Dr. BEACH seconded, and remarked that the present state of the building showed the effect of a good administrator who was always at work.

Dr. HILL thanked the members for their kind expression of feeling, and said that he considered it an honour to be visited by the South-Eastern Division of the Association. In the evening the members dined together at the Café Monico, Piccadilly Circus, W.

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## NORTHERN AND MIDLAND DIVISION.

The Spring Meeting of this division was held at the Lunatic Hospital, Cheadle, near Manchester, May 25th, 1898.

Members present: G. W. Mould, Henry J. Mackenzie, C. K. Hitchcock, C. H. Gwynn, W. H. B. Stoddart, David Nicolson, J. Sutcliffe, W. S. Kay, G. E. Mould, H. C. Halstead, P. G. Mould, Crochley Clapham, and two visitors—Frank A. Gill and D. C. M. Lunt.

Dr. G. W. Mould was voted to the chair.

The minutes of the last meeting having been confirmed, it was explained by the SECRETARY that owing to the late fixture of the present divisional meeting the Council of the Association had been obliged to proceed with the selection of members to represent the division on the Council, and of a member to act as Hon. Sec. to the Northern and Midland Division for the coming year, viz. T. S. Sheldon, M. Macclesfield, and A. W. Campbell, M.D., Rainhill, for the Council, and Crochley Clapham, M.D., Rotherham, as Hon. Sec. These selections were approved by the meeting.

Proposed by the HON. SEC., seconded by Dr. W. SMITH KAY, and carried unanimously, "that future Spring Meetings of the Division be held in April instead of May."

Lunch was kindly provided by Dr. Mould before the meeting, and afterwards members were shown round the hospital and associated residences by the staff. In the evening the members dined together, at Dr. Mould's invitation, in the ball-room of the hospital.

### REGULATIONS FOR NURSING CERTIFICATE.

Dr. CLAPHAM having opened the discussion by a *résumé* of the alterations proposed—

Dr. GILBERT MOULD said that, so far as the appointment of two examiners for the papers for the whole of the country was concerned, it was an excellent alteration, for it insured uniformity of judgment. At present the papers were set by one set of examiners, and examined by persons of different systems, probably taking different views of what the questions meant, and to what standard they should conform. It was still proposed to leave the *vivâ voce* examination in the same state,—that was to say, that the superintendent of the asylum, together with an assessor, should conduct it as heretofore. It was quite obvious that was also perfectly reasonable. They could not appoint two examiners to examine *vivâ voce* all the candidates in the kingdom, but two could quite easily examine all the papers. He thought the number of candidates was greater than 600—that was only, he believed, for a single examination. He thought the number of candidates who passed during the year amounted to several thousands, but, however that might be, that was comparatively a small number. He thought that 2*s.* 6*d.* was quite sufficient for the fees. Five shillings was more than those people might care to pay. Of course the argument for the increase in the fees was that they would be necessary in order to remunerate the examiners for their time and labour. That might or might not be so. On the whole, he would say that 2*s.* 6*d.* was quite enough for the fee,

and that two years was quite sufficient time for the attendants to have been in an asylum. The amended regulations, so far as the examinations were concerned, were well worthy of being adopted. (Hear, hear.)

Dr. KAY quite agreed that a period of two years was sufficient, and he also agreed with what the previous speaker said about the 2*s.* 6*d.* fee. Amongst his attendants he had a few who had gone in for the examination, but he found some difficulty in persuading them to do so as it was, without raising the fee to 5*s.* The principle of having two examiners for all the papers was certainly an excellent one, if it could be carried out; but, as Dr. Clapham said, he should not like to be an examiner. The principle certainly was good, for the difficulty was always to know what was the exact answer to the question which the examiner put. For instance, set a question, and then ask a colleague what is the exact answer. He probably would differ from you; and if he did, how much more would persons of that class who were examined differ in their ideas of what was the answer! The whole difficulty would be got over by having two examiners only for all the papers. He perfectly agreed with the principle, but it was in practice that he felt there would be difficulty.

Dr. NICOLSON said that he had a general notion, from what had been said on the question, as to the desirability of having two examiners; he did not see why there should be any considerable difficulty in having them if individuals could be found who would take up the work. As to the fees, before he (Dr. Nicolson) would throw in his vote against the five shillings he would be glad to know the reasons outside the question of the difficulty of finding the money on the part of the nurses—the reasons on their part why they should not be willing to pay an increased sum for the object of ultimately improving their own position in life, for there was no doubt that those nurses and attendants who went in for the examination did so with the object of getting some benefit from the certificate. He personally would be glad if it could be done for the 2*s.* 6*d.* as heretofore, but if there were sound reasons why the higher sum should be fixed, he should, in the face of that, be glad to support the suggestion made to them. On the other question, that of the three years instead of two, he felt that the two years would suffice, and he had no feeling that it would be at all necessary to extend the period, for by adding another year it would make it a very long time for them to maintain their book education; it was very largely a book education upon which the written papers had to be settled. He considered that at present two years was a sufficient period, in the absence of some cogent reasons in the proposal for extending it to three years. Regarding the number of lectures, that, he thought, would be included in the question of the three years period. "That they should attend nine out of twelve;" this, too, was a matter of detail which would stand or fall in the decision of the two or three years as it happened. "The two final examiners"—that would be a most desirable thing if they could get them.

