

*The History of an Experiment in dealing with the Reported Cases of Insanity occurring in the Barony Parish of Glasgow.** By JOHN CARSWELL, L.R.C.P.Ed., etc., Certifying Physician in Lunacy, Barony Parish, Glasgow, and Lecturer on Mental Diseases, Anderson's College, Glasgow.

The Barony parish of Glasgow has a population of about 320,000. The care of the lunatics chargeable to the parish has engaged the attention of the Board ever since its formation in 1845. Various circumstances have contributed to make the experience of the Barony parish, in relation to lunacy, exceptionally valuable. Unlike most of the other parishes in Scotland the Barony Board has always provided asylum accommodation for its lunatics; it has never been dependent upon a District Board of Lunacy for that purpose. Although at one stage of their history pressed to hand over their asylum to the then existing Glasgow District Board of Lunacy, the Barony Board declined to do so, on the ground mainly that, on account of the largeness of the population and the rateable value of the parish, the Parochial Board was better suited to be entrusted with the management of the arrangements for the care and treatment of its pauper lunatics than a District Board of Lunacy, which had a wider area to provide for, and different interests to consult; and further the Barony Board held that the double management involved in having an asylum of their own along with their statutory obligation to provide for the due certification and maintenance of the pauper insane was a distinct advantage to a Parochial Board, inasmuch as it provided the material for a more complete view of the lunacy requirements of the parish, and gave the members of the Board a greater interest in questions connected with the care and treatment of the insane. In the early years of its management the Board provided for its pauper lunatics in asylum wards connected with the poorhouse at Barnhill. That arrangement was never considered satisfactory by the General Board of Lunacy; but the Parochial Board considered the arrangement quite satisfactory, and opposed the views of the Lunacy Commissioners. Ultimately, however, the Lunacy Commissioners got their views accepted by the Parochial Board, and they determined to build a new asylum at Woodilee, Lenzie. Probably the arguments of the Com-

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missioners were less potent than the rapid increase of patients, caused by a great growth in the population of the parish, in bringing about the new departure. With the erection of the new asylum the Barony Board entered upon what may be called a new era in its relation to lunacy administration, for it soon became evident that it was performing the functions both of a Parochial Board and a District Board of Lunacy. That position ultimately received legislative sanction, and so the parish is now a lunacy district, and the Asylum Committee of the Board is practically, though not in name, a District Board of Lunacy.

These preliminary observations are necessary in view of the fact that the history and the present position of the Barony parish in the matter of its lunacy arrangements, are in many important respects exceptional when compared with the other parishes in Scotland. Some of the other parishes in Scotland have provided for their lunatics in parochial asylums, but these establishments have been connected with poorhouses, and have not in all cases met the requirements of the parish. The district asylums have supplied accommodation for the pauper lunatics of most of the parishes in Scotland. The Barony parish alone among the other parishes of Scotland has always endeavoured to provide fully and adequately the necessary asylum accommodation for its lunatics, and in doing so it has had to consider many problems connected with the management of the insane which did not press so urgently upon the attention of other Parochial Boards. The most important problem that has engaged the attention of bodies entrusted with the care of the insane during recent years has been to discover the causes of the remarkable increase of pauper lunatics. It was in connection with a consideration of that problem by the Barony Parochial Board that the experiment, the history and results of which I have to lay before you, was suggested as a method by which the increase in the number of patients sent to the asylum might be prevented, and some other useful results also secured.

Like other districts in Scotland and England the Barony several years ago began to feel the pinch of limited asylum accommodation. In 1888 the question of enlarging their asylum had to be considered, but before deciding to build additional asylum accommodation the Board instituted an inquiry having for its object to discover, if possible, the causes of the increase in the number of patients sent to the asylum. The records of the parish in relation to lunacy

