or shall be, considering matters which have been decided upon.

The PRESIDENT.—It is the things which we have not been able to decide upon that will be further referred. The object of this adjourned meeting is to have a full discussion of the various points raised both in the original Report and in the further Report on the views of the Divisions which the Statistical Committee was instructed to bring up. So I take it that, if possible, we ought to do as much as we can to settle it to-day. No doubt there will be things which cannot be settled; and I apprehend the meaning of the Committee is that it is principally those things which are not settled to-day which will be reconsidered.

Dr. YELLOWLEES.—That is what the Committee intend. We shall do nothing, and I shall ask nothing that will tie the hands of the Divisions; we shall leave them free to continue their discussion of the Tables. What we ask for now is a provisional approval of them.

Dr. CARLYLE JOHNSTONE.—I am afraid it will be impossible for me to give even that provisional approval of the Medical Register, seeing that the Register embodies Tables 4 and 6, dealing with classification and causation, which in Scotland we will not have at any price.

Dr. HAYES NEWINGTON.—I do not think it really does. It does not matter what you put in those columns; it does not alter the columns themselves. The Table is so arranged that if you have a different system of classification and a different system of causation those columns can be equally well filled up, though with different material. Those Tables, as forms, will stand in the book for anything we agree to put in them.

Dr. CARLYLE JOHNSTONE.—If we are merely asked to express our provisional approval of inserting a certain number of horizontal lines and a certain number of vertical lines in the Register, I make no objection.

The PRESIDENT.—Are there any further observations on this? If not, I will put it to the meeting.

Carried, three voting against.

Dr. YELLOWLEES.—I have next to propose, again in the name of the Committee, "That the general arrangement of the Tables proposed by the Committee be approved and adopted." That means, not the contents of the Tables at all, but the way in which the Tables are arranged. As to whether any certain table should be there or not, that is quite an open question. We have, in arranging them, been greatly tempted to put in others, but we were deterred by the feeling that simplicity was absolutely essential, and that, however desirable they seemed, the probability was that they would not be generally acceptable. We have had much correspondence, I ought to tell you, about Table IIA. Very great importance is

attached to that table by one or two gentlemen of the Association whom we all respect, and Dr. Urquhart has written to us very, very strongly about it. He earnestly prays that Table No. IIA may be retained. We have no objection to it being retained by anybody who likes to retain it; but not more than one out of ten of the present asylums uses that table, and I am afraid that not one tenth of that number compiles that table correctly (Hear, hear). I do not wish to asperse my colleagues, but it is a most perplexing table, and the Committee felt it had not yielded results at all compensating for the labours which it entailed. Therefore we decided to leave Table IIA out, with this proviso, that anyone who wishes to retain it can do so. Dr. Urquhart asks what would be thought of criminal statistics which dealt only with apprehensions without elucidation of the number of persons implicated; the Committee did not quite see the analogy, and thought it best to leave the Table optional. What we lay before you is what we think the minimum that should be done. I ask that the general arrangement of the Tables proposed by the Committee be approved and adopted. There is a division into General Tables, Admission Tables, Discharge Tables, Death Tables and Residue Tables. We had not that division in the old tables, and it seems to give a definiteness of natural sequence, and to be an improved arrangement. Irrespective of the contents of the Tables, I ask you to agree with the general arrangement of the Tables proposed by the Committee.

Dr. BEDFORD PIERCE.—I second that.

Dr. BOYCOTT.—I should like to ask whether that includes a decision as to whether certain Tables are actually to exist. I think Dr. Yellowlees mentioned the fact that they included the decision that all these Tables should actually exist.

Dr. YELLOWLEES.—Unless the Association desires otherwise.

Dr. BOYCOTT.—Some would have to be left out if these were retained.

Dr. YELLOWLEES.—This would not prevent any one being omitted if this Association so decided. We only want a general approval of the scheme of tabulation.

Dr. CARLYLE JOHNSTONE.—Have we any information from the Divisions or individuals with regard to it?

Dr. YELLOWLEES.—All that we have from the Divisions has been favourable to it, except the Scottish Divisions with reference to Table VI.

Dr. CARLYLE JOHNSTONE.—I think the Scottish Division began at Table IV and stopped at Table VI, omitting Table V.

Dr. YELLOWLEES.—The Committee have received two Reports from the Scottish Secretary, one curiously contradictory of the other. I was unable to attend the meeting.

The PRESIDENT.—Are there any further remarks? The proposition is that the general arrangement of the Tables proposed by the Committee be approved and adopted.

Carried unanimously.

Dr. YELLOWLEES.—In the name of the Committee, I have to submit the next proposition, that we now take the Tables *seriatim*, beginning with the first, and go over them all, which is really the purpose for which we are gathered in this meeting. I shall move after each Table has been gone over, and discussed if necessary, that it be provisionally approved; and it will be for you to give or withhold such approval.

Dr. CARLYLE JOHNSTONE.—What does "provisional approval" mean?

Dr. YELLOWLEES.—It enables us, as a committee, to know and understand where we are, and it permits you, as the Association, to alter any of the details if you so desire.

Dr. CARLYLE JOHNSTONE.—Will the Divisions still be able to send in their criticisms and suggestions?

Dr. YELLOWLEES.—Yes; the adjournment is to enable them to do so. We shall be as ready as ever to give heed to the suggestions of the Divisions, and to adopt them if we think they are wise, or respectfully to decline them if we do not.

Dr. HAYES NEWINGTON.—The idea was that if these tables are approved by the very important body of gentlemen now present, who are mostly asylum superintendents and accustomed to tables, substantial, though not final, approval might be expressed, and then there would be some guide to those Divisions where there seems to be some difficulty in coming to a definite opinion.

Dr. YELLOWLEES.—The Secretary of our Committee has, in the most painstaking way, extended the Reports of the different Divisions or given the salient points. If it is your wish he will read them.

The PRESIDENT.—There is no doubt we ought to hear them. This is the time when we should begin to hear them. These are the summaries of the recommendations arranged in the order of the Tables. Therefore, it will no doubt be best to take them after each table.

Dr. YELLOWLEES.—Then I formally move that General Table I be provisionally approved. It has to do with the general population of the asylum, and, therefore, it is rather a popular than a medical Table. To shorten the matter, I should say that certain suggestions have been made to us about this Table, in the way of subdividing it, by giving, in insets, the different classes of patients—private, pauper, and criminal; but the Committee felt that the simplest way was to give the Table and to allow any superintendent to make those subdivisions if he so desired. But really it does not greatly matter who pays for a patient, or whether he is a private patient or a pauper. We are giving here simply the movement of the asylum population, irrespective of class. I can understand that many men will like to differentiate the classes, and it is open for them so to do. The Tables are not made of cast metal; but whatever is added must not interfere with the essential object of the table. With that explanation, I beg to move that this meeting provisionally approve of General Table No. I.

Dr. HAYES NEWINGTON.—I second that.

The PRESIDENT.—I think Dr. Bond should give us the opinions of Divisions on that.

Dr. BOND.—The only comment was the one which the Chairman of the Committee made clear, namely, from the South-Western Division. That is to say, they propose that certified cases be differentiated into private and rate-paid. In connection with this "the Committee agree to recommend that asylums which have these two classes do so differentiate them if they wish. In the light of this suggestion they now recommend that, throughout the Tables, such differentiation be only optional, omitting it, therefore, as obligatory in Discharge Table I."

The PRESIDENT.—The proposition is that the asylums which have these two classes be allowed to differentiate them if they wish?

Dr. BOND.—Yes.

The PRESIDENT.—Are there any remarks on this General Table I?

Dr. BOYCOTT.—I think that the question of the division of these two classes should be definitely settled; it should not be left to each asylum to say whether they will divide pauper from private patients. If they are to be separated it should be made a rule for everybody. (Hear, hear.)

Dr. HAYES NEWINGTON.—The difficulty will be this: that the differentiation between private and pauper is easy in some respects, but it would be extremely difficult to follow it all the way through in all asylums. There are very few asylums which have any substantial number of both private and pauper patients. If you look at this Table I, you will see what it means. We can give the differentiation between the two in the Asylum Registers on January 1st or December 31st—those are absolute numbers. But when we come to draw deductions from them, such as recovery rates and death rates, we can get no end of fallacies in comparing the recoveries of the various classes of patients unless we made a very large expansion of the Table for following up the cases transferred from one class to another. It would be a most complicated Table if you wished to carry through all particulars in Table I, as between pauper and private.