Dr. MOULD then asked if there was any question as to the *vivâ voce* examiners—the superintendent and an outside assessor.

Dr. KAY said that in certain cases the senior assistant ought to be allowed to take the position of the superintendent, for it sometimes happened that the latter was not able to take the examination. Such a case happened quite recently, and the assistant was allowed to take the part of his superintendent. The examination had been fixed to take place, when unfortunately the superintendent fell ill, and if the assistant had not been allowed to take the examination it would have been postponed—a considerable hardship to those about to be examined. The registrar took the case into his own hands, and gave the authority for this. A good senior assistant would be quite qualified to conduct the examination, and the speaker agreed with the proposal that, under certain conditions, he should be allowed to replace the superintendent.

The CHAIRMAN—Would you propose the conditions of this?

Dr. NICOLSON opposed the idea. He said that he did not agree with his friend Dr. Kay, because if they already had the power to relieve the superin-

tendent, and allow the senior medical officer to do what was required, that was all that was necessary if they could do it authoritatively. He thought if they put in the senior assistant as a possible substitute for the superintendent, the tendency would be rather for the latter to allow the senior assistant to do the work, and in that case the tone of the examination and the general status of the certificate would be liable to suffer. He thought that if there was power to sanction it under exceptional circumstances, that would meet all the requirements of the case, and all the difficulties arising from the superintendent being unfit to undertake the duty. It would be a mistake to go any further when the registrar had done it, and it was found to hold good. He considered that it would be dangerous to interfere with the present wording of the section which dealt with that particular point when they had power to do what was wanted.

Dr. HALSTEAD thought the appointment of two examiners, as proposed, would be very desirable, but it scarcely appeared to be practicable. He should say that if the framers of set papers could only signify what answers they wanted, it would relieve much of the difficulty. The candidates were examined upon the text-book of the Association, he thought, and in marking they went by the book, but if to a certain extent they would answer the questions, that would relieve them from sending all the papers up to headquarters to be examined.

*Question*—Supply the answers, or sketch them?—Yes.

The CHAIRMAN was quite sure that each superintendent knew his own nurses and their capabilities as no one else could, as each teacher knew his own students on such points as the way of expressing themselves.

Dr. KAY.—That is *viva voce*.

The CHAIRMAN continued that it might be in writing too. They would know men who attended lectures, excellent men all round, but with a bad way of expressing themselves in writing. On the other hand, he knew that a man might in examination write a good paper, and get a number of marks for facility of expression rather than actual knowledge of what he was expressing. The superintendent of an asylum would be able to give a helping hand to a deserving nurse that an outside man would not consider, simply on account of expression. He spoke from what he knew of the University of London, Victoria University, and Oxford University examinations, and certainly what did for higher examinations would do in a lower. He (the Chairman) then referred to the first question:—"Is it your opinion that it should be necessary for nurses to be in attendance at lectures for three years before examination?"

On being put to the meeting it was carried that *two* years was a sufficient length of time, opinion being against an extension to three years.

The CHAIRMAN—Of course that carries with it the number of lectures.

The CHAIRMAN then put the question:—Whether the nurses pay 5*s*. in the future or 2*s*. 6*d*. as at present? The voting of those present was in favour of 2*s*. 6*d*. being the fee.

Dr. STODDART suggested that the other question be put first:—Whether there should be two examiners for the whole kingdom, or the present system be adhered to?

The CHAIRMAN—The question now before you is whether there should be two examiners for each, as superintendent of asylum and outside assessor, or two gentlemen for the whole. I shall put the amendment first, "That there shall be two gentlemen for the whole of the kingdom"

Dr. GILBERT MOULD—This only applies to the papers. The *viva voce* examination is to remain as at present.

The CHAIRMAN then put the amendment (as above).

Five were in favour of *two for the whole*. Three were against.

Amendment carried.

The CHAIRMAN—Now, gentlemen, the fees. I shall put first of all that the fee shall be 5*s*. for each nurse, and if rejected she pays 2*s*. 6*d*. for re-examination.

Dr. KAY presumed that if there were two examiners appointed for all the papers, there would be some fees attached to it.

Five were in favour of 5*s.* fee. Five were against.

The CHAIRMAN gave his casting vote for 2*s.* 6*d.*

Carried that 2*s.* 6*d.* be more suitable.