were investigated with the view of discovering whether they would afford a clue as to how the increase had come about, and also as to whether that increase might be expected to continue. These investigations led to negative results. The only direct result of the inquiry was that judging by the number of persons sent to the asylum and the steady growth of the asylum population insanity was on the increase. But that was known before the inquiry was made. It was evident, therefore, that if reliable information was to be got concerning the causation, sources, and nature of certifiable insanity some method must be adopted that would secure a suitable scrutiny of applications on account of supposed insanity, and would also provide for recording the results obtained so as to gain some approach to solidarity in respect to the whole investigations of the attendant circumstances, previous history, causation, nature, and treatment of the cases brought under the cognizance of the inspector of poor. It was because such information did not exist in the records of the parish that the inquiry alluded to failed to throw any light upon the subject of investigation. Clearly an important aspect of lunacy administration had been overlooked, for no reliable information was available regarding the history of occurring insanity during the important stage when the case is reported to the inspector of poor and its disposal either by certification or otherwise. The method followed at that time was that on a case being reported to the inspector, the medical officer of the district in which the patient resided was asked to certify the patient, and the medical officer of the adjoining district was asked to grant the second certificate. The case was entered in the medical officer's case book along with the other cases of ordinary diseases which he attended, but no separate record was kept, and no attempt was made to gather the results of the experience of the medical officers in the various districts of the parish so as to present a complete review of the reported cases. The suggestions which I made to the Board for dealing with the reported cases of insanity occurring in the parish were based upon the assumption that it was desirable, in the interest of the parish and of the public, to secure uniformity, as far as possible, in dealing with the reported cases, and further, that the experience of a large parish in regard to those aspects of insanity which do not appear in asylum records ought to be made available for purposes of scientific investigation. In order to secure those objects, the method suggested was that a medical officer

should be appointed to examine all the cases occurring in the parish (associated, of course, for the purpose of the second medical certificate with the medical officer of the district in which each case occurred), and also to specially investigate each case in respect to all the circumstances which he considered necessary for the purpose in view, and keep a record of results. In addition, it was recommended that provision should be made for the temporary care and treatment, without certification, of cases of mental disturbance of a transient character. The General Board of Lunacy, with the concurrence of the Board of Supervision, sanctioned, or perhaps it would be more correct to say they permitted, the use of one male and one female ward in Barnhill Parochial Hospital for the treatment of doubtful and temporary non-certified cases, but it was stipulated that no patient manifesting evidence of confirmed insanity should be placed there, and that in no case should a patient be treated there for a longer period than one month.

The available figures relating to the operation of the scheme embrace the period from 15th May, 1889, till 14th May, 1893. During that period 1,337 applications were made to the inspector on behalf of cases of alleged insanity, of which 764 cases were certified insane. These figures represent an annual average of 334.25 applications, and an annual average of 191 certified insane. The proportion per cent. of the total applications certified is 57.14, leaving 42.86 per cent. uncertified. The number of cases annually certified represents an annual average of 61.4 per 100,000 of the population of the parish. Five hundred and seventy-three cases were disposed of without having been certified insane, but of that number 325 were treated in the observation wards at Barnhill Hospital; the remaining 248 cases were disposed of in a variety of ways, some being left in their homes as cases not requiring special treatment, others being taken charge of by other parishes and friends, while several were treated at their own homes.

The following tabular statement shows the figures relating to the four years under review :—

Year ended 14th May.	Population.	Total applications.	Total certified insane.	Proportion certified insane per 100,000 of population.
1890	301,931	308	187	61.9
1891	309,312	334	186	60.3
1892	314,312	345	192	61.0
1893	318,372	350	199	62.4
Annual Average	311,232	334.25	191	61.4

The figures relating to the four years preceding the adoption of the scheme now in operation, though available, are unfortunately only partially valuable for purposes of comparison, because the records relating to applications were not accurately kept. The following tabular statement shows the figures relating to the four years ending 31st December, 1888. In this table the year ends 31st December instead of 14th May as in the former table, and the number of admissions to the asylum is taken to represent the number of cases certified insane, though, of course, transfers are included in the admissions to the asylum.