Dr. MACDONALD.—I see no difficulty, and I think it is a most important matter in connection with this Table. I think that this Table should show the numbers throughout of the different classes in every asylum in the country.

The PRESIDENT.—Do you move an amendment to that effect, Dr. Macdonald?

Dr. MACDONALD.—I move that it be as definite as the South-Western Division recommend.

Dr. ERNEST WHITE.—I have much pleasure in seconding it. Dr. Macdonald and myself happen to preside over those two asylums which have the largest number of private patients of the county class, and I can assure you it is all-important that there should be a proper classification of the patients into the two divisions, rate-paid and private. We have only initiated what will become general

in the United Kingdom in a short time, and all the asylums, following out the Lunacy Act of 1890, will have a larger or smaller proportion of private patients; and then the value of this classification which is suggested by Dr. Macdonald, and which I second, will become self-evident. Therefore, I have much pleasure in seconding this amendment.

Dr. HAYES NEWINGTON.—The difficulty—I am speaking now to the amendment—perhaps, which has now been brought to issue is this. You are going to compute your recoveries. How do you compute your recovery rates? In respect to all patients you deduce it by arriving at the proportion between the actual recoveries and the actual admissions. But what admissions, and what recoveries? We are informed that, especially in London asylums, after admission as pauper patients many become private patients. And if you do not follow the matter out very religiously you will get all sorts of fallacies. It is all very well when you have a small number; then you can do it, but where you get hundreds it would be most difficult. If you can insure pauper admissions remaining as pauper patients so that they can afterwards be dealt with as pauper recoveries, it would be easy enough; and the same with private cases; but where you get interchanges between the two classes—not only between pauper and private, but from private to pauper—the door is opened to endless confusion, unless you carry the variations out at the cost of a vast amount of labour. That is the view of the Committee.

Dr. ERNEST WHITE.—If you split this up it is very simple: twenty-five patients; voluntary boarders so many, rate-paid so many—

Dr. ROBERT JONES.—Criminals, that is another classification.

Dr. ERNEST WHITE.—By the Commissioners only, but we do not recognise that. It is a very simple Table; there is no calculating on the table of recoveries. You add these two columns together for calculating your recoveries or deaths. Any child could do it.

Dr. BEDFORD PIERCE.—I do not think it is quite so simple. It is not simply subdividing into private and pauper; you must have another line for patients transferred from private to pauper, and another from pauper to private; and the table which was intended to be a very simple one, so that anyone who looked at the Report could get a clear general idea, becomes a table which is cumbersome and distinctly difficult to grasp the full meaning of. That it could be done we do not doubt. It is an easy matter to pick out all these patients; but it certainly cannot be done by just subdividing this table of certified patients into the two classes; unless you deal fully with all the various patients who are transferred from class to class. We are informed that in the large county asylums this transference from class to class is exceedingly common. Patients who pay 9s. or 10s. per week become private patients, but they are not so, strictly speaking, and in the ordinary sense of the word. This introduces so many fallacies that it is not worth while making the proposed subdivision.

Dr. MACDONALD.—I would point out—(You have already spoken.) I do so again, only with the permission of the Chair. Dr. Hayes Newington raised the question of transfers from class to class. In one of these tables you use the word "cases," and not "persons"; therefore every transfer from class to class must be included in the admissions from that Table. Are you going to take no notice of them in the other line? To my mind, this Table will be of little or no value, unless you show the class of patients.

Dr. WHITCOMBE.—Do the Commissioners in Lunacy agree with that? At the present time they require a classification from all asylums, and I recollect that they send out tables in which this classification has to go on, and in which all the patients are shown as pauper and private.

Dr. MORRISON.—Is it only on Table I that this difference is to be shown?

The PRESIDENT.—We are taking only one table at the present time.

Dr. MORRISON.—If it is to be of any value at all, it will have to go through every one of these Tables. It must be so for them to be effective. Otherwise they are absolutely worthless statistically.

A MEMBER.—Is it a medical table, or a civil table?

Dr. HAYES NEWINGTON.—It is essentially a social table. We considered whether it was absolutely necessary to have anything of the kind, except as a strictly medical table, but it was pointed out that the asylum visitors and county



councillors like to have a few facts at their finger-ends. And these were drawn as social tables, not giving opportunity for drawing false conclusions. They are enumerations of facts.

Dr. **BOYCOTT**.—Will the division of the Registers be into private and pauper, as at present? At present we have pauper Registers and private Registers. Is the proposed division to be into pauper and private? (Hear, hear.)

Dr. **ERNEST WHITE**.—You must have it to satisfy the Commissioners.

The **PRESIDENT**.—I think this Table has been debated sufficiently long; and I shall put first of all Dr. Macdonald's amendment. It is that there shall be inserted into this Table, compulsorily I understand, separate lines for pauper and private patients.

Dr. **MORRISON**.—I would ask Dr. Macdonald whether he intends it to apply only to Table I, or to the rest of the tables. I ask because it will make all the difference in my vote.

The **PRESIDENT**.—We cannot tie ourselves as to what will follow later.

Dr. **YELLOWLEES**.—It is not carried through in subsequent tables; this discussion has simply illustrated what we found so constantly, that very good men could take opposite views on the same point, and that they could often be stubborn (laughter). Therefore we took the middle course, and as we thought, the wise one, in saying that the subdivision of this Table should be optional. Let the man who wants it, do it; and let the man who does not need or want it, ignore it. Quite a number of asylums do not wish it at all; they have no pauper patients, and, therefore, they do not need it. I do not see why it should not be left optional. It is for you to decide, but it is an illustration of what continually comes up, that while all are intending to do the best thing, we differ about it mysteriously and persistently.

The **PRESIDENT**.—I put it to the vote. Those in favour of Dr. Macdonald's amendment.

Eight voted for the amendment, and it was declared lost.

Dr. **BOYCOTT**.—Instead of having the Table divided I propose that there should be separate statistical tables altogether for private patients and for paupers.

The **PRESIDENT**.—That there should be a duplicate of this Table for private patients?

Dr. **BOYCOTT**.—Yes.

The **PRESIDENT**.—I should have thought any man could do that if he liked.

Dr. **ROBERT JONES**.—I see nothing against any table being duplicated if necessary.

Dr. **BOND**.—On first sight there is no absolute difficulty in duplicating the Table for private patients. But if you look at this Table you will see it is so arranged that for each of its two subdivisions (into certified and voluntary patients) two columns are provided, the figures in the right-hand columns being the totals of certain of the others and balancing. Now, the moment you differentiate the private cases, ability to totalise and balance is lost, owing to the great difficulty already discussed of the transfer from class to class in certain asylums. If you are content to take certain figures and avoid attempting to make a balance, there need be no difficulty.

The **PRESIDENT**.—No one has yet seconded Dr. Boycott's amendment.

Dr. **CARLYLE JOHNSTONE**.—I will second it, and that will make me in order in speaking. In the asylum of which I have charge we have a supplementary table. We experience the same difficulty as that which has been met by every person who has compiled these Tables in dealing with private and pauper patients if transferred from class to class. We have Table A, and that Table shows admissions, discharges, and deaths of private and pauper cases, and transfers from class to class. You thus get a general view of the movement of the asylum population as regards pauper and private patients. I think those who wish to make that distinction can do it most simply by having this additional Table.

Dr. **MERCIER**.—Does the Committee desire to restrict superintendents from keeping any other tables than these? I should fancy that if any superintendent desires to keep additional tables the Committee will throw no obstacle in his way; and that if he desires to duplicate this or any other table he may do so?

Dr. **YELLOWLEES**.—Certainly.

Dr. **MERCIER**.—I gather that the Committee does not want to compel persons

to keep Registers regarding patients of a class of which they have none. They do not desire, for instance, that those institutions which take only private patients should be compelled to keep a Register for paupers, or *vice versa*?

The PRESIDENT.—What is your amendment, Dr. Boycott? Will you let me have the wording of it.

Dr. BOYCOTT.—That tables should be drawn up separately for pauper patients and for private patients.

The PRESIDENT.—That they should be in duplicate?

Dr. BOYCOTT.—Separate tables altogether.

The amendment was then put, and lost by a large majority.

The PRESIDENT.—Has anybody any further amendments to propose?

("Agreed to.")

The PRESIDENT.—I formally put the motion of the Committee, that Table I be provisionally approved.

Carried unanimously.

