

considerably enlarged, and 6000 copies have been ordered. It is now on sale, and the publishers are the same as before."

Dr. RAYNER proposed a vote of thanks to Dr. Newington especially, and to the other members of the committee for the work they had done. Seconded by Dr. DOUGLAS. (Carried unanimously.)

Papers were read by A. Helen Boyle on "A Case of Juvenile General Paralysis" (see page 99); by Reginald H. Noot on "The Responsibility of the Insane: should they be punished? a reply to Dr. Mercier" (see page 53). A communication on "The Macroscopical and Microscopical Appearances of the Uterus and Appendages in the Insane," by J. Gordon-Munn, was not read as time did not permit (see page 23).

The members dined together after the meeting at the Café Royal, Regent Street, W., at 6.30 p.m.

SOUTH-EASTERN DIVISION.

The Autumn Meeting of this division was held at Springfield House, Bedford, on 10th October. From 12 to 1 p.m. the members inspected the asylum and its grounds. From 1 to 2.30 p.m. members partook of luncheon. At 2.30 p.m. the Divisional Committee of Management was held, and at 3 p.m. the General Meeting took place. Present—Drs. Urquhart (President), Ernest White (Hon. Div. Sec.), Haslett, J. P. Richards, D. Bower, C. H. Bond, R. Langdon Down, J. Bayley, J. M. Moody, A. S. Newington, R. P. Smith, F. Beach, G. E. Shuttleworth, T. S. Tuke, J. B. Emmerson, and J. Neil. Visitors—Messrs. W. G. Bower and P. Craig.

The minutes of the last meeting were taken as read, having been printed in the July number of the JOURNAL, and they were duly signed by the chairman.

Letters regretting absence were read from Drs. Nash, Hicks, O. Wood, Rayner, Stocker, and Mr. Marks.

Next meeting.—The Hon. Sec. stated that at the Spring Meeting they should visit a county or borough asylum south of the Thames. It had been proposed in committee that they should visit the East Kent Asylum at Chartham, to which of late considerable additions had been made under Dr. Fitzgerald. The proposition was adopted.

Dr. Bower read a paper on "The Inadequate Asylum Provision for the Insane immediately above the Pauper Class" (see page 6).

LUNACY LEGISLATION.

Discussion opened by Dr. White on "Prospective Lunacy Legislation."

Dr. WHITE said the object of this discussion was evident. He felt, as they all did, that when they next met in April most probably the Bill, by which they would have to stand or fall, would have been presented. It was therefore very necessary that what was to be said should be said now. He proposed to discuss the Bill as it came out from the Standing Committee of the House of Lords. All those little clauses which had been wiped out they could let lie, and they could briefly deal in the short time remaining with the clauses as they stood in the amended Bill. He proposed to open out to them the most important clauses. Four days had been substituted for seven days in the urgency order, and they would hear how the three days' system had worked in Scotland, and how the urgency order had worked under the seven days' system in England. But they might rest satisfied that four days it would be in England, because he was informed that the Lord Chancellor was absolutely determined on that point, and therefore any resolution they passed dealing with that question would, he feared, be without effect. The Lord Chancellor was of opinion that the urgency orders had been abused in the past to save the time and trouble of medical men and others; therefore he had introduced not only that reduction of the duration of urgency orders, but also the penalty which attached to the abuse of them. Clause 2 affected the duties of the authorities (reception order). He had had experience with magistrates' clerks and others, and had found that they had been in the habit of extracting considerable fees when they had been called in for these cases, and the object of this legislation was to deprive them for the future of these fees, as someone was of opinion that they had been extracted in rather an excessive manner. 5. In the past the authorities had been in the habit of removing lunatics to the union, and keeping them there indefinitely; they were

sometimes kept there as long as possible, and of course that interfered with the prospect of their recovery. But for the future the Lord Chancellor was of opinion that they should not be detained for more than three days. Then came Clause 6, the disqualifications for signing the certificate, which was a most objectionable clause, as it interfered with signing for one's own relatives, and stated that any person attached to a licensed house could not sign certificates for patients of that licensed house to go to any other. In the early Bill, before it was revised in Committee, a medical man in any way attached to a licensed house was disqualified from signing for any licensed house. 10 confers power to deal with the property of lunatics where it was extremely limited. 13. With regard to the reception of boarders, they all knew how they had been received in connection with licensed houses and hospitals for the insane; but they had never to his knowledge been received at county asylums. He doubted very much whether that power, if granted, would ever be availed of, because he considered it most detrimental to the good working of county and borough institutions to have boarders more or less free from the defined responsibility of the institution. Clause 14 stated definitely that the number of patients to be received into the old hospitals should be fixed. He thought in the past that the number received had been very elastic. There had been the parent institution and various others attached thereto, all of which were considered part and portion, and could receive patients. But the number had now been definitely fixed as it was for a borough asylum or licensed house. Clause 15 was a very important one because it affected the rules and regulations. It gave a very much extended power to the Commissioners, and he dare say there would be those who thought they had that power before, but did not avail themselves of it. 16 affected the management of hospitals. If it was not satisfactory it defined what was to be done, and how the regulations were to be carried out. 17 affected branch establishments. As he said before, the number of the patients in these had been very elastic, but by taking up the branch establishments as well as the hospitals it dealt definitely with them all, considering them as part of an asylum or hospital. No patients were to be received in the first instance into a branch establishment, and it may be visited by one Commissioner only. Clause 19 was very important, because it had been extremely modified in Committee. In the first Bill it stated, speaking from memory, that it was beyond the power of the committee of asylums or hospitals to utilise any portions of those institutions for objects other than those for which they were originally intended; that was to say, in the event of an epidemic they could not utilise a day-room for dormitory space for the time being, and *vice versa*. That was put before the Lord Chancellor as an extremely objectionable clause, and the clause had been modified. Of course the object of the original clause was to prevent any of them using part of their day space so as to increase their accommodation generally; but when he saw the difficulty with regard to temporary use, the Lord Chancellor introduced the clause as it now stands, so that they could use it for the time being; but they would have to get the sanction of the Commissioners subsequently. 20 affected corporate bodies acting in unison and afterwards wishing to separate. The Three Counties Asylum had been combined, but they were gradually drifting apart. Then there was a clause regarding the payment of patients to which he was bitterly opposed. He was happy to say that the large majority of superintendents sided with him, and after representation to the Lord Chancellor it had been withdrawn. 21 affected pensions and allowances. That had been a very vexed question. More than ten years ago they had a very large meeting, and he (Dr. White) proposed then, on the 16th of May, 1888, that a clause be added to the existing pension clause making the modified Civil Service scale compulsory as a minimum. It was extremely pleasing to him that this was the very clause the Lord Chancellor had adopted after ten years. That distinctly fixed the minimum: they could give up to two thirds salary and emoluments, but they must give one sixtieth for each year's service. Then came the clause with regard to injuries to officers and servants. That was undoubtedly a considerable acquisition. It remained practically as it did in the Bill. It covered those who were injured in the actual discharge of their duty. 24 was with regard to offences against patients, and extended to those in workhouses. He thought he had now touched upon the most salient points in the amended Bill, and it would undoubtedly be reintroduced in the House of Lords very early next session in this form. There was another matter for consideration—the treatment of incipient insanity. A com-