## THE LUNACY BILL.

Dr. MOULD (Cheadle) said that he rose with some diffidence in the matter, because it really was not one upon which a person could read a paper—only upon which one could express one's own views. In expressing their views upon it they could quietly discuss the far-reaching effect of propositions in the Bill, as they bore grave consequences to those who had the administration of asylum work and to the patients under their care. The first question came: What was it? It was the new Lunacy Bill as introduced, which had passed the first and second reading in the House of Lords, and had gone into committee. It had thus practically passed the House of Lords, and would come before the House of Commons some time next month. He understood from very high authority that if there was any very strong opposition afforded to any of those points—clauses absolutely necessary in the Bill—the Bill would be dropped. Therefore, before they offered any very strong opposition to the Bill, they should carefully consider the risk they ran. It was a great matter to offer opposition to what was proposed in excellent faith by able men in the government of asylums. The first clause of the Bill dealt with "Urgency Orders," and was a proposition to reduce the time for which they should hold good to a period of some two days less than in the previous Bill. So far as asylum assistants and officers were concerned it really did not matter very much, but in the interest of the patients it was a serious matter, because what were called urgency orders could be abused. It was necessary that they should be carried out with the least irritation to the patient and the least degradation. They knew that the certificate carried with it a degradation, and there was a very large amount of opposition for the examination at the patient's own house. The Urgency Order, as at present used, allowed a patient to come in at once, and within seven days they got another certificate, and they had fourteen days in which the patient was absolutely under the control of the asylum authorities. It was now proposed to shorten that time very considerably. So far as the working of the asylum was concerned he did not think it mattered very much, but for the patient it did matter, because an Urgency Order was given in cases of great emergency, and if they had an examination taking place within three or four days, they would be pretty certain to have the same condition of things prevailing as when the patient was admitted. If they had more than that the patient had time to recuperate, and remedy somewhat his state, as in cases he (the speaker) had known. He said emphatically that so far from helping the liberty of the subject, or, in other words, the patient, it was going exactly in the opposite direction. Clause 4 dealt with the "Suspension of Summary Reception Orders." Clause 6 related to the "Disqualification for Signing Medical Certificates."

"(6) Whereas it is expedient to extend the disqualification for signing medical certificates in support of a petition for a reception order, there shall be added at the end of sub-section 1 of Section 32 of the principal Act the words (*c*) 'The person who makes the reception order,' and at the end of sub-section 3 of the same section the words 'or any officer or servant in the employment of that committee, or in a licensed house under an order made on the application of or under the certificate signed by a licensee of that licensed house, or any person in the employment of such licensee.''

They put higher penalties, and, so far as he could see, it did not require the sanction of the Public Prosecutor or judge in chambers to order prosecution. He could only say that he had always signed certificates for patients' admission to any asylum. They said, "No, you can't do that, because you are paid for it, and

you have no right to have private practice." He saw a great number of patients in his private and consultation practice, but was not to be able to sign any certificate of admission to any asylum. That, he thought, was a small matter. Clause 7 related to "particulars to be specified in case of absence for ill-health."

"(7) The manager of a hospital or of a house licensed by justices shall, within two clear days after sending or taking any patient to any place for the benefit of health under sub-section 3 of Section 55 of the principal Act, send notice to the Commissioners stating the name of the patient, and the address to which," &c.

That, the speaker considered, was very inquisitive. All particulars had to be stated; he often wanted to send a patient to an outside branch, and here it stated that they must further specify what were the reasons and other matters, almost entirely unnecessary, and a detail they should not be called upon to do.

On the next clause, he remarked that he should be very much more pleased at all times to see one Commissioner instead of two together.

"Special Inquiries with Regard to Lunatics, Clause 11.

"(11) If any person . . . . fails to comply with the order, he shall be liable on summary conviction to a fine not exceeding £10, and on conviction or indictment pay a fine not exceeding £50, or an imprisonment for a term not exceeding two years."

That, he must confess, he did not quite understand, because here there were some grave penalties indeed attached to it. He did not think that any Commissioners or anybody appointed by the Lord Chancellor should have such terrible summary power as to inflict such grave penalties.

Clause 12 related to the "Reception of Boarders"—

"(12) The power under Section 222 of the principal Act of receiving a person and lodging him as a boarder may be exercised also by the manager of an asylum or hospital with the consent of two members of the visiting committee or managing committee, as the case may be, and sub-sections 1, 4, 5, and 6 of that section shall be construed accordingly.

(2) The consent required . . . . to be given by two of the Commissioners may be given by one.

(3) The application under that section by the intending boarder must be made personally, or in his own handwriting.

(4) For sub-section 3 of that section shall be substituted (3) "The total number of patients and boarders in a licensed house, and all the patients absent therefrom on trial or for health, shall at no time exceed the number of patients for which the house is licensed,"—

and applied, Dr. Mould said, much more to hospitals and to the private asylums than to county asylums. He had had a very long experience, and he might say a very uncomfortable experience, in the admission of boarders. He maintained, and the Commissioners accepted it, that if you explained to a patient that he was here in an asylum voluntarily, and that he could leave at twenty-four hours' notice by giving that notice, he would be a voluntary boarder, unless certified by Visiting Commissioners. The doctor might say, "Do you understand that you are here as a voluntary patient? Do you further understand that you can give notice, and can leave after twenty-four hours?" It used to be customary to go further into the matter, and further say, "What is the reason you are here?" unless they saw on the face of it that the person was manifestly, so to speak, in need of it. If they must treat insanity in the incipient stage, Dr. Mould said, they must do it through boarders, through the voluntary system or none. They could not treat it through a certificate—that would be monstrous. There were patients who came to the hospitals, and were treated, who were undoubtedly insane, and yet one would hesitate to put in an asylum. If a person went to Dr. Clapham, and was advised to go to Cheadle or York, as the case might be, what could be a better method of treatment than that? There was no keeping this under a bushel at all. They sent at once a statement as to admission of patients, the condition in which he or she was in, and there was the book in which they

