

expected to enter for the Association certificate; at the end of the third year they have to be examined again for the Special Retreat certificate and "William Tuke" medal, which is bestowed after a fourth year of private nursing. They are specially instructed in medical gymnastics, massage, and invalid cooking.

*Some Scottish District Asylums.*

*Fife and Kinross.*—Dr. Turnbull presses the boarding-out system in every possible way, and was enabled to plant out seventeen cases with relatives and eleven with strangers. They are frequently sent out "on pass" for twenty-eight days to see how the trial results. Experience soon shows that the result of the trial depends not only on the mental state of the patient, but largely on the capabilities of the receiver. In spite of the vacancies thus created, it is found necessary to build accommodation for 100 more patients, equally divided as to sex. The estimated cost is £135 per bed, which is most reasonable. Dr. Turnbull discusses in a thorough manner the question whether asylum farms pay, and comes to the conclusion that they do, though not always to the amount claimed. The raising of all butcher-meat in his case is a material factor in the farm's success.

Dr. Turnbull speaks in favour of the treatment of incipient cases in mental wards of general hospitals.

In view of the increasing burden of lunacy throughout the country, a proposal has recently been put forward, and has been much discussed, that in general hospitals, such as the Royal Infirmary of Edinburgh, there should be provided wards for the treatment of mental cases. Two objects are aimed at. One is that incipient and transient cases of insanity should be treated in these wards, without requiring to go to the asylum proper, thus avoiding as far as possible the unfortunate prejudice which is still often shown against asylum care and against those who have required it. It is of course evident that, in the absence of special regulations, the cases received could only be those in which the patients submitted readily to treatment, and did not need compulsory detention or restraint in other ways. The other object is that treatment should be obtainable by the poorer classes of the population for those forms of mental disturbance which lie on the border-land between sanity and insanity. In these the patient's condition is such that he may not be properly certifiable for asylum care, and yet may require special treatment; and if he does not get that treatment his illness may easily pass on to active insanity. That the plan of having such wards is practicable is shown by the fact that it is already in use in some parts of the Continent. In asylum work one finds far too often that the best time for the treatment of the illness has been allowed to slip past. Often the "insanity" is said in the admission papers to be of only a few days' or a few weeks' duration; but inquiry shows that the symptoms indicating the commencement of mental disturbance have possibly been present for many months, and have been gradually increasing, while the patient drifted on at home without the means of getting the treatment he required. The step of certifying cases for asylum care, involving as it frequently does their also coming on the public rates for support, is so serious that naturally it is often deferred as long as possible; and so valuable time is lost. In giving the opportunity of treatment for these cases the mental wards of a general hospital would meet a much-felt want, and be productive of good; and it is therefore very desirable that they should be provided. If they receive also some of the transient forms of active insanity, it should lessen *pro tanto* the admission rate of asylums; but as these cases would have been discharged from the asylum on recovery, it is not likely that from that side it would produce much effect in lessening the number of chronic residents.

*Glasgow, Gartloch.*—Dr. Parker, who has recently assumed the direction of this excellent asylum, holds opinions strongly opposed to this same proposal of treating cases in general hospitals.

With such a large proportion (57·6 *per cent.*) in these classes, a recovery of 40·8 *per cent.* may be looked on as very satisfactory. Apparently this continued large admission rate of those ill over a year is closely related to the increasing tendency on the part of the public to trust their aged and helpless relatives to asylum care. This tendency, though entailing a heavy burden on the asylum, is welcome as a sign of public confidence, and it seems to me a pity that at such a time a movement should be made that might be interpreted by the public as a slur on asylum care and treatment, as though patients could not in asylum hospitals get the same treatment and care as in a general hospital. To get at the cases that are uncertifiable or difficult to certify, an increased use should be made of the law which permits voluntary inmates in asylums under sanction from the Commissioners in Lunacy, and people should be encouraged to come to asylums for the help they feel they need. On the other hand, to keep certifiable cases in wards not amenable to the regulations binding asylums is a course very likely to lead to abuses; but there is nothing to prevent early and non-certifiable cases from being treated in the wards of any general infirmary, as has for many years been done by Dr. Alex. Robertson, of Glasgow, in the town's hospital. This is no new thing, and can be done now as in the past. To form wards for the special treatment of the insane in general hospitals is to label the patients as insane just as much as if they were sent to an asylum. The strongest argument (other than the teaching one) in favour of treating insane folks in a general hospital is lost if there are special wards for the purpose. There should, however, be dispensaries for nervous and mental diseases attached to our general infirmaries, where the mentally ill and their friends could easily and conveniently get the best advice. I am sure that if this were done, and properly taken advantage of, it would assist in keeping down the numbers of the insane, and so relieve the tension in our asylums.

