

II.—That the qualifications in medicine and surgery required for the medical superintendent of an asylum should not be such as to preclude the application of a large proportion of suitable medical men engaged in the department of mental medicine.

The following information has been forwarded to us by Dr. Murray Lindsay, as having an important bearing upon the existing rule of the Sussex County Asylum in regard to the qualifications of the medical superintendent.

“According to the ‘Medical Directory’ for this year, it appears that—

“1. Out of a total of 54 superintendents in 52 county asylums, only nine (or 16·6 per cent.) are medically qualified and eligible according to the Sussex rule.

“2. Out of a total of 12 borough asylum superintendents, only three (25 per cent.) are medically qualified and eligible.

“3. Only twelve out of a total of 66 (about 20 per cent.) superintendents of county and borough asylums are medically qualified and eligible.

“The following are the twelve asylums whose superintendents are qualified, and so far eligible, by being ‘a doctor of medicine of a university in the United Kingdom, and a Fellow, or Member, or Licentiate of the College of Physicians in London, Edinburgh, or Dublin, qualified to practise as a physician, and duly registered,’ viz. :—

*County Asylums.*

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|-----------------|-------------------------------|
| 1. Derby.       | 6. Hanwell (Male Department). |
| 2. Devon.       | 7. Banstead.                  |
| 3. Lancaster.   | 8. Surrey, Wandsworth.        |
| 4. Rainhill.    | 9. Sussex.                    |
| 5. Whittingham. |                               |

*Borough Asylums.*

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|-------------|-------------|
| 1. Bristol. | 3. Ipswich. |
| 2. Exeter.  |             |

“The remarkable fact of so few superintendents being eligible for Sussex, added to the other facts I previously stated, viz., that the three Senior Medical Commissioners in Lunacy for England, Scotland, and Ireland, one of the Lord Chancellor’s Visitors in Lunacy, and half the Council of the Medico-Psychological Association, are all medically unqualified and ineligible for the post of Superintendent of the Sussex County Asylum, ought to be sufficient to ensure the alteration and abolition of this objectionable and unreasonable Sussex rule.

“If so few superintendents are medically qualified for the Sussex Asylum, it is more than probable that this unreasonable rule has told more heavily against Assistant Medical Officers by excluding even a larger proportion of the latter from being eligible to apply for the post of superintendent of this Asylum.

“The question may fairly be asked—What is the object of the said rule? It surely cannot be for the purpose of excluding, at least, upwards of four-fifths of the resident medical officers in English and Welsh county and borough asylums; but such is its effect. Such exclusion and the selection of an inexperienced outsider cannot properly be defended, for there is abundance of excellent, well-trained and experienced medical officers in asylums who are well fitted for promotion.

“An analysis of Churchill’s Medical Directory will show that 38 per cent. of English county asylum superintendents and 25 per cent. of borough asylum superintendents have gained honours and distinctions during their student’s career or subsequently. It is questionable whether an equal proportion of medical men engaged in the public services (as Medical Officers of Health, Poor Law, Army, and Navy Medical Officers) can show a better or even as favourable a record.”

SCOTTISH MEETING.

The Quarterly Meeting of the Scottish branch of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons of Glasgow, on Thursday, the 8th March. Drs. Blair, Campbell, Clark, Clouston, Ireland, Keay, McPherson, Robertson, Rutherford, Turnbull, Watson, and Yellowlees attended.

Dr. Watson was called to the chair.

Dr. CAMPBELL, who acted as Secretary in the absence of Dr. Urquhart, through illness, read the minutes of the last meeting of the Association, after which the CHAIRMAN called upon Dr. Yellowlees to give a brief account of his impressions of American asylums.

Dr. YELLOWLEES related his impressions of some American asylums he had visited in the autumn of last year, noticing briefly the salient features of each. His survey included six State asylums—those at Washington, Willard, Buffalo, Toronto, Worcester, and Middletown—and four asylums for private patients—the Pennsylvania Hospital for the Insane at Philadelphia, the Retreat at Hartford, the McLean Asylum at Boston, and Bloomingdale Asylum, New York. He saw very little restraint or seclusion, though either would be used at once if deemed really needful. The value of open-air exercise in excitement seemed to be understood, but was probably less used than with us, partly, perhaps, because of the climate, and partly because excited cases seemed to have less freedom, or, rather, seemed to be surrounded with more safeguards, than in our asylums. Seclusion was not regarded with the feeling of iniquity which the formal recording of it in an official book had tended to create in this country. There was no temptation to expose a patient to dangerous struggles with attendants rather than seclude him, or to pretend that he was merely in bed when in reality he was in seclusion. The provision for chronic State-supported patients at Willard and at Middletown were specially noticed. Both were excellent, but both were too costly. Dr. Yellowlees commented on the elaborate arrangements for heating and ventilating, which the extremes of climate necessitated, on the very high cost of maintenance in the State asylums, on the excellence of the provision for private patients, and on the very large medical staff attached to all the institutions as compared with asylums of like size in our own land. He had formed a very favourable impression of the asylums he had visited. He found that a good asylum had the same features and characteristics in both countries, and that in their general views of asylum management and asylum treatment the best men of both countries were essentially agreed. Dr. Yellowlees expressed the great pleasure which his visit had afforded him, and warmly testified to the extreme kindness and cordiality with which he had been everywhere received.