recorded the condition. So he said that a boarder was guarded just as much as a certified patient, so far as concerned being under the jurisdiction of the Commissioners of Lunacy. He spoke strongly upon the restrictious upon boarders, as that "they shall sign in their own handwriting;" to ask some poor, miserable, nervous creature to write what he was suffering from, and that he wished to put himself under care; many a poor voluntary boarder could not do it. He, however, did not see any objection whatever if they had to sign a printed paper to that effect, but that they should have to write it all in their own handwriting was too much. That would be like the Drunkards' Retreats, which were the most miserable failures in the world. These were his objections to the alteration. They would do away with the incipient treatment of insanity in its highest, best, and most skilled form.

Then there was "the number of patients received into the hospital, the management of the hospital, &c.;" he would briefly show his objections to what was proposed under those sections. As to the number of patients received, he did not see much objection to that. He did not think the Commissioners would differ much from the authorities in the hospital; it was a grandmotherly way of doing things—that the committee of the hospital and the medical officer should not be able to say and to carry out what number of patients they should put in a room, just as much as the Commissioners, who must be guided by the report of the cubical space they received in the hospital.

"Rules and regulations:"—

"(14) The Commissioners may by notice require the Committee of Management of any hospital to make such alterations in, and additions to, the rules and regulations of the hospital as the Commissioners may consider expedient, and if the Committee do not . . . . the Commissioners may make a report to the Secretary of State, who may . . . . determine the question as to alterations." This, he held, was an arbitrary power which should be most strenuously opposed.

"Power to require amendment of regulations of hospitals, management of hospitals, and branch establishments," Clauses 14, 15, and 16. On the question of branch establishments he would speak very feelingly. For instance, they had here (Cheadle Royal), in round numbers, accommodation for more than 200 patients—that was in the main building. Also they had 150 or more patients outside, in the houses, and in cottages, which were rented by the Asylum authorities. If those were, as it was stated, to be made "branches of the hospital," they must be the property of the hospital; or the owners of them must allow such alterations to be made in accordance with the ideas of the Commissioners which would be absolutely wrong and uncomfortable in an ordinary dwelling-place. They (Cheadle Royal) had had ordinary houses, large ones and small ones, for the last thirty years, and they had not made any alterations, except those required in ordinary social life. He felt very strongly upon the question. If it was not somewhat egotistical, he should like to read the report of the State Commission of Illinois, U.S.A., sent over to specially examine the State asylums of England, Germany, France, Sweden, &c. They had found that asylums had been started in every part of the world on the same plan, and they had received, over and over again, almost fulsome praise for what they had dared to do in Cheadle.

"At Cheadle, in England, is an institution not attracting the attention at this side of the world it deserves, an interesting experiment is in progress. Of 200 patients, 140 are in the main building, 60 in cottages."

Returning to the report, he read:—"I visited every one of these cottages. I saw no restraint upon the freedom of any patient occupying them. The doctor and his assistants visit them daily on foot, on horseback, or in carriages, just as ordinary patients are visited. . . . The result of this experiment is entirely satisfactory."

Dr. Mould pointed out that the registration of these branch establishments, and the compulsory purchase of the branch establishments would stop them

from doing what they had done so successfully for so many years. Take, for instance, a house which they rented for the small sum of £100 a year; to purchase it, what would they have to pay? Again, if they should also have to do, as it was said in the clause,—"that any patient who left should have his bed left open,"—they would have 150 beds out of 200 always vacant; 150 on leave, and 50 occupied, on the possibility of their return. The speaker went on to remark, that what he had said above would be his very strong objection to the registration of these branch establishments: in the first place, the initial cost would be enormous; and in the second place, the question of vacant beds. He also remarked on the disinclination of those from whom the houses were rented to have them termed an asylum, instancing a case in point of a lady. Next came the—

"Allowance (superannuation) to officers and servants of asylums" (Clause 20), and also for "injuries" (Clause 21).

"(20) It shall be the duty of the visiting committee of every asylum to grant superannuation allowances to their officers and servants, under Section 280 of the principal Act, and the allowance to be granted . . . shall not be less than would be granted if he were an officer or servant to whom the Poor Law Officers' Superannuation Act, 1896, applies."

"(21) Where any officer of an asylum is injured in the actual discharge of his duty, without his own default, and by some injury specifically attributable to the nature of his duty, the visiting committee may grant him out of the county or borough fund, as the case may be, such annual allowance, or if he dies from the injury, to his widow, or mother, and to children such allowance as the visiting committee," &c.