Dr. YELLOWLEES.—I beg to move that provisional approval be given to General Table No. II, which shows the movement of the Asylum population during successive years, and a summary of results. It is, in fact, reproducing Table III of the old Tables, and without the difficulty and complication of Table IV of the old Tables, wherein the patients of each year were carried down, so long as they lived in the asylum, through all the succeeding years. It is, as the heading shows, a distinct and simple Table, showing the changes in the asylum population during the successive years, and giving also the average daily number resident, the percentage of recoveries on the admissions, both direct and indirect, and the percentage of deaths on the average daily number resident. It is another of the general Tables, giving the growing statistics of the institution. I think Dr. Bond has, from one of the Divisions, a suggestion that the total admissions, which are slumped together, should be differentiated.

Dr. BOND.—The Northern and Midland Divisions suggest that the admission column in this Table be expanded to distinguish between "Direct" and "Not direct" cases, implying, of course, a third column for the "Total." The Committee agree to this, and, as a corollary, they suggest the use of the term "Not direct" in the succeeding Table as governing (a) transfers and (b) lapsed orders, etc. This leads the Committee to modify at the same time the definition of the term "Direct" standing at the head of General Table II (p. 12) by adding to it the words: "*The term 'Not direct' is applied to the cases thus excluded.*"

The PRESIDENT.—We are dealing with this Table now, the others come later on.

Dr. YELLOWLEES.—What Dr. Bond read just now was from the Northern and Midland Divisions, and we at once accepted the suggestion. I do not know whether it is clear to the Association that by the term "Direct admission" we mean all through cases that have been brought from the public outside, and not from any other form of care whatsoever; and by the "Not direct" admissions we mean transfers from asylums, registered hospitals, licensed houses, certified single care, patients admitted irregularly or through lapse of order. "Direct" and "Not direct" seemed the simplest way of expressing that distinction. Let me say that the note at the head of this Table will be, I hope, unnecessary after a little, because part of our scheme, as stated, if you will remember, in the original Report, was that we should prepare blank forms of tables after they had been finally approved, and should also prepare certain definitions of the terms used, so as to avoid ambiguity or misunderstanding in compiling the Registers or the Tables. I beg to move that the meeting give its provisional approval to General Table II.

Dr. BOWER.—I second that.

Dr. BOYCOTT.—There is one thing I would like to point out, and that is to ask whether it is possible to omit the Table showing the percentage of recoveries on the total number of admissions; because I do not see what direct effect that produces. You reckon recoveries on cases which include absolutely irrecoverable cases, like idiots.

Dr. YELLOWLEES.—On the other hand, a number of your transfers may yield recoveries, and you would lose the credit of these if you did not calculate in both ways, on the indirect as well as on the direct admissions; and you would also lose any recoveries which might chance to come in the other indirect admissions as well as in the transfers.

Dr. HAYES NEWINGTON.—It was put in to meet the Scotch difficulties, because they do not calculate their recoveries in the way that we do. They take their total admissions and total recoveries. We take total admissions, deduct transfers and other indirect admissions, and divide the result by total recoveries. So that this Table should answer for all the Divisions.

Dr. BOWER.—What did the Committee do about the word "relieved"? A recommendation on that was sent by the South-Eastern Division.

Dr. YELLOWLEES.—We have had that question up again and again, and it is an important one. We are tied by the fact that all the Commissioners use it, and it would require an alteration in all three Divisions of the Kingdom. We do not want to ask from the Commissioners more than we are likely to get; and, moreover, it is certain that many patients may be relieved who are not improved mentally at all. A general paralytic may be admitted in wretched bodily health and with bed-sores, but after a few months of proper care and nursing he is able to walk to his home, and be cared for there. His malady is as obvious as ever, and you cannot say it has "improved," but certainly you have greatly "relieved" the patient. There is something to be said on both sides; but so long as the Commissioners keep the term I think we shall have to accept it. It is a statutory word, and that seems to clench it.

Dr. CARLYLE JOHNSTONE.—Is there no misunderstanding whatever about the words "direct admissions"? Because Dr. Yellowlees was asked the meaning at the meeting in Scotland, and the answer he gave was, I thought, the opposite of the intention of the Committee. What I understand by a direct admission is an entirely new case; and an indirect admission is a case which may be "transferred" from one place to another, or which may be conveyed from one place to another; he comes from one place where he has been certified already to another place under the same or under new certificates. A man may come into Carlisle from across the Border; is that a direct admission?

Dr. YELLOWLEES.—He is a direct admission who is received into an asylum upon an order from the outside world, no matter where. But it is not a direct admission if he is received from any other institution under the certificates on which he was originally received there.

Dr. CARLYLE JOHNSTONE.—If a man is brought from Carlisle Asylum to Melrose Asylum, and there is no transfer order, is that a direct admission?

Dr. YELLOWLEES.—Yes, it is a direct admission, for it is under a new order; but it is not a "first attack" admission, because he has been already insane.

Dr. CARLYLE JOHNSTONE.—I want to point out the inconsistency of this. If I get a man from Edinburgh Asylum, where he has been for only a fortnight, he is to be reckoned an indirect admission. If he is sent from Carlisle, where he may have been for fourteen years, he comes in as a direct admission.

Dr. MERCIER.—It is a civil table, not a medical table.

Dr. HAYES NEWINGTON.—The question rests on this ground: The Commissioners in England have their Annual Register, from which they utterly cut out any case that is not admitted on a fresh order. And the reason, I think, is that when they come at the end of the year to sum all their cases up as returned from each asylum, they get a true total in this way. But if they took all the admissions to all the asylums they would get a false total, for they would be dealing with some cases two or three times over. The distinction is, that a direct admission is one who is admitted on a fresh order, for this purpose, excepting those readmitted on fresh orders, rendered necessary by failure to comply with the provisions of the law; indirect for all other cases.

Dr. CARLYLE JOHNSTONE.—I see. For official purposes it is convenient to take them in that way, but for scientific purposes it is absolutely useless.

The PRESIDENT.—I understand you do not move an amendment, Dr. Boycott.

Dr. BOYCOTT.—No.

The PRESIDENT.—There is no amendment before the meeting. Therefore I put it that the recommendation of the Committee that this Table with the alterations suggested by the Northern and Midland Divisions and accepted by the Committee, be approved.

Carried unanimously.

Dr. YELLOWLEES.—I beg, again on behalf of the Committee, to move that the next Table, the first admission Table, Table III, as it will be called, be provisionally

approved. It is merely an analysis of the admissions during the year, excluding voluntary boarders, and differentiating the various classes of cases received.

The PRESIDENT.—There is the suggestion of the Committee, the corollary.

Dr. BOND.—Yes, as a corollary to the last remarks, to put the words “not direct” at the head of the transfers and lapsed orders. There are no comments from the Divisions.

Dr. CARLYLE JOHNSTONE.—Will there be any difficulty in dividing “not direct” into congenital and acquired?

Dr. MERCIER.—Surely it is not important to know whether an order lapses in regard to a congenital or acquired case?

Dr. BOND.—Is it worth it? The cases are included and expressed as congenital ones in the Residue Group, Table II, page 29. They are not lost sight of.

The PRESIDENT.—Is there any amendment to this? If not, I will put it.

Carried, one voting against.

Dr. YELLOWLEES.—I now move, in the name of the Committee, provisional approval of Table II of the Admission Group, showing duration of attack. It is a further differentiation of the classes of patients received. There is nothing to say about it. It gives the duration of the mental disorder prior to admission. We had a great deal of discussion about this: When does a man become insane? From what period are you to date the beginning of his illness? One view is that a man is not insane until certified, and that you have no right to talk about any antecedent illness. We naturally came to a contrary conclusion, and we think the duration of the mental disorder begins from the time when those about him recognise that he is “going off his head,” as the phrase is, and that date depends entirely on the history which can be got from his relatives. It is impossible to ignore the great importance of the commencing illness, and we give it prominence here—the duration of his mental disorder prior to admission. There is nothing to discuss about the Table, except that it is an amplification of the nature and kind of admissions.

Dr. BOND.—There is one note from the South-Eastern Division suggesting that the word “probable” be inserted as governing duration of mental disorder.

The PRESIDENT.—I gather that there is no amendment to this, so I put it that Admission Group Table II be provisionally approved.

Carried unanimously.