Dr. CLARK remarked that Dr. Yellowlees had evidently gone into the matter in a most thorough manner. He himself had not had the pleasure of making the same thorough inspection of Dr. Godding's asylum that Dr. Yellowlees had, because he had gone accompanied by a mixed party, and in consequence was treated rather as an outsider. One thing which he had noticed had been a matter of very great interest to him, and that was the beautiful and unique manner in which the floors were kept. He found that they did not use wax and turpentine as we do. They oiled the floor, and put on a skin of thin shellac and varnished it. Instead of scrubbing, they simply wet the floor with a brush, and occasionally gave it a polish, such a thing, indeed, as scrubbing floors not being seen. He thought that a very important matter. He had also noticed that a very singular practice prevailed at Washington asylum of covering the wooden doors with block tin, intended as a fire protection. Another feature was noticeable at this asylum. A large quantity of beautiful flowers were kept, but they were all in cages, so that the patients could not get near them. Generally speaking, everything that could make the life of the invalid enjoyable and comfortable was done, even to the extent of supplying the patients with table napkins, only the most degraded being without them, and every attention was paid to the amenities, internal and external. One thing that helped the internal beauty of the asylum was the rich variety of the woodwork, oak, pitch-pine, maple, and all other kinds of wood being employed to enhance, by diversification, the beauty of the panelling. The democratic formalities of the country struck him very forcibly too. In the course of a conversation with a superintendent of an American asylum he (the superintendent) remarked that it was imperative to address the female attendants as Miss and the males as Mr. There was just a little too much of

that formality, as also a lack of such discipline as we would like. There was one thing, however, Dr. Yellowlees had not remarked, and that was how American asylum superintendents cursed the newspapers. Every little accident that happened got into the newspapers at once, and yet no one knew how it got in. He had also gone further west to the asylum of Cook County. Dr. Spray was now the superintendent there. Politics had had a good deal to do with the changes in that asylum. There he saw several cases of restraint, no less than five patients being tied down. One case was that of a female patient who looked very delicate. To an interrogation the lady medical assistant said, "Oh, she has got heart disease, and we want to keep her in the horizontal position." Dr. Clark, however, pointed out that the patient was not in the horizontal position, but was actually sitting up, the strapping having become loose. Some of the ordinary-sized single rooms had two beds in them, and the proportion of attendants was one to every twenty-five patients. At Chicago the asylum was constructed on the cottage system; the smallest cottage, however, had forty beds, and the largest 150. There was a central administrative block, from which jutted out wings containing 200 patients. The patients do not dine in the cottages, but pass all into one central dining-room. The furniture in American asylums is brighter and of greater variety than in ours. Two of the cottages are on the open door system, all the rest having locked doors. The medical staff in all American asylums is very large, a great deal of the work done being, he thought, purely office work. This strikes Scotch and English practitioners as curious. There are iron stanchions and a framework outside the windows. This we might think wrong, but he had inquired very carefully into the matter. He had met a superintendent who, hailing hence, would, he thought, be disposed to favour the English and Scotch order of things. This gentleman had told him that in his asylum he had done away with these iron stanchions, and found afterwards that the patients did not thank him for it. They said that when the iron stanchions were away they could not get the window open so wide in summer as they would like, whereas, when the stanchions were there the pleasant fresh air current, so necessary in summer time, could be admitted. He had had all the more pleasure in listening to Dr. Yellowlees' paper because he had travelled very much on the same track.

Dr. YELLOWLEES stated that he had gone through the whole of these asylums, but had not met a single lady medical officer, although he had been told that they were there.

Dr. CLARK said that his impression was that they were not liked, but nevertheless they were still appointed.

Dr. YELLOWLEES remarked that American asylums were very much better than he expected to find them. His impression of them was on the whole very favourable. Some of their men might be ranked along with our best.

Drs. YELLOWLEES and CLOUSTON both concurred that nothing could have exceeded the uniform cordial and hearty geniality with which they were met on all sides. One felt that the cordiality was quite real.