That really affected the county asylums more, he remarked. There was no doubt all hospitals took a liberal view of the matter, but he should leave the question of pensions to be spokon of by those who could speak with more authority than he. He would only point out that in the clause in which the pensions were mentioned, it was proposed that no one should be allowed this, unless he had fifteen years' service; then in sub-section further on, it was put that "where any officer of asylum is injured," that was, if he had only been in a day, he should be allowed something. He (speaker) should say that was not necessary to be put in at all. Under the ordinary Workmen's Compensation Act, there was no doubt that any attendant receiving an injury in the discharge of his duty would have compensation. In conclusion he said that he objected to the urgency orders, to the disqualification of signing medical orders; with regard to the reception of boarders he thought it most disastrous, and on the point of branch establishments, management, &c., he and those connected with him would most strenuously oppose what they believed to be truly unnecessary and unwarrantable interference with what had been ably and well done in all the hospitals of the kingdom with one single exception, and that a transitory one, which ought not to carry any weight.

Dr. HITCHCOCK—I think the shortening of the period of urgency orders would not be any detriment to the patient or to the superintendent whatever. As you say in your speech, the urgency cases are modified considerably before the seven days elapse. So far as one's own practice goes, I invariably get the urgency order made permanent in three or four days. I don't think it would make the slightest difference.

"Disqualification of signing Medical certificates."

Dr. CLAPHAM—I think that disqualification, as applying to superintendents of private asylums, is a rather invidious matter.

The CHAIRMAN—Yes.

Dr. CLAPHAM—"The certificate must not be signed by the licensee of a licensed house, or any other person in the employment of the licensee." That would disqualify me as superintendent from signing any medical certificate whatever. It is a distinct interference with private practice.

Dr. G. MOULD—I was told at the meeting of the South-Eastern Division that

that clause had been dropped out of the Bill this year; that it was in last year but not this.

The CHAIRMAN—It is in this year's Bill. I have got the copy here.

Dr. G. MOULD—In that case it is an unjustifiable interference with the rights of those interested, and an insult to the whole medical profession, that because a man is in the service of a licensed house, that therefore he must be disqualified from signing a medical certificate.

The CHAIRMAN (quoting)—"The manager of a hospital or of a house licensed by justices, shall within two clear days after sending or taking any patient to any place for the benefit of health. . . . . send notice to the Commissioners." (Clause 7.) Why they should be sent to the Commissioners, except as a matter of form, I can't see at all.

Dr. NICOLSON—It is only a matter of form, I suppose.

The CHAIRMAN—But supposing, as might often happen, a patient from one of the outside houses is not very well in the morning, is sent in, and towards night gets better, and is sent back again. Look at the trouble of notice being sent in on each occasion.

Dr. NICOLSON—If, for the purpose of the Act, those are part of the asylum, it would not be necessary.

The CHAIRMAN—There it comes in—all these places we rent now would have to be registered, and bought by this institution.

Dr. NICOLSON spoke of the carrying out of sub-section 16, which would alter the case.

The CHAIRMAN—That would simply ruin us. These country people will now let us their houses, but would not allow them to be called an asylum. One lady I know who takes a great interest in the patients, and lets the house, but would strongly object to its being called an asylum. The house alone would cost about £60,000. We have thirty of these houses, you know.

The CHAIRMAN then referred to "Visits to Licensed Houses." No one, he said, would object to one Commissioner instead of two. "Special Inquiries as to Lunatics. Clause 11." As a matter of discussion it seemed that the pains and penalties which they could inflict without a judge were very grave, but perhaps he might have misread that. For any infraction of that sort, they might have a "term of imprisonment not exceeding two years." That was not inflicted by a judge, but by a Commissioner. He considered the gravity of the situation would come in when it was seen that the accuser would also be the judge. The accuser would be the Commissioner, and the Commissioner would be the judge.

Dr. NICOLSON supposed that they would be only acting for the State. He knew nothing about it himself.

The CHAIRMAN—It may be that after finding a *primâ facie* case against him, he should be brought before a judge.

Dr. NICOLSON—They might have to indict them.

The CHAIRMAN—If they have to indict them it is a simple matter.

The CHAIRMAN then continued—"The reception of boarders," and "The treatment of incipient insanity." I have already spoken on these matters. On the first I say again that you would not get one in ten to write in their own handwriting what is required here.

Dr. CLAPHAM—I think this clause is merely putting the lunatic hospitals under the same conditions as private asylums are now. We can't take a boarder in the same way as a lunatic hospital can. They are obliged to "present themselves before two visiting magistrates, or obtain their consent in writing, to come in as voluntary boarders for a certain time."

The CHAIRMAN—What can be more disastrous?

Dr. CLAPHAM—I think with Dr. Mould that this is very absurd.

The CHAIRMAN—I quite agree with this—that we receive boarders who are not of sound mind and should have to be certified, sometimes in a short period, but I maintain that we have them certified at once, if we think it is necessary.

After a pause the CHAIRMAN said--May I take it for granted that what I have said, and what Dr. Clapham has said on this, would be the sense of the meeting—that to place these grave restrictions on the treatment of incipient insanity would be hurtful? I should propose that the power which at present exists should be given to private asylums, and should not be abrogated in the case of hospitals. (Hear, hear.)