*Glasgow, Woodilee.*—Dr. Blair has retired from the medical superintendency, and has been succeeded by Dr. Marr. We are glad to note that the Managers, both in his case and in that of Dr. Oswald on leaving Gartloch for Gartnavel, place on record their warm appreciation of the eminent services rendered to their institutions by both gentlemen.

The whole of the male hospital is officered by women, and a "nurse with the advantages of a course of training in a general hospital has been put in charge." Dr. Marr states that the relegation of noisy, dirty, destructive, and suicidal cases to a dormitory has been followed by advantage to themselves and to the quieter patients, who have their bedrooms instead.

Both here and at Gartloch extensive additions are being made in the shape of iron and wood buildings for the treatment of tubercular cases. We are afraid that the recent calamity at Colney Hatch may cause some disquiet on the score of similarity in material.

Considering the gathering ground of these conjoined asylums, the proportion of 7·5 *per cent.* of the admissions is not a high one to show in respect of general paralysis. We are glad to see that Dr. Parker furnishes a table of the probable cause in the general paralytics admitted. Syphilis was established in nearly 50 *per cent.*, hereditary predisposition in nearly 50 *per cent.*, while fourteen out of nineteen had been drinkers. We wonder that other superintendents do not make a special inquiry for instructive report in this direction.

*Govan.*—In this asylum general paralysis makes even a less mark in  
XLIX.

the admissions, only thirteen cases occurring in 239 who entered ; but no case in all the latter was attributable to syphilis. A large number of male alcoholics (38 out of 143) were admitted and increased the turnover of the asylum, which is a high one, the proportion of admissions to average population being more than 50 *per cent.* The Commissioners advise the authorities to consider whether "in some cases appropriate medical treatment could not be given elsewhere than in the asylum for the short time that is often all that is required to complete recovery of these drinkers."

---

### Notes and News.

---

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

THE GENERAL MEETING was held at the Derbyshire County Asylum, Mickleover, on Thursday, February 12th, 1903. Dr. J. Wigglesworth, the President, occupied the chair.

The following members were present:—Drs. T. Stewart Adair, W. Lloyd Andriezen, Henry T. S. Aveline, Horatio Barnett, Fletcher Beach, Harry A. Benham, C. Hubert Bond, David Bower, A. N. Boycott, George Braine-Hartnell, Robert H. Cole, F. K. Dickson, Charles C. Easterbrook, Francis H. Edwards, G. Stanley Elliott, H. Gardiner Hill, Theo. B. Hyslop, Gerald H. Johnston, J. Carlyle Johnstone, Robert Jones (Hon. Sec.), W. Ernest Jones, Walter S. Kay, Richard Legge, Henry C. MacBryan, Henry J. Mackenzie, S. Rutherford Macphail, W. F. Menzies, Alfred Miller, C. S. Morrison, Gilbert E. Mould, H. Hayes Newington, Michael J. Nolan, Bedford Pierce, Evan Powell, Daniel F. Rambaut, Robert L. Rutherford, J. Beveridge Spence, Bernard Stacey, Rothsay C. Stewart, F. J. Stuart, T. Seymour Tuke, Alex. R. Urquhart, Lionel A. Weatherly, Ernest W. White, J. Wigglesworth, T. Outterson Wood, and David Yellowlees. Visitors: Colonel G. Gascoyne and Drs. E. Collier Green and E. Vaudrey.

Apologies for non-attendance were received from Drs. C. Mercier, A. R. Turnbull, R. Percy Smith, P. W. Macdonald, E. B. Whitcombe, J. F. Briscoe, and H. Rayner.

In the morning the Educational and Parliamentary Committees met, and a Council Meeting was held. The following were present at the Council:—Drs. J. Wigglesworth, H. Gardiner Hill, T. Stewart Adair, Alfred Miller, Ernest W. White, C. Hubert Bond, G. Braine-Hartnell, R. L. Rutherford, David Yellowlees, H. Hayes Newington, J. Beveridge Spence, A. R. Urquhart, Theo. B. Hyslop, Lionel A. Weatherly, Rothsay C. Stewart, and Robert Jones.

At half-past one Dr. R. Legge entertained the members to lunch, at the close of which Dr. Wigglesworth proposed the health of their host, remarking upon the evident popularity of the quarterly meetings of the Association held in the provinces, as evinced by the numbers present.

Dr. LEGGE, in responding, paid a high tribute to his committee and expressed much pleasure in being able to forward the interests of the Association.

Dr. T. OUTTERSON WOOD then proposed the health of Colonel G. Gascoyne, Chairman of the Asylum Committee. This was heartily received, and Colonel Gascoyne responded in cordial terms.

Dr. Wigglesworth presided at the afternoon session. He regretted to announce that Dr. Clouston was absent through a serious and severe illness, that Dr. Macdonald was unable to be present from a similar cause, and that Dr. Mercier