

of insane patients are properly trained and competent to do justice to their charge.

The point upon which the whole question hangs is that of adequate supervision. It is a very simple one. The Commissioners in Lunacy have all the facts in their possession. There is no need for any commission of inquiry about the lunacy laws. We know quite enough about them already. The appointment of Deputy Commissioners, together with local expert representatives of the Board in centres of the population, will, in my opinion, meet every requirement. By these means the vagaries of those who take charge of cases of doubtful or confirmed insanity will be held in check, and the friends and relatives will be controlled and guided by the firm but kindly supervision of trained experts, who are qualified by long experience to guide and direct them in the right way.

(<sup>1</sup>) Read before a general meeting of the Medico-Psychological Association held at the County Asylum, Derby, February 12th, 1903.

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*Note on a New Case-book Form.*(<sup>1</sup>) By W. R. DAWSON, M.D., F.R.C.P.I., Medical Superintendent, Farnham House, Finglas; Examiner in Mental Diseases, University of Dublin.

THERE are two systems of recording cases in use in asylums. The first, dispensing with all but a very few headings, notes the facts in consecutive order, and their value or worthlessness depends entirely on the experience of the writer. The second (of which the method employed at the Murray Royal Asylum, Perth, is the most thoroughgoing example) seeks by numerous printed divisions to ensure that no fact of importance will be missed. Those who support the former urge that multiplication of headings encourages a mechanical and perfunctory manner of case-taking, that the resulting record is scrappy and disconnected, that intelligent amplification of salient features is sacrificed to the noting of many unimportant facts, and lastly that, as the divisions are never all filled in any individual case, the case-book presents an untidy and ill-kept appearance. It must be admitted that there is a good deal

of truth in these objections ; but, on the other hand, when we consider that asylum notes are often taken by inexperienced assistants, for whom some guide is essential, and that even those of larger experience are sometimes in danger of forgetting to record the isolated facts, the expediency of using some method of meeting these difficulties is obvious. The free use of headings certainly does this, while at the same time it enables facts of the history, often hard to elicit at first, to be entered in their proper sequence from time to time, according as they are discovered ; and lastly, headings greatly facilitate reference.

In the case-book form which I venture to bring under your notice I have endeavoured to secure the advantage to be derived from numerous headings, while at the same time avoiding, as far as possible, the drawbacks of this system. Thus an effort has been made, while omitting nothing of importance, to avoid excessive subdivision, and to allow a certain amount of scope for enlarging on individual points of importance. Proper connection and sequence is sought for by following, as far as possible, the chronological order of events in recording the history, and what Easterbrook would call the "natural" order in noting the symptoms ; while lastly, the printing and arrangement of the headings have been manipulated with a view to minimising the ugliness of blank spaces.

The points to which special attention may be drawn are the following :—

What may be called the administrative (in contradistinction to the medical) facts are placed in a division distinctly marked off from the rest of the notes, the name of the disease being also placed here for convenience. Next comes the family history, and then the personal history up to admission. Under the latter I take first the general facts regarding the patient as an individual, including such matters as sex, race, religion, occupation, age, disposition, habits, and so forth, for all of which this seems to me to be the right place ; then the previous health, under which previous mental attacks are first noted, and then nervous and other diseases, and, in the case of a woman, facts about menstruation and confinements. Lastly the present illness is dealt with, the only special point under this head being the arrangement by which certain symptoms of practical importance are conspicuously noted. (The space left for the

general account of the symptoms and course has been found scarcely sufficient, and I should now give up three or four more lines to it.)

In describing the "State on Admission" I have adopted substantially the order advocated by Easterbrook, though somewhat modifying the details. Thus we commence with certain general facts observable at once on seeing the patient, and such as cannot well be included under other heads (*e. g.*, weight and temperature). We then go on to those which are revealed by further external examination of the body, and finally take the internal systems one by one, beginning naturally with the nervous system as being of primary importance to the alienist; and for this reason also this division is considerably elaborated, the facts being grouped, as will be seen, under the headings "mental," "sensory," "motor," and "reflex." (As regards the first of these subdivisions it may be stated that the notes under the first four sub-headings are intended to indicate not only the presence or absence of the symptoms named, but also, if present, their mode of manifestation, *i. e.*, the patient's appearance, words, and conduct.) It does not seem necessary to multiply headings in the case of the remaining systems (circulation, respiration, digestion, and the genito-urinary), which any qualified man should be accustomed to examine and write notes upon; except, therefore, for one or two points having a special bearing on mental disease, only the leading heads are given, but space is left for the chief facts. Any matters of special importance can be enlarged upon on the following page, some mark being made under the appropriate heading to indicate that this is done. Treatment is also left for the next page, on which the progress of the case, etc., is noted.