The CHAIRMAN further referred to the examination of a boarder by the Commissioners, who when he was in the asylum had to be taken outside formerly; now the Commissioners allowed the examination in the asylum itself, and it had acted successfully. There was no doubt that there were cases in which they took a boarder in when he ought to be certified. The objection held, of course, was that they had got him under their thumb.

Dr. MOULD remarked—You might as well say that the men who come to certify are so venal that they simply do what you say.

The CHAIRMAN, continuing—Could it be put to the meeting that by the proposals of Section 12 it would at once interfere very materially in the early treatment of incipient insanity in its less developed form, but when that form is developed then the boarder ought to be certified; that in the first instance we ought to be able to receive a man for a certain definite period as above.

Dr. NICOLSON—Why not put it that we regret that any further restrictions should be placed, such as that in sub-section 3? Send it up as the positive expression of the views of the meeting. Don't compare with inebriate homes or anything else.

The CHAIRMAN—Yes. I only mentioned inebriates' refuges as an instance.

The CHAIRMAN—Then we have the "Management of Hospitals and Branch Establishments," the outcome of which we shall have to find for ourselves. They do not propose to do this with regard to county asylums, managed by men at any rate no more intelligent than those in charge of hospitals. They insult the management of the hospitals, because one hospital has been directed with some stupidity.

Dr. HITCHCOCK asked to what this referred.

The CHAIRMAN said that he was speaking of the clauses relating to the rules and management of hospitals. Why should they take in the management of hospitals what they did not take in the county asylums, when they were not conducted for private gain, and conducted by the same class of men, or superior?

Dr. HITCHCOCK remarked that he had not seen a copy of the Bill before he came to the meeting, and was hardly able to express an opinion.

The CHAIRMAN—You know the serious restrictions there are now upon the management of hospitals. What I want to know is whether hospital men would wish these restrictions, which I think are very unnecessary, to be infinitely increased. I think you would not say they should be?

Dr. HITCHCOCK—No.

The CHAIRMAN—Now the Commissioners propose to take the power themselves, and impose certain pains and penalties.

Dr. HITCHCOCK—I should not express any opinion upon it. The Commissioners would take a just and proper view of their powers if this was given them, I think.

Dr. HALSTEAD—I should be sorry to see any further restrictions imposed.

The CHAIRMAN then read Clauses 20 and 21, "Relating to Pensions," given above.

Dr. NICOLSON remarked that it was only a question of a compulsory pension instead of being as at present.

Dr. KAY—The conditions of getting the pension are the same as have been existing, except that it gives you a minimum, and says it is compulsory. I think they are recognised if having been under the service of the same committee.

Dr. NICOLSON said—Dr. Newington wrote to me about a fortnight ago in a confidential sense, saying that the Parliamentary Bills Committee seemed to be

in a difficulty with regard to Section 18, which has reference to the accommodation originally given on a plan for any asylum, and approved by the Secretary of State, that with reference to such accommodation it shall not be appropriated or used for other purposes than those shown in the plan without the approval of the Secretary of State. There was a feeling amongst the county asylum officers and the representatives on the Committee that this rather put them out of court in making those necessary alterations in the location of the inmates of asylums that happen to be necessary from time to time, arising from painting and cleaning, over-crowding, or from any other temporary difficulty which came up for them to deal with. Their feeling was that it was not a desirable section for them to put in. That was the first one. I went up to Mr. Mackenzie about this, and he said that they had perfectly open minds upon the matter, and the Lord Chancellor would only be too glad to receive any recommendations from the Parliamentary Bills Committee, and that they themselves were not satisfied as to the desirability of this particular section. The other section upon which they were not agreed was Section 23, that having reference to the payment of pauper inmates for work done by them. That opens out a very big question, and I told Mr. Mackenzie what appeared to me to be the difficulties, although, so far as I saw from experience as Superintendent of Broadmoor in the old days, it was a most excellent thing, for we had in Broadmoor a great many inmates who could not by reason of their recovery be kept in county asylums. We had to encourage them to work by giving them some small payment, the work being for their own good, as well as an advantage to the State, and doing away with the necessity of paying so many artisans and labourers about the asylum. This point did not hold fully with regard to the inmates of pauper asylums, because when they recovered they got rid of them. He (Mr. Mackenzie) said he himself was not clear as to the desirability of this. Speaking to me personally, he said he was not assured that they were desirable things to have settled on statutory authority as at present. I afterwards went to the Home Office to speak to them about the special question, and I found the whole matter rather misrepresented there, and they had come to the conclusion that the medical superintendents were not anxious to have this section. I assured them I was perfectly satisfied that the medical officers were anxious to have the compulsory retirement scheme, although in a few individual instances they would prefer to take the chance of their own committee for the time being, some knowing that they would be well treated, and having served for a long time, but the feeling of the Association was clearly in favour of compulsory superannuation allowance and pensions.

The CHAIRMAN.—As proposed in this new Bill?