Dr. CLOUSTON said his American visit had been one of the most pleasant episodes of his life. He had had the high privilege of seeing three Fathers of American psychology, Drs. Ray, Kirkbride, and Pliny Earle. All these men had paved the way for the high philanthropic ideas which now seemed to govern the American system. All were vigorous old men. Certain things impressed him in America. In the first place their ideal of what should be done for the insane was as high as ours. Everything should be done from a medical point of view that could be done. The idea takes a sort of religious-social form. It was the old philanthropic humane idea that originally set up our own Retreat at York. He thought that in our daily work we stood a little risk of losing the central idea—the motive power—that had brought forth asylums and caused them originally to be developed in a new country. He was impressed by this, that they were more afraid of their patients, especially the violent ones. This they showed in their mode of management, in their mode of speaking of them, and in their treatment of them. He was very

much struck by the immense variety and delicacy of the food served out to the inmates. In no hotel either in Edinburgh or Glasgow would greater quantity or better quality be served than the food supplied to the patients there, all fruits in their season—peaches, apples, and grapes—*ad libitum* being supplied.

Dr. IRELAND said he noticed a great deal of waste of power and material in these American asylums. Dr. Yellowlees talked of four medical attendants to 170 patients, and, though the proportions were not as high in the other cases, they had all extremely large medical staffs. As far as he could find out, the amount of medical work done was not what one would expect. There was not a great amount of pathological work done. Dr. Yellowlees mentioned that there was a man kept at one of the asylums for examining microscopic sections of the dead body. There was too much attention paid to the dead body. If pathologists would but pay more trouble and attention to the living body, medicine would advance much more rapidly. We put death too strongly to the front. We should study the processes in the living body more, and pay less attention to the dead.

Dr. ROBERTSON was very much interested in the sketch given by Dr. Yellowlees, and also in the observations made. He had visited a good number of American asylums long ago, and as his notes were published, a comparison might be made between the present state of matters and that which existed in 1868. At that time what struck him most was the insufficiency of adequate provision for the insane. There were some good asylums and a few which were not, but, generally speaking, there was a terrible want of provision for the proper care of the insane poor, a large proportion of them being in poor-houses. Things have greatly improved. With regard to the asylums he had visited, he had been struck with the uniformity of their construction. Most of them had a great central corridor, with rooms on each side. In fact, for an ingenious people, such as the Americans undoubtedly are, he was painfully struck with this. They don't adhere to the old plan so strictly now. He was struck with the fact that there was a want of employment. The amusement-element was greatly in excess of the amount of work done. Outdoor occupations are not carried on to the same extent as here. Probably things are very much improved now in that respect. He also observed that the medical staffs were disproportionate to the amount of work required to be done. Dr. Campbell's general impressions corroborated the remarks made by the others. There was less case-taking, fewer clinical observations, and less post-mortem work. He was impressed by the varied diet served to the paupers. Doubtless the comparatively fine and varied dietary in asylums in America was explained by the fact that even labourers there, are accustomed to a much more varied and elaborate diet than the same class at home. The organization of American asylums was, he thought, slightly inferior to that of British asylums, but in a widespread philanthropic desire even among the laity to do the best for the insane, and in the progressive development, they were perhaps superior.

The CHAIRMAN expressed indebtedness to Dr. Yellowlees and the other gentlemen who had spoken. The cost of maintenance, 16s. or 18s. a week, exclusive, as Dr. Yellowlees remarked, of medical officers' salaries, was very great, considering that America was a country where many articles—especially food—were cheap. If that occurred in this country, the Parochial Board would find out the reason why such expense was incurred. Dr. Robertson had raised the very important point that there was very little work done in comparison to the amusements.

Dr. TURNBULL then read a paper on a "Case of Exophthalmic Goitre and Insanity."

The CHAIRMAN, in commenting on the paper read, said that exophthalmic goitre was more frequent in the female than in the male. The pulse did not rise above 120. It did not seem to be very prominently associated with insanity, and so far as he knew was not likely to be fatal. From his having lived in the same house with a case of this kind, he observed that there was great irritability of temper.