Year ended 31st Dec.	Population.	Total applications.	Total admitted to asylum.	Proportion admitted to asylum per 100,000 of population.
1885	281,905	289	189	67
1886	285,299	259	172	60·3
1887	289,457	209	192	66·2
1888	293,386	230	204	69·5
Annual average	287,512	247	189·25	65·8

Although a complete or satisfactory comparison cannot be made between the two sets of figures contained in the above tabular statements, yet they present material that yields some instructive lessons. There is a striking difference between the two periods in respect to the number of applications. No doubt the difference is partly explained by the greater accuracy with which the records relating to lunacy applications are now kept. I am of opinion that the number of applications stated to have been made during the first (second table) period are certainly understated. There is reason to believe, however, that the great increase in the number of applications during the last four years compared with the preceding four years is not entirely, and probably not chiefly, to be accounted for by the greater accuracy with which the records are now kept. A large part of the increase is, I believe, due to a greater number of mental cases of a slight and temporary nature being now reported to the inspector of poor. That conclusion has been reached from several considerations. (1) First, it is to be noted that the proportion of certified insanity per 100,000 of the population is in the latter period 4·4 less than in the former period; but (2) the number of cases treated in Barnhill observation wards during the four years they have been open reaches the proportion of an annual average of 26 per 100,000 of the population; so that (3) we now treat a larger number of cases,

though fewer certified lunatics, in proportion to the population than formerly.

Two questions are suggested in this connection:—First, how is this increase in the number of applications to be explained? and what is its significance?

The figures showing the number of cases certified insane prove that the increase in the applications is not due to increased prevalence of certifiable insanity. There has been no increase of insanity. What has increased is the desire of the public to avail themselves of the services of public officials and institutions. The principle that if you increase the facilities for supplying a public want you will increase the demands made upon those facilities is one which has had ample illustration in the history of the growth of lunacy in this country. It is a curious result of efforts made to diminish and cure insanity that it should happen that the multiplication and perfection of the appliances intended to secure that end seem only partially to secure it, while they create fresh demands and new problems. But, of course, that is no reason for abandoning efforts which make for the cure of disease, even though those efforts do not result in the saving to the rates which they were intended to secure. There can be no doubt that during recent years the public mind has changed its point of view with regard to asking and accepting relief from rate-supported and charitable bodies. The burden of a weak-minded, non-wage-earning dependent, or the care and anxiety caused in a working man's household by a member of the family being afflicted with an attack of hysteria or acute alcoholism, or the restlessness of a post apoplectic condition, and many similar states are now sufficient ground for an application being made to the inspector of poor for the removal of the patient to an asylum, and the knowledge that they thereby accept parochial aid seldom causes any hesitation.

It is of practical importance to consider what is the significance of the increase in the number of applications relative to the question of dealing with the reported cases? Most of the cases reported are previously seen by medical men, at whose suggestion the applications are usually made. Medical men are quite in accord with the opinion that it is undesirable to send cases of delirium tremens and similar temporary mental disorders to asylums, and they are open to welcome arrangements whereby such cases may be treated otherwise than by certifying them as lunatics. But at the

same time medical opinion is in accord with public opinion in regarding such cases as unsuited for private home treatment, and, consequently, medical opinion as to what constitutes certifiable mental unsoundness now embraces all cases of mental disorder that require special care and treatment, however temporary the attack may be. Looked at from the point of view of the insanity of the patient it cannot be held that there is any essential difference between, say, a case of delirium tremens and a case of mania. Both patients are insane. Both forms of insanity are suitable for treatment, either in an asylum or in a hospital specially designed for the treatment of mental diseases. Now, what our figures reveal is this: that there is no increase in the number of cases of confirmed insanity, but that there is a large increase in the number of cases that can be treated by means of hospital provision of a simple, inexpensive, convenient, and temporary nature. Under these circumstances a populous parish must either provide in that way for the treatment of temporary cases, or allow such patients to go to the asylum. I am of opinion that all recent cases of mental disease should be treated in hospitals or reception houses before being sent to asylums, but meanwhile we must conform to existing conditions, and do the best we can with the appliances at our disposal. It is perhaps necessary to say that all the cases treated at Barnhill Hospital would not have gone to the asylum had we not had the observation wards to fall back upon. Some cases would have been sent to the ordinary hospital wards, because not a few were found to be suffering from delirium or stupor arising from physical diseases, such as pneumonia and meningitis. I have no doubt, also, that we now send patients to Barnhill who, but for the observation wards being available, would have been left uncertified, either because the patient did not manifest sufficient evidence of insanity to justify certification or the nature of the illness was manifestly so temporary as to preclude certification. These patients would have been left to their own or their friends' resources, or perhaps to be dealt with by the police as offenders, when in reality they were patients, though not fit to be certified insane. I am strongly of opinion, however, that our practice in sending such cases to the observation ward is usually of great benefit to the patient, and, I believe, also to the public. For it ought not to be overlooked that persons suffering from temporary mental disturbance, not amounting to confirmed insanity, are just the