Dr. NICOLSON.—Yes, as proposed. Then I saw Mr. Digby (?), and I said I should like to write to Dr. Newington, and this morning I got from him this sketched-out scheme, rather too long to read perhaps. He wants this division to be made acquainted with the present position of the work done by the Parliamentary Bills Committee, and assuring the Home Office that the feeling was entirely in favour of compulsory pensions. He wants the meeting here to clearly understand the points of the work they have been doing with regard to it.

Dr. NICOLSON here read the statement mentioned.

He then continued—I told them the officers would be only too glad to have their pension assured. If it was not assured it was not to be expected that the right stamp of man would go in for the work, if he did not see his future was to be considered. That seemed to be an idea which caught on with the Under Secretary. I assured them that if the compulsory pension was granted it would be the means of assuring that a good class of men would join the asylum service. If this meeting endorses that statement it would be a help to the Parliamentary Bills Committee in urging it forward and sending in their memorandum, strengthening their hands.

Dr. KAY—Is that a statement to the Home Secretary?

Dr. NICOLSON—That is a statement which will go before the Home Secretary,

and if it will be approved by this meeting it can be sent to him with that approval.

The CHAIRMAN—You have heard the *statement* sent to Dr. Nicolson by Dr. Newington, the secretary of the Parliamentary Bills Committee? Are you of opinion that it *should be sent with approval?*

Agreed to unanimously.

The CHAIRMAN—Could you not add a rider to it that hospitals should be included?

Dr. NICOLSON—These points the Bills Committee think cannot be taken up now. If you write to them after, it might do good. They are only too glad to know the opinion of persons interested.

The CHAIRMAN—Then they could not take this on now?

Dr. NICOLSON—I don't know how far the Committee have got by this.

Dr. HITCHCOCK—Can we add anything to the effect that if possible some conditions should be added, so as to make the present permissive clauses with reference to hospitals compulsory?

After some discussion the Chairman suggested that this meeting send a request to the Parliamentary Bills Committee to add to their request on Section 20, that the hospitals should be treated in the same manner as the public asylums, so far as pensions and allowances for servants are concerned.

Dr. NICOLSON—That would be all right so far as it goes, but I don't think they would be on the same footing as regards payment, &c.

The CHAIRMAN—I think you will know that there are hospitals which are generous, as there are County Councils which are generous, and hospitals which are very ungenerous.

Dr. NICOLSON—The question is, whether the request of this particular thing might not do more risk of harm than if you waited till after this was accepted.

The CHAIRMAN—Then you would have to wait for another Lunacy Act.

Dr. NICOLSON—Oh no, not exactly.

The CHAIRMAN—This will come before the House of Commons as a proposition in any case. The question is whether it would not come with better force if it had been before the Parliamentary Committee.

Dr. NICOLSON—But you might damn it altogether. It may be desirable, but I think it would be a pity to tack it on. The compulsory idea is the first idea; if we could get that through, a good many things might follow.

The CHAIRMAN—Will you propose that it is desirable that hospital officers and servants should be treated in the same way with regard to pensions as is proposed under Section 20 of the new Act? We can send it to the Parliamentary Committee to do what they like with it, and we can send it up by ourselves.

Dr. NICOLSON—I don't see the meeting would do any harm in asking the Parliamentary Committee to deal with it, but not to ask that it be tacked on.

The CHAIRMAN again read his suggested proposition. Every hospital, he said, had pensioned its superintendent on retirement, and they only asked that it should be a necessity, not simply a rule.

Dr. KAY—It is a recognised thing in the West Riding of Yorkshire that all officials engaged now sign a paper on the distinct understanding that they receive no pensions.

Dr. NICOLSON—At Middlesbrough, so far as I understand, at one asylum they undertake that there should be no pensions.

Dr. KAY—In the West Riding all officers accept office on the distinct understanding that there is no pension.

The CHAIRMAN (in conclusion)—Perhaps this is too debatable a subject to continue. (Hear, hear.)

Regarding the clause respecting the "Master in Lunacy," the Chairman said he thought that every one would approve most strongly of all that was there proposed to be done.

This concluded the meeting.

## MEETING OF THE IRISH DIVISION.

Members present at the meeting on April 12, 1898: William Graham, George R. Lawless, M. T. Nolan, E. L. Fleury, John Mills, Samuel Graham, G. J. West, J. A. Oakshott, Daniel F. Rambaut, J. M. Redington, R. Lockhart Donaldson, Bagenal C. Harvey, W. S. Gordon, H. M. Cullinan, J. A. C. Donelan, Conolly Norman, Dr. Charles Hetherington in the Chair; Arthur Finigan, Oscar Woods, G. J. Rivington.

After considerable discussion the following resolutions were passed:

### Local Government (Ireland) Bill, 1898.

*Resolved*—That we, the members of this Association, protest in the strongest manner against the transfer of lunatics and lunacy administration to the jurisdiction of the Local Government Board, or any legislation that would associate insanity with voluntary pauperism; and are further of opinion that such important matters as the care and treatment of the insane should be completely independent of any other Board dealing with public charities. We consider that in any legislative changes the Lunacy Laws of this country should be assimilated to those in England, where a separate body exists for the supervision and protection of the insane; or adopt the findings and recommendations of the committee appointed by the Lord Lieutenant on Lunacy administration, known as the Mitchell Report of 1891.