Dr. YELLOWLEES.—I beg to move that provisional approval be given to the next table, which is Table III, Admission Group. This and the following Tables deal only with the direct admissions. It shows in quinquennial periods the ages on admission of the direct admissions during the year, arranged according to their civil state, and distinguishing the congenital cases, voluntary boarders excluded. There has been nothing said about it, and I move that it be provisionally approved. I forgot; there was an amendment from the Irish Division that we should add “80 and over” to the ages. Of course, we do not object.

The PRESIDENT.—I put this to you.

Carried unanimously.

Dr. YELLOWLEES.—I rise not without fear and trembling—at least, I suppose I ought to have that feeling in moving Table IV—the forms of mental disorder—which has been already so much discussed. I think Dr. Bond has some suggestions to read.

Dr. BOND.—They have already been read in the Report, and were as follows:—“The Committee is able to recommend the treatment of one thorny subject in such a manner as to lead to its appropriate discussion hereafter, and to prevent at the present time its being a serious and lengthy hindrance to the final settlement of the Tables. It refers to the question of the Forms of Insanity. The Northern and Midland Division has made the valuable suggestion that this Table be accepted for the time, and that the next Annual Meeting be moved to appoint, if it thinks fit, a Special Committee to study the whole question of classification. When the report of this Committee is received and adopted, then such new terms and forms as it provides can readily be substituted for those now in use. No statistical difficulty or disarrangement in the proposed Tables will be thereby caused.”

Dr. YELLOWLEES.—That is the feeling of the Committee and the spirit in which they submit it to you. We have all thought about this subject a great

deal, and know how futile all attempts at classification have proved in the present state of our knowledge. We did not therefore attempt classification at all, but merely gave groups of forms such as everybody can recognise, and under which every man will range his admissions according to his personal opinion. Everything in those Tables will be according to the individual opinion of the man who makes them up. You can never get away from the personal equation; and the Table before you represents what we thought the simplest way of getting out of this difficulty. By all means let us have it if the Association thinks the time has come for getting a true classification. Let them appoint another Committee to do it if it thinks fit. It was not part of our duty at all, and this Table is little different from the old one, which we accepted almost bodily without trouble, as the simplest and most intelligible, and the one which would serve our present purpose, to be superseded some day, we earnestly hope, by a better one—when we can get the better one—when we know enough to make it. Meantime, I move the provisional adoption of the Table as submitted.

Dr. CARLYLE JOHNSTONE.—Are there any other communications from Divisions or individuals?

Dr. BOND.—Yes, there are.

Dr. ROBERT JONES.—There is one from Dr. Menzies about Table IV, and there is one from the Irish Division, which I commenced to read, but already the Secretary of the Statistical Committee has stated that he had a copy of the Report from the Irish Division, and it has been under the Committee's consideration.

Dr. MERCIER.—It has not been before the meeting.

The PRESIDENT.—All these Reports from Divisions were to go to the Statistical Committee.

Dr. MERCIER.—But it would be an advantage to hear them to-day.

Dr. CARLYLE JOHNSTONE.—We understood we were to have them to-day, and the expression of opinion of any person unable to be present. It was promised to us.

Dr. ROBERT JONES.—I would like to reply to Dr. Carlyle Johnstone that the only member who has sent a comment was Dr. Menzies, of Cheddleton, whose letter I read. The others were by resolution at the Annual Meeting to be sent to the Secretary of the Statistical Committee, and that has already been done. By an act of courtesy the Irish Divisional Secretary has sent me a copy as well, which I started reading, but I stopped as their Report had already been under consideration by the Statistical Committee.

Dr. CARLYLE JOHNSTONE.—Are we to have the views of the Divisions here?

The PRESIDENT.—Indirectly, through the Statistical Committee, undoubtedly.

Dr. YELLOWLEES.—There is no difficulty about that, so far as the English Divisions are concerned. You have a formal Report from the Secretaries, but not from the Irish Secretary. There is a private letter, which is personal, and it has all the freedom of a private letter. In it he tells us there is a general approval, and that is all.

Dr. BOND.—I can read it, shortly, without reading the long communications through.

Dr. CARLYLE JOHNSTONE.—Is that all you received from Scotland?

Dr. BOND.—Yes. I had a second letter, reversing the first. The first letter stated that this was not approved, and the second letter said that was an error, that it was approved. (Laughter.)

Dr. MERCIER.—Who signed the letter?

Dr. BOND.—The Secretary.

Dr. MACDONALD.—Are we to understand that the Committee has not given a place to any suggestion from any Division in regard to it? If that is so, I am unable to support it. If they are going to ask for a better some day hence, I think we had better stick to what we have until that better is produced. I myself will not alter that Table on the lines suggested by the Committee.

The PRESIDENT.—Do you move an amendment?

Dr. MACDONALD.—No; I vote against it.

Dr. MERCIER.—Is not the question not so much one of amendment to the Table as to Dr. Yellowlee's suggestion that it should be left over, and the Annual Meeting be requested to appoint a committee? I ask on a point of order which is before the meeting.

The PRESIDENT.—You have not formally moved the adoption of this Table.

Dr. YELLOWLEES.—Provisionally, yes, I have.

Dr. MERCIER.—Provisionally, until the annual meeting?

Dr. YELLOWLEES.—No; this is the annual meeting.

Dr. HAYES NEWINGTON.—The adjournment originally was to an adjourned meeting of the annual meeting. The definite proposal which has been adopted today by the Association is that this adjourned annual meeting further adjourns itself till May, and not to another annual meeting.

Dr. MERCIER.—But with regard to this particular Table, I understood that Dr. Yellowlees made the proposal that it should be provisionally accepted only for a certain period, and that at the end of that period another Committee should be appointed for the purpose of considering this particular Table.

Dr. YELLOWLEES.—No. The Association can appoint a new Committee if it pleases for that purpose, and this one may serve in the meantime. I do not ask that this Table shall serve for any definite period.

Dr. MERCIER.—The distinction is not a very important one, but I gathered that was your intention. But at any rate, the sanction given to this table should be a temporary sanction, and merely for a time; and if that is so I do not feel inclined to press any opposition I have against the table, merely for a time. But it is a question whether it is worth while to interpose this provisional table when we have one already in existence and there is one projected for the future.

Dr. MACDONALD.—I wanted to ask Dr. Yellowlees why the Committee did not erase dementia præcox as suggested.

Dr. YELLOWLEES.—I have no difficulty in answering that. The Committee did not understand the suggestion for obliterating from their grouping primary dementia; and they do not understand it yet; nor do I. Since primary dementia is surely a very well recognised form of disease, and a very important one, it ought to appear here. What reason had the Division for drawing their pen through that line?

Dr. MACDONALD.—These words include dementia præcox.

Dr. YELLOWLEES.—We have not objected to that.

Dr. MACDONALD.—But you have not agreed with it.

Dr. ERNEST WHITE.—That is the point I was going to make.

Dr. YELLOWLEES.—I do not know whether we understand the same thing by "primary dementia." Surely it is dementia which comes on in comparatively early life because the nerve energy of the individual has run out prematurely. You might call it premature dementia; surely that is a very well recognised type of insanity, and we must put it in. I am content to leave out the words "dementia præcox."

Dr. MACDONALD.—Do I understand you, as a Committee, have no objection to drawing your pen through the words in brackets?

Dr. YELLOWLEES.—I am sure the Committee will not object to it.

Dr. ERNEST WHITE.—I will move that we delete those words, "including dementia præcox."

Dr. WEATHERLY.—There is General Paralysis of the Insane instead of General Progressive Paralysis. I do not know why the Committee objected to that.

Dr. YELLOWLEES.—It was specially because one member was extremely anxious we should not use the old name. Others did not share his feelings so much, but he was so earnest, and is so important a member, that we yielded to his urgency. The reason was that he desired to avoid all possibility of confusion between that and paralytic dementia. But, as a Committee, I am sure we are ready to accept the old and familiar term. We have no word to say against it; but we did not feel we could throw over this member, because he was absent when it came up finally. If you say you want it—

Dr. WEATHERLY.—I propose that we do want it. I propose that as an amendment.

Dr. MACDONALD.—I second that.

The amendment was then put, and carried unanimously.

Dr. YELLOWLEES.—As a Committee, we are quite agreeable.

Dr. ERNEST WHITE.—Have you put the amendment as to dementia præcox?

The PRESIDENT.—That is accepted frankly.

Dr. CARLYLE JOHNSTONE.—What position are we in now with regard to Dr. Yellowlees' motion?

The PRESIDENT.—It is before the meeting as amended.