It will be seen that, when the forms are bound up, two pages—blank except for the spaces to receive the patient's name, and the dates—are left for the remaining record. This is frequently sufficient, but in my own case-books I have had blank leaves with the same ruling bound in at the end of the book, the pages being numbered consecutively to those of the regular forms. The notes can then be continued on these, the page being entered separately in the index. From 100 to 200 forms, with a supply of blank pages, make an ordinary-sized case-book. Separate forms are convenient for taking

rough notes of the case on admission, to be subsequently written in and expanded; and of course any of the more elaborate systems of preliminary note-taking, such as Wilson's, may be worked in connection with the case-book.

The form has been in use at Farnham House for over sixteen months and answers well, though experience shows that one or two details might be improved, the most important being the increased space required for the history, as already mentioned. Of course some further modifications would be necessary to adapt it for public asylum purposes.

In conclusion I may say that, while drawing up the plan, I had the advantage of studying the case-book forms of several of the leading asylums of these kingdoms, the best features of which (or what seemed to me to be such) I have tried to incorporate in it; but I am most of all indebted to Easterbrook's instructive paper entitled, "A Plea for a more Natural and more Uniform Clinical Method," published some years ago in the *Edinburgh Hospital Reports*, to which I have already alluded.

#### HEADINGS OF THE CASE-BOOK FORM.<sup>(2)</sup>

**NAME—DISEASE—Termination—Date of Admission—Hour—Date of Discharge (or death)—Last Residence—By whose authority sent—Medical Certificates: 1.—2.—Address of Nearest Relative—.**

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**FAMILY HISTORY. Heredity** (direct or collateral) to Insanity, Nervous Disease, Alcohol—Phthisis, Rheumatism, Gout, etc.—**Longevity—.**

**PERSONAL HISTORY. General.** Sex—Race—Religion—Occupation and Position—Age—Marriage—No. of Children (1) Alive—(2) Dead—Age of youngest Child—Miscarriages—**DISPOSITION and ABILITY—HABITS,** especially as to Work—Food—Alcohol—Sleep—Amusements—**Previous Health. PREVIOUS ATTACKS.** No.—Age on first—Kind, with Date, and Place of Treatment—**OTHER NERVOUS DISEASES OR SYMPTOMS,** Fits, Chorea, etc.—**OTHER DISEASES.** Syphilis—Rheumatism—Gout—Fevers, etc.—**MENSTRUATION—CONFINEMENTS.—Present Illness.** Duration—Supposed Cause—**TIME AND**

MODE OF ORIGIN.—SYMPTOMS AND COURSE. Epileptic?—Suicidal?—Dangerous?—Destructive?—Wet and Dirty?—Tendency to Wander?—Sleep—Appetite—Bowels—TREATMENT—.

**STATE ON ADMISSION** **General.** Height—Conformation—Fatness—Muscularity—Weight—Hair—Eyes—Expression and Complexion—Aspect and Apparent Age—Temperature—**Skin, Bones, Joints, etc.** Wounds, Bruises, Eruptions, Swellings, Fractures (especially of Ribs), etc.—**Nervous System.** **MENTAL.** Exaltation or Depression—Excitement or Stupor—Enfeeblement—Impulsiveness—Attention—Coherence—Response to Questions—Memory; Recent—Remote—Hallucinations—Delusions—Insane Habits, Propensities, etc.—**SENSORY.** Touch (including Muscular Sense, etc.)—Taste—Smell—Hearing—Sight—Field of Vision—**EYES.** External—Pupils—Fundus—**MOTOR.** Gait—Muscular Power—Paralysis—Co-ordination—Tongue—Speech—Handwriting—**REFLEX.** Knee-jerks—**Circulation.** Pulse—Blood-pressure—Heart—**BLOOD—Respiration.** Rate—Lungs, etc.—**Digestion.** Appetite and Thirst—Tongue—Teeth—Palate—Liver, etc.—**Genito-Urinary System.** **URINE.** Quantity—Reaction—S.G.—Colour—Deposit—Odour—Albumen—Blood—Sugar—Bile—Microscopic—.

#### TREATMENT AND PROGRESS.

(<sup>1</sup>) Read at meeting of the Irish Division, May 23rd, 1902.—(<sup>2</sup>) Each page of the sheet measures about fifteen inches by ten inches. Page 1 is blank except for the head-line. All the headings except the last are printed on the two centre pages (2 and 3), the lines being ruled a quarter of an inch apart. To afford room enough for the history all the headings after and including "State on Admission" should be printed on the third page. All four pages have a space for the patient's name at the head. The space for "Medical Certificates: 1.— 2.—" is only intended for the names of the physicians signing them; their "Facts indicating Insanity" can be filled in *verbatim* under the history of the present illness, if desired. Sufficient space (two or three lines in some cases) is of course left after the various headings, but a feature of the form is that the headings are distributed over the page, and not simply printed in columns one under the other; the object being to minimise the unsightliness of any blank spaces. Between "Bowels" and "Treatment," on the second page, at least eleven or twelve lines should be left, as seven, the present number, has been found insufficient for recording course of case up to admission. Under "Genito-Urinary System" space is left after "Microscopic" for recording other symptoms connected with this system. "Treatment and Progress" is printed at the head of page 4 of the sheet. There are thus, as pointed out above, four pages, two with headings followed by two blank, for the record of each case.