persons who most frequently commit suicide and serious crimes, and the removal of such persons for a short time from their surroundings, a bath, and a sedative are usually sufficient means to set them right again.

I now desire to refer to the number of cases certified insane. It will be observed that in each of the four years during which the present system has been in operation the proportion of cases certified per 100,000 of the population remained remarkably uniform, which was not the case during the four preceding years, while if the year 1884 were included in our review it would show a rise to 81·4 per 100,000 of the population. To my mind one of the most striking features of lunacy statistics is their uniformity, and it may be taken for granted that a series of results of certification embracing several years which show a near approach to uniformity, probably more nearly represent the actual facts than figures which do not show such uniformity. I do not press that point, but I think it is something gained for accuracy in investigation in regard to the occurrence of insanity in the community when we find that our results conform in general character to what exists with respect to most, if not all, other lunacy statistics. And I must in this connection repeat that the experiment whose history and results I am now giving should have its utility judged, not merely by whether it secures an immediate saving to the rates, though, of course, that is one of its chief objects, but also whether we can by such means secure that the experience of a large population may become available in the form of reliable statistics bearing upon the social relations of insanity.

We have reduced the amount of certified insanity, in spite of the large increase in the number of applications, in an appreciable though not large degree—that is, in proportion to the population—though, of course, relatively to the applications the decrease is considerable. We have always endeavoured to diagnose the cases brought under our notice, so that no case which might be benefited by asylum care and treatment, or which required it for the safety of the patient or of the public, should be overlooked, while on the other hand cases not requiring asylum care and treatment should be dealt with otherwise. That looks a comparatively simple and matter of course procedure. But it is neither so simple nor routine as it may appear. The practical difficulties in connection with the certification of lunatics are mainly difficulties of diagnosis, and our plan for treating

simple and temporary forms of mental disorder in a special hospital ward, without certification, required great care in the selection of suitable cases for that mode of treatment. The title "observation wards" is somewhat unfortunate, because it suggests the idea that the cases are sent there undiagnosed for the purpose of further observation prior to certification. We never contemplated any such arrangement, and the wards have been used as a curative provision purely. The cases first treated there and afterwards removed to the asylum were cases whose maladies developed or became exaggerated while there, and they were comparatively few in number.* The only security against abuse of the arrangement is in a careful diagnosis of cases before they are removed to the observation wards. It would be an erroneous and unfortunate impression of our system to suppose that we have been putting the reported cases of insanity through a kind of probationary trial in the poorhouse before diagnosing the nature of their maladies. The wards were instituted to provide for a certain class of mental cases that are unsuitable for ordinary hospitals or home treatment, but which should not be certified as lunatics. The certification of lunatics should be as free from legal formalities and phraseology as possible, for this reason, that all such conditions are of the nature of restrictions upon the expression of a medical opinion concerning the nature of the disease which is certified to be insanity. The present legal form or medical certificate has the effect of obscuring the fact that a diagnosis is as necessary in the case of mental disease when it is proposed to send a patient to an asylum as it is in a case of infectious fever when the object of the certificate is to remove the patient to a fever hospital. A case of delirium tremens has as its chief symptoms restlessness, excitement, and delusive ideas, while in pneumonia fever and prostration are leading symptoms; but if those symptoms were in each case set forth in the medical certificate as "facts indicating insanity" or "facts indicating infectious fever" they would equally be worthless as indicating anything of the sort, while they would both pass muster with a sheriff were a similar course followed in admitting patients to fever hospitals as is followed in admitting patients to asylums.