We consider the existing and beneficial jurisdiction of the Lord Chancellor in lunacy should be preserved.

We recommend that every resident medical superintendent appointed to an asylum should have served for not less than five years as a medical officer or assistant medical officer in an asylum for the treatment of the insane, and that the power of appointment to the office of resident medical superintendent shall be retained, as at present, by the Lord Lieutenant of Ireland for the period of five years after the passing of this Act.

We deem it right that the existing resident medical superintendents of district asylums, having been appointed by the Lord Lieutenant, shall not be removable from the office without the consent of the Lord Lieutenant.

We recommend that the Lord Lieutenant have power to direct that assistant medical officers shall be examined and their qualifications certified by such persons as his Excellency may direct.

We request that the following clauses in the Lunacy Bill now before the House of Lords may be added to the Local Government (Ireland) Bill. It shall be the duty of the visiting committee of every asylum to grant superannuation allowances to their servants and officers under Pauper Lunatic Asylum (Ireland) (Superannuation) Act, 1890, and the allowance to be granted to an officer or servant under that section shall not be less than would be granted if he were an officer or servant to whom Poor Law Officers Superannuation Act, 1896, applies.

### Extract from the Report of the Parliamentary Bills Committee of the Medico-Psychological Association.

The Committee support the recommendation of the Irish Asylum Medical Officers' Association, that a resident medical superintendent should have at least five years' experience as an assistant medical officer in an asylum.

The Committee also endorse the protest of the Irish Asylum Medical Officers' Association, against the proposition to transfer lunacy administration from the Lord Lieutenant to the Local Government Board, being firmly of the opinion that such administration should be independent; and the committee fully endorse the findings of the committee appointed by the Lord Lieutenant of Ireland on lunacy administration in the year 1891. "The Committee are of the opinion that if any change is made in the provisions for giving pensions and allowances in case of injury to asylum officers in Ireland, the provisions of the

law now relating to the granting of pensions and similar allowances to asylum officers in England, as proposed to be amended by the Bill now before Parliament, should be applied.

## SIR EDMUND DU CANE ON CRIMINAL TREATMENT.

In the May number of the *Nineteenth Century* Sir Edmund du Cane's article on the Prisons Bill and Progress in Criminal Treatment will be read with much interest. He shows that, under the proposals of the Bill, a complete change of fundamental principles will be possible at the will of the Secretary of State.

The Act of 1865 was designed to remedy pre-existing evils, and specially to provide for separate treatment. This is in all countries acknowledged to be the best system, and it was attained in England after much discussion and great expense. As crime has so markedly decreased, it may be inferred that some credit is due to the Prisons Acts.

Sir Edmund du Cane insists on the necessity for uniformity of regulations, and doubts if there will be found a more efficacious means of reform than punishment for misdeeds. He is strongly of opinion that reform requires time, and states that the average period of detention of boys in reformatories is necessarily some three years, while some of them turn out to be the most incorrigible convicts.

If, as many now think, the reformatory principle should have fair trial, it will be requisite to change the criminal law, so that longer sentences may be inflicted. Sir Edmund du Cane thinks that the worst cases would not really be detained longer than they are under the present system of short sentences. We are glad to note that he states that reformatory and industrial schools are probably chief among the causes of the decrease of crime, and that he advocates a special prison for young criminals, as the most mischievous years are from sixteen to twenty-two.

## THE REPORT OF THE DEPARTMENTAL COMMITTEE ON DEFECTIVE AND EPILEPTIC CHILDREN.

The appointment of the Commission in December, 1896, the Report tells us, arose from the application, of the London School Board to the Education Department, for increased grants in aid of the special classes for defective children which had been formed on the recommendation of the Royal Commission on the Blind, the Deaf and Dumb, &c.

The Committee reports that it has visited all the special classes with the exception of Nottingham, also the Darenth Schools for Imbecile Children and the Epileptic Colony at Chalfont. Witnesses connected with these institutions have been examined, as well as medical men of special experience, in addition to Mr. Knollys, of the Local Government Board; Miss Cooper, Secretary to the Association for Promoting the Welfare of the Feeble-minded; Mr. Loch, Sir Douglas Galton, and others. Much written information from cognate sources has been also received and considered. The Committee, indeed, seems to have neglected no source of information, and the voluminous appendix to the Report, compiled from the evidence given and information received, is a mine of instruction for all interested in arriving at the best methods of treating these classes.

"Feeble-minded" the Committee interprets as "excluding idiots and imbeciles," and as denoting "only those children who cannot be properly taught in ordinary elementary schools by ordinary methods." The term is used throughout the Report, having been employed in the referendum to the Committee, who, however, recommend that in dealing with these children the term "feeble-minded" shall not be used, but that they shall be designated as "special classes."

The *recognition* of these children the Committee insists must be based on the