

and they broke down again. Could not some place be got as a sort of after-care, where these people could go and live and work to earn money to pay for their keep? They were absolutely unfit to go out in the world, yet it was the greatest difficulty to certify them.

Dr. LAING questioned whether any school authority had any power to build a school or institution for idiots. He believed that a school authority had power to maintain a school for imbeciles.

Dr. MACDONALD said that the real difficulty raised by Dr. Sproat, and referred to by the majority of speakers, was the question as to what power any county council had to provide a home for those cases not certified. Personally he did not think they would get two or three counties to combine for purposes of this kind. They might get them to do it if the places were maintained by voluntary subscription, but not from the rates. He had been for years, and was still of the same opinion, that each county should do as Middlesex and Hampshire had done, and that was to provide a special block for the treatment of idiots and any other cases which it might be thought fit to send there. He was quite sure that the Legislature never contemplated that there should be more than one lunacy authority, and that one was the county council. He did not wonder at the boards of guardians refusing to do this, because if they did so it would be converting every workhouse in the country into a miniature asylum. Workhouses were not meant for that class of people, and they would find that the Legislature would force the hands of the councils until they had made provision for every one of these cases. He believed the blocks at Fareham and Wandsworth answered admirably; he had tried to get a case admitted, but he was told that all they could do was to provide for their own.

Dr. SPROAT, in replying, said that he thought it was fairly settled that the county councils could not provide for idiots and imbeciles other than as lunatics, and as the law stood at present there was no place except lunatic asylums for them.

The Relation of Mental Symptoms to Bodily Disease, and their Treatment. By NATHAN RAW, M.D., M.R.C.P.(Lond.), F.R.S.(Edin.), Physician, Mill Road Infirmary, Liverpool.

DURING the last few years great importance has been attached to the consideration of the treatment of those patients who, though not permanently insane, presented mental symptoms requiring immediate and active treatment. Physicians who are brought into contact with large numbers of cases of bodily disease are generally agreed that many of them exhibit mental symptoms concurrently with their bodily illness which are entirely due to the disease itself, such as the initial delirium of pneumonia or the profound depression of influenza.

The nervous system may be attacked in precisely the same way as any other system by toxic poisoning, such as alcohol or arsenic, or by the toxins produced in the course of any of the specific infective fevers. Having made a diagnosis of such a case, the question of prime importance arises, How are we going to treat the case? Many patients exhibit such

dangerous homicidal and suicidal tendencies that it would be highly injudicious to attempt their treatment at home or even in the wards of a general hospital.

If a patient with raving delirium of pneumonia jumps out of a hospital window, a coroner's jury will probably attach some blame to the hospital authorities, whilst if a patient committed suicide at home the medical attendant would no doubt come in for some censure from the relatives. To the medical man there is no question which causes him such anxiety. There is no time for delay, the onset of the symptoms is rapid and uncertain, and it is necessary for the protection of the patient himself and his neighbours that he should be placed under proper restraint and control at once.

Where is he to go? It is a fact that in a large city like Liverpool there is actually no facility for treating a case of delirium tremens excepting the workhouse, and perhaps one or two nursing homes who do not encourage their reception. In the present state of the Lunacy Law all such patients requiring treatment in an institution must be certified as lunatics, either pauper or private.

My earnest contention is that there ought to be some provision made by law for the treatment of temporary or incipient mental cases *outside* a lunatic asylum, either in wards attached to a general hospital or in a reception house or mental hospital. The period of stay in this mental hospital should be strictly limited to time—to, say, six weeks,—and on the expiration of that period, if no improvement showed itself, the patient should be legally certified to an asylum.

My opinions are based on experience, as during the last five years, whilst in charge of this large Poor Law infirmary, I have had under my care 3129 lunatics, made up as follows:

Admissions from July, 1897, to July, 1902: males, 1671; females, 1458; total, 3129. Nearly all these patients were admitted under Section 20 of the Lunacy Act, 1890, on a three days' order. Under the powers of this Act I have authority to further detain the patient for a period of fourteen days, and even a further three days, making in all a total legal detention of *twenty days*.

Taking advantage of this authority, I have been able to discharge recovered no less than 1006 patients out of a total admission of 3129, or 32 per cent. It is only fair to say that a

large number of these cases were due to excess in alcohol, the effects of which generally pass off in four or five days, but often extend to weeks.

The point I wish to emphasise in this paper is this—A great number of people are sent to lunatic asylums every year unnecessarily, necessitating the provision by the asylum authorities of a great number of beds for acute cases. What is the result? The asylums are overcrowded with the accumulation of chronic cases, with no room, as at present, for the reception of acute cases. At least, this has been the position in Lancashire for some years.

The remedy for this chaotic and unsatisfactory condition in dealing with the insane which I suggest is as follows:—In each city or town a reception hospital for mental cases should be established, either attached to the general hospital or provided by the municipality at the expense of the rates, for the reception of all acute cases, or those people found wandering at large by the police. These patients to be placed under the best possible conditions, and treated by expert physicians. In a great number of instances the patient would completely recover, and be discharged to his friends; those who did not recover in six weeks would be certified to a private or pauper asylum. In addition to this, the workhouse authorities might arrange to detain every lunatic for the full period of twenty days in the wards of the infirmary before removing him to the asylum,—that is in those cases which required this detention.

The advantages of such a system of treating such cases are obvious; in the first place a large percentage of lunatics would never require to be legally certified, and would thus be spared the stigma of having been associated in a public asylum with hopeless dements and imbeciles, resulting in loss of employment and distrust for the rest of their lives. I have known a respectable man who was certified to a lunatic asylum suffering from the initial delirium of typhoid fever. On his discharge he was dismissed from his post as he was not considered safe. Then, again, there would be a great opportunity of teaching students and demonstrating to them cases of acute mental disturbance, which they have little or no opportunity of studying at present.

The objection (if such it can be considered) would be that the lunatic asylums at present would be deprived of the most

interesting and curable cases of insanity, and their statistics would suffer accordingly; but I cannot think that any asylum medical officer would seriously raise such an objection if the principle was for the public good. There will always continue to be numbers of acute cases requiring active asylum treatment, but my plea is for those who are not really lunatics in the true sense of the word, but rather temporary lunatics for the most part suffering from toxic poisoning of their nervous centres. In spite of what may be said to the contrary, there is a real stigma attached to a person and his friends who has been legally certified as insane; and I only contend for those who ought not to be certified,—for those who are really insane the disabilities must follow.

With regard to whether fresh legislation is necessary to establish such mental hospitals, and the details of supervision and management, I am not at present in a position to discuss them; but I earnestly hope to see some such effort made to remedy the present unsatisfactory manner of dealing with the insane.

In my opinion the time will come when the whole responsibility of dealing with the care and treatment of the insane will devolve upon the county councils and city and borough councils, and be entirely removed from the Poor Law authorities.

Clinical Notes and Cases.

A Case of Epilepsy with Glioma following on Traumatic Injury of the Brain. By A. R. URQUHART, M.D., and W. FORD ROBERTSON, M.D.

V.P. 73, æt. 34, admitted into Murray's Asylum, Perth, on October 12th, 1897. A married male.

Family history.—Vigorous and healthy, the various members of the family having occupied positions of responsibility with great credit.

Personal history.—Generally healthy. As a young man he was of exceptional ability, especially clever as a linguist; and at the age of twenty-one entered the Indian Civil Service, in which he was duly promoted. He was notably kindly and obliging in disposition, and very popular with all classes. To the end he maintained this reputation.