Dr. CARLYLE JOHNSTONE.—Will you allow me to move a direct negative? Dr. Mercier has already put the obvious criticisms and suggestions in such a luminous way that it is not necessary for me to add to them, or try to improve upon them. But I would say that nothing would induce me to accept this Table. I do not think it would be approved in Scotland. After various criticisms had been made at the Scottish meeting it was agreed almost unanimously to disapprove of this table. I am not aware that there is any principle or basis at the bottom of it. I asked a member of the Committee what the basis of the principle was, and he said there was not any. We asked what the basis of the old table was, and he said it was a conglomeration. It is of no use to us. This classification is based upon several different principles—mental, bodily, associated conditions, date of origin, etc.; and I think the whole thing is unworthy of our Association; and I, personally, enter my protest against it.

Dr. HAYES NEWINGTON.—This resolution is purposely drawn to keep the matter open again for Scotland. If the Scottish Division had come to certain conclusions we should have got over the ground much better. But we are told they have only done a few tables, and would like to speak again; and it is left over until May; therefore, surely, those suggestions can come up in May. I think it would be a pity to open any discussion on any particular classification at all. The question is whether you will accept as a temporary measure the Table as put forward by the Committee. You can come to a settlement now, and you can still alter it in May. The Association can take the matter into its own hands, and pass judgment on it.

Dr. CARLYLE JOHNSTONE.—We are asked to express provisional approval, and I express the strongest disapproval.

Dr. YELLOWLEES.—We all disapprove of this Table as much as Dr. Johnstone. He speaks as if he had made a discovery. We know it is a bad one; every member of the Committee deplors that we have such a miserable table. We do not know enough yet to make a better one—except Dr. Mercier; I beg his pardon. It is a temporary stop-gap, and I think it is the best we can offer you.

The PRESIDENT.—I now put it to the meeting that this Table be provisionally approved, as amended.

Fourteen voted in favour, two against.

The PRESIDENT.—I declare it carried.

Dr. YELLOWLEES.—I now move the provisional adoption of Table V.

Dr. BOYCOTT.—Excuse me for interrupting you, but is this Committee to be appointed?

The PRESIDENT.—Not by this meeting.

Dr. YELLOWLEES.—It is a matter for the Annual Meeting in July.

The PRESIDENT read the notice or resolution concerning the point.

Dr. YELLOWLEES.—This next Table is a familiar one, dealing with the occupations, and they are grouped here somewhat concisely. We are not tied to that. A communication spoke about expanding; another asked if a lady and a tramp at her gate were to be equally classed as of "no occupation"; and several other suggestions were made in the way of amplifying and expanding this. Our feeling is that each man must do as he likes. One man, who is in a coal-mining district, wanted to have coal-miners specified. We thought the table should be elastic, and that ultimately the nomenclature of the headings of the Registrar-General should be, as far as possible, adhered to in defining occupation. I beg to move the adoption of that Table.

Dr. BOND.—The exact recommendation of the South-Eastern Division was that it should be expanded so as to include actual occupations. "The Committee agree to recommend that it be permitted to subdivide this Table to any extent, provided that the Registrar-General's Divisions be adhered to. And they feel that such a mode of treatment will cover Dr. Mott's suggestion that a heading be provided to show the number of admissions connected with the liquor trades; and that as to the latter, if further elucidation be required, the Commissioners will have the full information in our Registers, or that the Association could institute an inquiry on its own authority."

Dr. YELLOWLEES.—Dr. Mott's proposal was a very important one, and it gave the Committee some anxious consideration.

Dr. MERCIER.—I do not understand what the amendments adopted by the Divisions are.

Dr. HAYES NEWINGTON.—The Commissioners, with their annual sheets, send round to all Asylums in England a list of, I think, 99 occupations, founded upon the census returns of the Registrar-General, and these are grouped into various headings, about eight of them; and the Committee, to start the subject, only put in the eight headings. It has been suggested that these should be expanded. People can put in what they like, so long as they follow the order of the Registrar-General.

Dr. MERCIER.—That opens the door for a great deal of confusion, unless these are to be considered as the main headings under which the more detailed particulars are to be arranged.

Dr. YELLOWLEES.—Yes, that is so. These headings must be taken, but they can be expanded.

Dr. MERCIER.—Because, for instance, where would you put the actor in this list?

Dr. BOND.—You will be guided by your Registrar-General's Schedule.

Dr. MERCIER.—I understand there is a further guide.

Dr. ROBERT JONES.—I sympathise with Dr. Mercier.

Dr. MERCIER.—It is too meagre to form any guide at all. It is scarcely any use putting down eight headings alone. Unless there is some further guide, this is no use. We should have some much more detailed table to be referred to at hand, something which we can get hold of beyond this. This does not seem to be nearly enough.

Dr. HAYES NEWINGTON.—Dr. Yellowlees has mentioned the fact that there will be a kind of chart of instructions, and this is a matter which, if the Association feels strongly on it, can be therein dealt with. It is always a little difficult to get hold of the Registrar-General's Returns. Of course, in England we have the Commissioners' Returns; and I daresay the Committee would be pleased to consider how best to elaborate the point. It would be absurd to have 99 divisions printed in all the Tables compulsorily, because many headings would have no numbers put against them. But if it were understood that the Committee would work it out, would that satisfy your view?

Dr. MERCIER.—Yes; I think the Table is a little too meagre, and might be more explicit.

The PRESIDENT.—I understand there is no amendment made.

Dr. ROBERT JONES.—I would supplement what Dr. Mercier has said. I have found the greatest difficulty in getting details about employment such as that of lead-workers, and only by referring to the Census returns did I find that they came under the headings included here. There is a multitudinous number of occupations enumerated in the Census returns, and various headings under which they come. I do not know if a reference to the Registrar-General's returns or the Census headings would be of any assistance; but it seems you can classify more easily if you have access to the enumeration of the returns, as they are under subdivisions of these headings included in the Table. I only suggest as an amendment that reference might be made in the Tables to the returns given in the Census which include every occupation which is commonly or rarely met with.

Dr. BEDFORD PIERCE.—One of the reasons there are so few headings is, that if there is one thing which has been more strongly impressed upon the Committee than another, it is that we should simplify this Table as much as possible. Many people consider these occupations as of very little value, and the superintendents of asylums who were not particularly keenly interested in following this up suggested that we should do it on an abbreviated Table of this kind.

Dr. ROBERT JONES.—Can I suggest that reference be made in the Occupation Table to the fact that there does exist a complete list of occupations in the Census?

Dr. YELLOWLEES.—That will be included in the definitions and instructions which the Committee are to prepare.

Dr. ROBERT JONES.—I suggest that it be a footnote.

Dr. BOYCOTT.—They are printed in the JOURNAL.



Dr. ROBERT JONES.—There should be just a reference to it as a footnote.

Dr. BOYCOTT.—It could be printed in the JOURNAL once, for reference.

The PRESIDENT.—I put it that this Table be provisionally approved.

Carried unanimously.

Dr. YELLOWLEES.—I beg to move the provisional adoption of this Table VI—the Ætiological Table. There are many suggestions from the Divisions, which Dr. Bond will read presently, and one suggestion of our own has made a little alteration in this respect, that we have put at the head of the column Congenital and Hereditary, as being separate and distinct, and deserving of a place for themselves; and we have raised them from the lower level to the top.

Dr. BOND.—*Admission Group VI.* (1) The Scottish Division referred this Table back to the Committee; (2) the South-Western Division accepted this Table; (3) The South-Eastern Division suggested that the headings under co-existing conditions be amplified so as to include the forms of mental disorder in Table IV. The Committee see no objection, and will not oppose this. But they refrain from assuming the responsibility of recommending it, on the score of the increase in size of a Table already large; (4) the Northern and Midland Divisions also accept the Table, subject to the proviso that the factors C and K, Heredity and Congenital Defect, shall precede all other factors, and be separated from Mental and Physical Stress. The Committee agree to this. The Committee take this opportunity to suggest that under "M" the words "cases in which no particular cause could with certainty be assigned" shall read "cases in which one or more causal factors were found, but in which none could with certainty be assigned as the principal cause." Also that "N" and "O" "None assignable," etc., and "None ascertained," etc, should read "N Cases in which no principal or contributory causal factor was assigned." And that in the Medical Register a column be added to indicate to what extent the personal and family histories of each case were satisfactory.

Dr. ROBERT JONES.—I think there must have been some misunderstanding, perhaps on my part. The Irish Secretary has referred to this Table, but no reference by Dr. Bond has been made to the Irish Secretary's return. There could not have been, I fear, an exact copy of what I have received sent to Dr. Bond. I understood at the beginning that you stated a copy had been sent to you.