mittee had been sitting upon that subject for two years, and had provided a clause for the temporary care of incipient cases. This unfortunately was surrounded with considerable difficulties. It worked all right in Scotland; but he was afraid in England they were more litigious than in Scotland, and he saw great difficulties in getting the Lord Chancellor to introduce it. It nominally did not take away the liberty of the subject, but in reality it must do so, or the patient was not properly treated. An effort had been made to get it introduced into the Bill, but he was personally more than doubtful whether the Lord Chancellor would do so. He had made these few remarks on the Bill because he felt the intense importance of speaking before it was too late.

The PRESIDENT said the meeting would agree that their findings that day should be committed to their representatives on the Parliamentary Committee. He thought it desirable to confine the discussion in the first place to four important points. With regard to the duration of the urgency order: in Scotland it was three days. There the asylum medical officers were permitted to sign the certificate of emergency themselves, so that when a patient was brought in they could detain him for three days. That of course was a grave responsibility, and they very seldom used that power. In Scotland too the magisterial authority was different from England. They did not have to go any great distance to find the sheriff, and they had no trouble in finding him, because he must always be represented, either by himself or his substitutes.

Dr. RICHARDS said if the judicial authorities were about to be increased, then he thought the necessity of the urgency order somewhat diminished, because they would be able to get at a magistrate at once. Was it therefore worth while to object to the diminished number of days? He would move, "That if the judicial authorities are adequately increased the urgency order is not necessary, and should be deleted from the Act." Mr. BAYLEY seconded.

Dr. BOWER said it would be a great inconvenience to have the urgency order absolutely abolished. It was an improvement when it was adopted, and it ought to be continued. He would propose as an amendment, "That in the opinion of this meeting the urgency order ought to be allowed to stand as it is, and not to be restricted to four days." As restricted it would be a very short time to get all the papers completed.

Dr. PERCY SMITH seconded, saying that he did not know what they would do without the urgency order as it stood, as they so often could not find a magistrate when wanted.

Dr. HASLETT supported the amendment, and stated that the then Lord Chancellor was legislating in this respect against the advice of the Commissioners.

Dr. WHITE said he was informed that they were wasting time if they supported the amendment, as he had already pointed out. The extension of the judicial authorities would abolish the abuse of the order which had existed in the past. He had received under urgency orders any number of patients who had not required them, but four days would make it so short a period that they would be less resorted to, and in addition to that there was a penalty. Dr. Bower's amendment was then put to the meeting and lost.

Dr. WHITE moved, "That the suggestion of the Bill, four days, be approved by the division."

Dr. BEACH seconded.

Dr. BOWER said it was a case of urgency order or no urgency order, and not having had his own way he should now vote for Dr. White's amendment, which was then put and carried.

The PRESIDENT said the next point was as to the detention of patients in work-houses for three days.

Dr. SMITH moved, "That not being adequately informed on the subject, the Division do not take it into consideration." Dr. RICHARDS seconded, and it was carried.

Dr. WHITE then moved, "That the clause fixing the minimum scale is acceptable to this division," as leaving a sliding scale for merit, as not interfering with vested interests, and as protecting officers in the hands of unscrupulous committees.

The PRESIDENT asked if there was any addition in sixtieths to the number of years of service. In the Civil Service it was held, in certain cases, that a man might be allowed so many years in addition to come for his education.

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

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

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

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

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

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

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

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

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

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

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

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

SOUTH-WESTERN DIVISION.

The Autumn Meeting of this Division was held at the Grand Pump Room Hotel, Bath, on Wednesday, October 10th, under the Presidency of Dr. Urquhart. There were also present Drs. Benham, A. Newington, Aveling, Lindsay, Blachford, Goldie Scott, Noott, Craddock, Bristowe, Wade, Fox, Douglas, Weatherly, Soutar, Barraclough, Sproat, Morton, Stewart, Cobbold, and the Hon. Secretary (Dr. P. W. MacDonald).

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

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

The minutes of the last meeting were held as read.

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

DISCUSSION: DR. BLACHFORD'S PAPER.

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

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