* The number of cases sent in the first instance to the observation wards and afterwards certified and removed to the asylum represent an annual average of seven. These cases, however, are included in the number stated to have been certified insane, as given in the tabular statement.

Personally, I have not found the form of the medical certificates to be a serious practical difficulty, but it seems to me that it is a needlessly complicated method, and I am sure it does not secure accuracy in certifying, but the reverse.

All who have to deal with the insane are familiar with the difficulty of determining the question whether an insane person requires detention in an asylum either for his own welfare or the safety of others. That difficulty we have frequently to face in dealing with the cases reported to us; and I only refer to it now in order to bring the question under your notice for discussion in regard to two classes of cases that frequently come under our notice. The first that I allude to are cases of senile dementia, and various forms of continued delirium, associated with failure of the physical powers, either by old age or physical disease. Asylum superintendents have a strong dislike to all such cases. I confess that for a long time I retained my early asylum impressions regarding those cases; and I tried to give effect to my opinions by refusing to certify them. I have in some cases succeeded in keeping them out of the asylum by getting the friends of the patients to follow certain instructions regarding their management, but in the majority of cases it has been impossible to do otherwise than certify. Those cases cannot be treated in the ordinary hospital wards of a poorhouse; indeed, when they occur there they are an intolerable nuisance, and demand removal to the asylum.

Imbecile and idiot children form another class of cases which give rise to frequent difficulties as to their disposal. The increased facilities at the command of the public, and their greater readiness to avail themselves of those facilities at the cost of the ratepayers, have produced an increasing crop of applications for the removal to imbecile institutions of children who, except in discipline, cannot be improved in mind by residence there. It may be the case that well-directed and discriminating charity might suitably provide for the greater comfort of imbecile children, but it is open to serious question whether it is the function of a parochial board to relieve parents of the difficulties and burdens of providing for imbecile children at a cost to the rates of £30 per annum for each child. I think the duty of a parochial board is to consider and provide for such cases on the same principles as ordinary cases of insanity, placing on the poor roll only the cases that require for their own welfare or the safety of others special protection and treatment. Hitherto we have

endeavoured to proceed upon that principle, but the pressure that comes from benevolent persons interested in the cases is an influence that constantly tends to weaken our resolve, and so increase the number of cases provided for by the parochial board.

I have brought under review the results of our system in so far as they relate to the number of applications made to the inspector of poor, the disposal of the applications, the amount of certified insanity relative to the population of the parish, and some of the practical difficulties connected with the certification of pauper lunatics. I do not propose, for the present, to bring under your notice the other branches of investigation embraced in our method of dealing with the cases reported to us. The clinical aspects of the cases examined, their physical conditions as well as their mental states, the causation of insanity in the cases certified, the social circumstances of the persons reported, the nature and frequency of recurring attacks of insanity, and several other important lines of investigation are followed, each too large to be dealt with within the limits of this paper.

CLINICAL NOTES AND CASES.

*Trephining for Epilepsy: A Clinical Case.** By T. DUNCAN GREENLEES, M.B.Edin., Medical Superintendent, Grahamstown Asylum, South Africa.

The following case is of interest on account of the successful localization of a cerebral disease, as well as from the fact that this is the first recorded case, so far as I am aware, where, in a South African Asylum, the aid of surgery has been invoked to alleviate a cerebral disease giving rise to mental aberration.

Selina Mary K., unmarried, aged 39, was admitted to the Grahamstown Asylum on August 1st, 1893, suffering from epileptic mania.

Previous History.—The family history can hardly be considered as satisfactory, there being a decided hereditary tendency to the neuroses. Her mother died at the age of 58 from apoplexy, and her father, who is a farmer, while being an intelligent and well-read man, is nevertheless of a nervous and excitable temperament. The patient has always been a delicate woman, suffering from derangement of the menstrual

* Read before the South African Medical Congress, Dec. 27, 1893.