Dr. BOND.—You are right; I have not previously seen the communication which you have just handed to me.

Dr. ROBERT JONES.—There are remarks in it dealing with Table IV.

Dr. HAYES NEWINGTON.—In Committee we had communications from the Irish Secretary, and also private views of members in Ireland. We had eight hours' work on these matters yesterday, and I think it will be a little unfortunate if the course of our discussion is to be somewhat delayed by fresh matter. I do not think we ought to spare the time to read them now. There will be an opportunity for the Committee to consider them again when the matter comes up in May.

Dr. ROBERT JONES.—There are very few comments in this communication from Ireland—only two lines relating to this Table, and half a dozen lines relating to another table, and they might be read without taking much time.

Dr. MERCIER.—I do not know whether our Treasurer has considered the consequences of reading the communications from the other Divisions, and not that from the Irish Division. I should be sorry to cross St. George's Channel with him afterwards if his suggestion is adopted.

The PRESIDENT.—They have only this morning reached the General Secretary.

Dr. HAYES NEWINGTON.—And they have not been considered by the Committee which has been appointed.

Dr. BEDFORD PIERCE.—We have already had a formal Report, which we, the Committee, did receive from them.

The SECRETARY (Dr. Jones).—I think the Irish communication might be read in regard to this.

Dr. BOND.—Their meeting was on November 4th; the letter was sent on November 15th.

The PRESIDENT.—We are on Table VI; we will have their views on this Table.

Dr. BOND.—The suggestion in respect of this Table reads: "Heredity should be removed from under 'Physical Stress,' and placed in a class by itself in the list." So that, as stated by Dr. Yellowlees, the point has already been adopted.

The PRESIDENT.—You move that this Table be adopted, with the amendment of these details?

Dr. BOND.—We do not oppose the South-Eastern Division's suggestion, but we do not assume the responsibility of it.

Dr. HAYES NEWINGTON.—Would it facilitate matters to consider this as provisionally approved until May, and the Committee be instructed to get out another Table with the proposed amendments, as it is an important Table? May I suggest that that be done.

The PRESIDENT.—I do not think we need definitely approve it to-day, because one of the suggestions is, "But if serious and weighty objections be displayed against it, the discussion be adjourned to the adjourned meeting." The whole Table can come up again without approving it in any way.

Dr. HAYES NEWINGTON.—If it is necessary to explain the thing we should also have a detailed plan of it.

Dr. MERCIER.—I was going to say that I have exercised, this afternoon, so much self-restraint that I feel I have come to the end of my tether when I come to Table VI, and that it is impossible for me, even when placing upon myself the very utmost tension possible, to give even provisional approval of it. I need not enter into details, because I have already fully published the objections which I have to it. I will only say that if this could be put into the pot along with Table IV., and referred to another Committee—I cannot vote in favour of it—I will refrain from voting on it as a provisional measure if there is promise of it being reconsidered at no distant date.

Dr. BOYCOTT.—Would "N" and "O" columns have to be omitted altogether? It seems to be rather undesirable to have three divisions of cases in which no principal cause can be ascertained.

Dr. BOND.—They are not three divisions. The Group "Cases in which no principal cause could with certainty be assigned" is altogether different from Groups "N" and "O"; it implies that while there were two or more factors, the principal one was not distinguished. It was inserted to meet the views of those who have a difficulty in making such a distinction. And with regard to the "None Assignable" and the "None Ascertained," the Committee now propose merely to state the number of cases in which no principal or contributory factor was assigned.

Dr. HAYES NEWINGTON.—With regard to Division "M," the objection—not only a pious objection, but one which has been very much in the way of the Committee—was taken that assignment as between principal and secondary is sometimes very difficult. To get over all difficulties, and give the most conscientious objector every opportunity to bring in these cases, we put in that Division.

Dr. BOYCOTT.—Without making a motion, I would ask the Chairman of the Committee whether it would not be possible to omit the column marked "Contributory or Social Factors," and also the column marked "Total Incidence." If in all these different causes the principal was marked down, and the secondary one marked in the horizontal column, it would cover the matter.

Dr. HAYES NEWINGTON.—The Table goes farther than that.

Dr. BOYCOTT.—It would simplify it more.

Dr. BOND.—Dr. Boycott will notice that the causes as they appear horizontally on the top of the Table are not identical in words with those vertically; in short, in their horizontal arrangement, some are grouped together, and that is done to keep the Table within a reasonable space. The idea is that a cause which is not stated in print here, but which is found in a certain asylum, can be inserted by the superintendent of that asylum. To indicate this, blank spaces have been left in the vertical list of factors. But if you are going to allow that opportunity to be repeated in the horizontal list, the summation of the returns of all the asylums in the United Kingdom will produce a Table of vast size. To carry out Dr. Boycott's suggestion you must have every cause in the vertical list expressed *verbatim* in the horizontal list. Such is possible, but in addition to the unwieldy size of the Table, the available correlation would be a very poor one as compared with ours; it would only be a partial correlation.

Dr. BOYCOTT.—I do not see how your argument affects having contributory columns.

Dr. BOND.—It does so absolutely, though it is difficult to explain in a short

time. If you wanted to ascertain how often two factors are associated—for instance, such a common association as drink and the climacteric—should they happen to be in the same patient, both contributory to some principal factor, their mutual association would be lost sight of as regards that particular case; so the correlation would be incomplete.

The PRESIDENT.—I think it is better to postpone the consideration of this table until the adjourned meeting in May. You can re-cast it by then.

Dr. BOND.—We shall have to get it into print again as it is.

Dr. BEDFORD PIERCE.—We should like to have the recommendation of the South-Eastern Division, that the forms of insanity should be added to this Table, considered. I think as you are so divided as to what the forms of insanity are, it would be folly to add them.

Dr. MERCIER.—It would require a table the size of a table-cloth.

Dr. BOND.—The Committee will not assume responsibility in the matter, but it is feasible.

Dr. YELLOWLEES.—It should be fully reconsidered by the Committee, and should then be discussed at the next meeting of the Association.

The PRESIDENT.—Those who are in favour of adopting the suggestion of the South-Eastern Division, that the headings under the existing conditions be amplified so as to include the forms of mental disorder in Table IV.

On being put to the meeting, one voted in favour, and the proposal was therefore declared to be lost.

The PRESIDENT.—We now come to Admission Table VII.

Dr. YELLOWLEES.—I move the provisional adoption of Table VII.

Dr. BEDFORD PIERCE.—I second that.

Dr. BOND.—I have some comments on this from the South-Eastern Division, which I will read: "On the suggestion of the South-Eastern Division, the Committee agree that this Table shall read—*Showing the age on first attack, in the direct admissions during the year, distinguishing between first attack cases, and cases in which the attack is known not to have been the first*, and that this Table be amended accordingly. A foot-note, stating that the third class of Direct Admissions, *vis.* 'unknown whether first attack or not,' are necessarily excluded from this Table, will probably recommend itself." The South-Eastern Division suggested that the Table was not complete, that it only gave the age at first attack in regard to those who had had previous attacks, and it would be well—although the information is accessible from a previous table—in this Table to see at a glance the age at first attack in regard to the total number of direct admissions. The Committee agree to that. It means the alteration of the title of the Table, in the form such as I have read out. Further, in that we have in other tables a third division of direct admissions, namely cases in regard to which it was impossible to say whether it was the first attack or not, a foot-note stating that this third class of Direct Admissions was necessarily excluded from this Table would probably recommend itself. The suggestion does not alter the Table, except for the provision of a new line and that the heading has to be re-cast.

Dr. BOYCOTT.—I do not see where that information is given.

The PRESIDENT.—The Committee has practically accepted the amendment. I put it as amended.

Dr. YELLOWLEES.—It is put in because the Commissioners require it for their Blue Book.

Carried.

The PRESIDENT.—Now Table VIII.

Carried.

The PRESIDENT.—We now come to the Discharge Tables.

Dr. YELLOWLEES.—Discharge Table I. It is simply as we did with the Admissions, going over them and differentiating them according to their various classes: First Attack, Not First Attack, Unknown whether First Attack or Not. There is a comment from one of the Divisions about the terms "relieved" and "improved." There is one mistake in the Table; "Classification at the Time of Discharge" got into this Table by error, and the Committee have marked it out. I propose the approval of the Table with this erasure. It is simply an analysis of the discharges.

The PRESIDENT.—Is there any amendment to this Table?

Carried.

The PRESIDENT.—Now Discharge Table II.

Dr. YELLOWLEES.—I move its provisional adoption. There are some remarks on it from the South-Eastern Division.

Dr. BOND.—The South-Eastern Division suggest that this Table be deleted. The Committee, after full consideration, feel that more scientific accuracy would be attained by its retention. They would point out that in it is involved the duration of treatment (hitherto, the duration of residence in the last asylum) in the recoveries, and that no question thereon could, in the absence of this Table, be answered. The Table could, of course, be modified to express this, deleting the correlated "duration of the attack previous to admission," etc. Dr. Chapman, however, in his criticisms suggests, indeed, amplification, instead of curtailment, of this Table, his suggestion being that "Unknown whether First Attack or Not" be subdivided into the same nine columns as are provided for "First Attack" and "Not First Attack." The suggestion of the Northern and Midland Divisions, that this term "*First Attack*" be defined so as to make it clear whether an uncertified attack of insanity would be included, will be met in the "page of explanations and definitions" which the Committee propose to draw up, to which page, in passing it may be mentioned, the definition at the head of page 12 and the remark at the head of page 15 will be relegated.

The PRESIDENT.—I sympathise with the South-Eastern Division in deleting any of these tables which involve a lot of work. I shall be glad to hear if there are any amendments.

Dr. BOYCOTT.—I beg to move the amendment notified by the South-Eastern Division. I do not think we should gain any advantage from it.

The PRESIDENT.—Does anybody second it?

Dr. THOMPSON.—I second it.

Dr. YELLOWLEES.—I think it is an important Table. The first thing you ask about a patient when he comes is, "How long has he been ill?" I think it is a very important point, and, as I say, it is the first question that occurs to our minds. We take stock of a new patient at a glance and ask, "How long has he been like this?" I do not think this Table can be left out.

The PRESIDENT.—Those in favour of the amendment.

Two voted in favour, and it was declared lost.

Dr. MERCIER.—I object always to the application of terms of space to terms of time, and *vice versa*. I see in the two columns here it is said that the duration of the case has been three years and *over*. I cannot understand how anything can be *over* three years. It may be more than three years, but I do not see how it can be *over*.

Dr. HAYES NEWINGTON.—It is complementary to "under."

Dr. MERCIER.—How can a place be under a year? It is not in space.

Dr. HAYES NEWINGTON.—It is understood by the people.

Dr. MERCIER.—You are applying terms of space to those of time. Three years *and more* if you choose.

The PRESIDENT.—Do you propose "less" and "more," instead of "under" and "over."

Dr. MERCIER.—Certainly.

Dr. STEWART.—I second it.

Carried.

The PRESIDENT.—I now put Discharge Table II to you.

Carried.

The PRESIDENT.—The next is Discharge Table III.

Dr. YELLOWLEES.—There are no comments from the Divisions on this table. I move its adoption.

Dr. HAYES NEWINGTON.—I second it.

Carried unanimously.

The PRESIDENT.—Discharge Table IV.

Dr. YELLOWLEES.—Of course some of the comments which have been made apply equally well here to the form of mental disorder on admission to those discharged recovered during the year.

Dr. HAYES NEWINGTON.—I second it.

Dr. MERCIER.—We take it that when Table IV is amended it will be substituted here.

The PRESIDENT.—Those in favour of this Table provisionally.  
Carried.

Dr. YELLOWLEES.—We come now to the Death Group. None of the Divisions have made any amendment on it. It is a Table showing all the causes of death which entered into the deaths during the year, arranged as principal and contributory, together with correlations between them and certain selected causes. The Table speaks for itself. Some of the branches have not reached the Death Tables yet, and therefore there are no suggestions. That shows the value of our adjournment. As the Divisions have not reported, perhaps it would be fair and right that we should stop now, and wait until we have further suggestions. The Committee have no wish to snatch even a provisional approval.

The PRESIDENT.—Some of the Divisions have considered them; we have all had opportunities, and if some of the Divisions have not done it, it is not the fault of the others.

Dr. HAYES NEWINGTON.—There is probably as much statistical brain-power in this room as is ever at divisional meetings. There are gentlemen present who are capable of criticising these Tables on their own responsibility.

The PRESIDENT.—All these are provisional, and therefore if anything arises they can come up.

Dr. BOYCOTT.—With regard to correlated causes, such as influenza, epidemic dysentery, pneumonia, are they to be fixed, or to be *ad libitum*?

Dr. HAYES NEWINGTON.—There are spaces left to show that it is *ad libitum*.

The PRESIDENT.—I shall put this Death Table I.

Carried.

Dr. YELLOWLEES.—Death Table II. This is practically a repetition of our old Table, and in quinquennial periods as before. I should say that the causes of death, we have agreed, should be given in the terms used by the Registrar-General, so that there should be uniformity based upon that chief authority. I beg to move its provisional adoption.

Dr. HAYES NEWINGTON.—I second it.

Table II. was carried unanimously.

Dr. YELLOWLEES.—Now there is Table III, showing the total duration of the present attack of mental disorder in the deaths during the year. I do not know that it is of very great value, but it was in the old Tables, and we retain it. I do not know whether it teaches us much.

Dr. MERCIER.—Yes, I think it does. We have been discussing this matter in the Life Assurance Medical Officers Society, and the duration of life in insanity is a question of very great importance to them. The retention of this Table is very desirable.

Dr. HAYES NEWINGTON.—I am glad to hear that, because it was suggested all through to the Committee as being a very good thing if we could help the Insurance Offices, and not only them but the Commissioners, who have not the information which could be got here. I have endeavoured to do it myself, but I have never found anybody who could give me a satisfactory solution of the problem how to arrive at the probable life of a patient in an asylum. Obviously it is a matter of the greatest importance for people who are going to build new asylums to say how many they will build for. This Table and another (Discharge Group II) will go some way towards computing the average residence and duration of life in an asylum.

Dr. ROBERT JONES.—If I might be allowed one remark, I think that it is not the actual duration of every living lunatic's life, but the actual duration of life in the different varieties of insanity. We know what the average duration of the life of a general paralytic is, and fairly exactly the duration of life of most of the epileptics, and others. But this Table as at present constituted will not give us the information we require on that point. It takes every case, not really as suffering from a special or distinct variety of insanity, but as being a member of the asylum and as having died. I agree with Dr. Mercier that it is of the greatest possible importance that we should get, if possible, the average duration of life, or expectation of life, in the different varieties of insanity, and I beg to move that, if it is possible, without much elaboration, this Table be drawn up so as to give that information.

Dr. MORRISON.—What is the amendment?

Dr. ROBERT JONES.—That in order to arrive at the duration of life in the different varieties of insanity, not only in an insane person under a certificate, but in the various forms of insanity, the Table as presented be so varied.

Dr. MORRISON.—How shall you do it?

Dr. ROBERT JONES.—That is a matter to be left to the Statistical Committee.

Dr. HAYES NEWINGTON.—I might make an explanation. The Committee did consider that, and we had a Table correlating these two facts, but we were rather influenced by the consideration that it might be causing a lot of labour in addition to the other Tables. But now we know there is definite value put upon it, the Committee will be only too glad to consider it again. But there is this difficulty. You are going to correlate the form of insanity with the duration. Which form? What part of the patient's asylum life or even of his insane life shall we take? A case may be given as mania when he comes to the asylum and die a dement; when shall we take the form? When he dies, or when he first became insane, or when he was admitted? These are three distinct points of time. It will be necessary, if we are to have a Table whose value will compensate for the labour to be bestowed upon it, that we shall define the time. And I am afraid after discussion we may not agree as to which of these forms it would take.

Dr. MORRISON.—He may have come in because of some other condition. How shall you trace it in this man? I second the proposition. Let the Statistical Committee consider it. Probably they will find a solution.

Dr. YELLOWLEES.—I shall be glad if Dr. Jones will be satisfied with the promise of the Statistical Committee to give it their fullest consideration, and insert the desired correlation if they can.

Dr. ROBERT JONES.—I foresaw a great many of the difficulties, and I shall be quite satisfied if the Committee will take it into their consideration.

The PRESIDENT.—This Table must come up again in May. We do not know what the alteration will involve. It should come up again in May. We now come to Residue Table I.

Dr. YELLOWLEES.—There is a very important suggestion from Dr. Chapman in reference to this Table.

Dr. BOND.—In the light of a suggestion from Dr. Chapman, the Committee ask permission to temporarily withdraw this Table. A valuable point has been raised, and they propose to make further inquiry and repeat thereon when next the Tables come up for discussion.

The PRESIDENT.—Does the meeting approve of this suggestion to postpone the matter till May?

Agreed.

Now we come to Residue Table II.

Dr. YELLOWLEES.—It shows various forms of insanity in the Residue, to give an idea of what the asylum population is.

The PRESIDENT.—I take it that the feeling of the meeting is the same as about Tables IV and VI.

Dr. HAYES NEWINGTON.—We did receive a suggestion from the Secretary of the Irish Division, Dr. Dawson, that there should be a column for "curable" at the end of this. We gave it full consideration. We acknowledged the fact that the Commissioners, in England at any rate, do ask the Superintendents to form, at the end of the year, some judgment as to what condition their cases are in; but we concluded that, while no particular benefit would arise, it would perhaps be a little invidious to have such a column as that. It would depress the public mind if they thus saw the wreckage of incurable insanity in our asylums. Therefore we thought it best to omit it.

Dr. YELLOWLEES.—I have nothing further to propose; the remaining Tables are the Registers, which you have already dealt with.

Dr. BOYCOTT.—I would ask whether the Registers are to be pauper and private, mixed, or are there to be separate Registers for pauper and private?

Dr. MERCIER.—I gather that this Table is still under discussion.

Dr. YELLOWLEES.—It depends on the size of the asylum whether you can put the pauper and private patients in the same Register book. They must all be entered in their order of admission in one Civil Register; the Medical Registers may be in separate books for each class.

Dr. MACDONALD.—It is not simply that. As the law stands, if you have one private patient in your asylum, you must keep one Register for that one patient.

The PRESIDENT.—We have got through these Tables better than we expected; and now I have to announce, in accordance with the resolution passed, that this Annual Meeting is further adjourned to the time and place selected by the Council, in May, 1905. I merely announce it here. It is to be in London, probably on May 25th.

Dr. MERCIER.—There is Residue Group II. And I was going to suggest that Dr. Hayes Newington's reason for not giving an "incurable" column is most inadequate. I think the public is entitled to know, and ought to know, all the information which we can furnish to them; and it would prevent them cherishing hopes which are doomed to disappointment, and give them a better idea of the difficulty of our task if we gave them a column of incurable cases.

The PRESIDENT.—Do you make an amendment?

Dr. MERCIER.—It is only provisional approval, and I make the suggestion, and hope the Table will be passed.

The PRESIDENT.—I omitted to put this Table formally. Those who are in favour of Residue Table II being provisionally accepted.

Carried.

The PRESIDENT.—That concludes the business of the adjourned Annual Meeting, as far as we can do it to-day. And this meeting is further adjourned to May 18th, or 25th, in London. Now we will have the General Meeting.

Dr. ROBERT JONES.—Is it too much before we part to request that we be permitted to pass a resolution thanking our old friend and chief guide, the Chairman of the Statistics Committee, for the great trouble that he has taken in the great work presented so clearly before us (Hear, hear), and also for coming on all the numerous occasions that he has done from Scotland here. His vigour is enviable, and we hope we shall have his company for very many years. It has been indispensable to-day. (Applause.)

The PRESIDENT.—There is no need for this to be formally seconded. We thoroughly agree with what Dr. Robert Jones has said, that our best thanks are due to Dr. Yellowlees and the Committee for the enormous labour they have given to the matter.

Dr. YELLOWLEES.—I thank you very sincerely, both in the name of the Committee and in my own. The Committee deserve it more than I do, and especially our Secretary, Dr. Bond, and Dr. Hayes Newington. It will be a perpetual monument to Dr. Newington that he suggested these new and comprehensive Registers; the Committee heartily accepted the idea, and are proud that they have been approved to-day. We have all worked with a will, and I am thankful that we seem to be nearing the end of our task, although it has never been anything but a pleasure to us all. I thank you heartily for your kind words.

#### ORDINARY GENERAL MEETING.

The PRESIDENT.—We still have the Ordinary General Meeting, and I hope sufficient members will remain to form a quorum.

The minutes of the last Ordinary Meeting were approved and confirmed, the minutes having already appeared in the JOURNAL.

The names of candidates for election were read out, and the gentlemen were duly elected.

The PRESIDENT.—I now call upon Dr. Carlyle Johnstone to move the resolution which is on the agenda.

Dr. CARLYLE JOHNSTONE.—I will not bring it forward to-day, Mr. President; there is barely a quorum present and my seconder has left the meeting. I will propose it at our next quarterly meeting.

The PRESIDENT.—Is it your pleasure, gentlemen, that Dr. Johnstone be allowed to withdraw this? ("No.") It is on the agenda-paper, and I am afraid we must take it unless I have the approval of the meeting to defer it.

(Dr. Carlyle Johnstone having been found to have left the room, the matter was not pursued.)

## FRACTURES IN THE INSANE.

Discussion to be opened by Dr. J. F. BRISCOE.

Dr. YELLOWLEES.—Is it fair to ask Dr. Briscoe, now that nearly everyone has gone, to read his paper?

The PRESIDENT.—It is as he likes. He has taken the trouble to come. If he would postpone it till a further meeting it could be more fully discussed.

Dr. ROBERT JONES.—For the next meeting the papers and agenda are already made up—that is, for the February meeting; and I hope that Dr. Briscoe will agree to show and explain his very interesting skiagrams, and give a general outline of his paper; but it is, of course, just as he wishes.

Dr. BRISCOE then read his paper and demonstrated by drawings, photographs, and radiographs the general surgical treatment of fractures.

In the evening the members dined at the Café Monico, Regent Street.

## SOUTH-EASTERN DIVISION.

The Autumn Meeting of the South-Eastern Division was held, by the courtesy of Dr. Chambers, at the Priory, Roehampton, S.W., on Thursday, October 6th, 1904.

Among the members present were Dr. Percy Smith (President), Dr. Ernest White (ex-President), Mr. G. T. Hine, Drs. R. H. Cole, F. Watson, P. Langdon Down, H. G. Hill, G. S. Elliot, G. J. Eady, D. Bower, W. I. Donaldson, P. H. Stratton, J. L. Gordon, F. W. Edridge-Green, W. H. Haslett, F. R. P. Taylor, E. S. Pasmore, T. O. Wood, C. H. Bond, W. D. Moore, C. H. Fennell, W. H. Roots, F. W. Mott, G. H. Savage, F. G. Crookshank, D. Hunter, F. H. Edwards, W. Rawes, T. B. Hyslop, H. E. Haynes, R. H. Steen, A. S. Newington, G. H. Johnston, R. J. Stilwell, H. J. Macevoy, J. W. Higginson, G. E. Shuttleworth, W. H. Bailey, and A. N. Boycott (Hon. Sec.).

The house and grounds were inspected, and subsequently Dr. Chambers entertained the members at luncheon.

The meeting of the Divisional Committee was held at 2.15 p.m., Drs. Edwards, Rawes, Hunter, Stilwell, and Boycott being present.

The General Meeting of the Division was then held, Dr. Percy Smith (President) in the chair.

The minutes of the last meeting, having appeared in the JOURNAL, were taken as read and confirmed.

An invitation from Dr. D. G. Thomson to hold the Spring Meeting of the Division at the Norfolk County Asylum, at Thorpe, near Norwich, on April 27th, 1905, was unanimously accepted with much pleasure.

The following gentleman was elected as an ordinary member of the Association:—Samuel J. Barton, M.D. Dub., Physician to the Norfolk and Norwich Hospital, and Consulting Physician to the Bethel Hospital, Norwich. Proposed by Drs. J. Fielding, D. G. Thomson, and Boycott.

The following routine was adopted for the nomination of Hon. Secretary and representative members of the Division on the Council:—"That before the Spring Meeting of the Division the Hon. Secretary should send notices to the members of the Division requesting members to send in nominations. In the event of a sufficient number of nominations not having been received by the Hon. Secretary a calendar month before the day of the meeting, the Hon. Secretary should then be empowered to call a special meeting of the Committee of Management to make the necessary nominations."

The report of the Statistics Committee was considered, and on the motion of Dr. Edridge-Green, seconded by Dr. T. O. Wood, "That the report be approved by the Division," it was decided to go through the tables seriatim. The tables as far as and including Discharge Group Table II were agreed to, with the following amendments:

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