Dr. ROBERTSON had been much interested in the case read. A great many years ago he had read a case of exophthalmic goitre at a meeting of this Society. That case was published either in the "Glasgow Medical Journal" or in the "Journal of Mental Science," and was probably prior to the cases reported by Dr. Savage. With regard to the mental features present, he thought in many cases—he happened to have a case at present—irritability was the prevailing feature. The case under his care was in the Royal Infirmary. The symptoms were all well marked, all the three leading symptoms being present—goitre, palpitation, and exophthalmos—but no irritability, the only mental defect being a marked failure of memory. This case differed from those he had seen, and differed as to the kind of mental disorder described by Dr. Turnbull. With regard to the disease itself, it varied very much in its features. Dr. Turnbull, he remarked, had said that only one eye was affected. In almost all the cases he had seen both eyes were affected. In fact, it is quite common for cases of exophthalmic goitre to have one of the leading features left out. It might be the cardiac palpitation or the goitre. There is no doubt that the whole symptoms point to the sympathetic system. Cases have been examined post-mortem where disease had been found in the cervical ganglia, but in other cases no disease was present; still, he would be a bold pathologist who would venture to say that there had been actually no disease, though none was observable post-mortem; but there is a difficulty in reconciling all the symptoms with the theory that the sympathetic system is the seat of disease. Thus, there is palpitation of the heart. That implies undue stimulation of its sympathetic fibres. We have also disease of the thyroid gland and protrusion of the eyeballs. These implied paralysis of their sympathetic nerves. So we have one disease apparently giving rise to symptoms not consistent with each other. But it may be that the fibres going to the heart are really also paralyzed. Then paralysis would cause an excessive flow of blood through the heart, and this increased circulation of blood would act as a stimulant to the muscular fibres of the heart and induce the palpitation which was so commonly present. He thought upon the whole the symptoms clearly pointed to disease of the sympathetic system. With regard to the treatment, good results were sometimes attained by full doses of belladonna.

Dr. CLOUSTON said he would make a remark concerning exophthalmos in its general neurotic relations. In all cases of exophthalmos on examination he had found that the mental affective condition of the patient had been different from what it had been before the disease set in. The patient was in some respects a different person. There was a dulling of the affective processes in some respects, with a tendency to the perversion of the process of volition; so that the patients could scarcely do their daily work constantly and with regularity. They had a tendency to change. They wanted to go about from one place to another, and could not get such a grip of their work as they did before. Dr. Carlyle Johnston said it amounted to a mental disease. In all cases when an analysis of the mental condition of the patient was made and compared carefully with the former state of matters he found that there was a difference. The action and functions of the higher regions of the cerebrum were affected by the disease, not necessarily to the extent of insanity, but in the direction he had pointed out.

Dr. WATSON had had a case under his care. Dr. Haydn recommended a constant galvanic current. He had tried it, and found a reduction of the blood-current and a general improvement take place.

Dr. IRELAND understood Dr. Robertson had treated some cases with galvanism.

Dr. ROBERTSON said he had tried it in the case he had spoken of. It had the effect of occasionally slowing the heart's action.

Dr. CLOUSTON found that bromide of iron was undoubtedly beneficial.

Dr. TURNBULL thanked the meeting for the kind manner in which they had listened to his paper. Exophthalmic goitre was likely to produce mental symptoms as well as ordinary bodily symptoms. It was very clear that the

mental symptoms in the case recorded were part of the disorder, and not a mere coincidence.

The attention of the meeting having been drawn to the recent appointment of a medical superintendent to the Haywards Heath Asylum, in the County of Sussex, a discussion took place thereon, in which a feeling strongly condemnatory of the action of the asylum authorities was expressed.

Dr. Ireland's paper on "Bergen Institution for Idiots" was then read.

The CHAIRMAN having thanked Dr. Ireland in the name of the meeting for the very interesting paper he had given,

Dr. CAMPBELL mentioned that in the absence of Dr. Urquhart (the secretary), and of Drs. Clouston and Yellowlees (who had now left the meeting), he thought it would be impossible to make many arrangements just now regarding the meetings in August. He therefore proposed to the meeting that Drs. Howden, Clouston, Yellowlees, and Urquhart be appointed a Committee to make all arrangements for the Annual Meeting of the Medico-Psychological Association in Edinburgh, with a view also to the Meeting of the British Medical Association in Glasgow in August next.

These gentlemen were duly seconded and appointed as a Committee for this purpose.

The CHAIRMAN made the suggestion that arrangements might be made for the members visiting some of the country districts about Balfron, Aberfoyle, and that neighbourhood, where they would have an opportunity of seeing the system of boarding-out lunatics, very large numbers of lunatics being boarded in private families in these districts. He thought that this would form a very interesting excursion to the members who would be here in August at the British Medical Association's meeting.

Dr. CAMPBELL was quite prepared to carry out the idea, if the meeting were in favour of it.

The CHAIRMAN said that they would try and get the names and addresses of boarded-out lunatics, and perhaps might make a three or four hours' excursion.

The meeting then terminated.

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### Obituary.

#### M. FOVILLE.

In our last number we recorded with deep regret the decease of this eminent French alienist. We desire to add the eloquent tribute paid to his memory by M. Motet in the "Annales d'Hygiène et de Médecine Légale":—

Foville dies at 57 in the full maturity of his powers. After he had already to a large extent proved his capacity, the high position to which he had been called gave him constant opportunities of showing his superior qualities. One of the ablest administrators, as well as a most experienced physician, he was one of those whose authority is immediately felt, and whose opinion is received with respect, and when M. Napias rendered homage at his tomb, in the name of the Minister of the Interior, to the Inspector-General of Charitable Institutions and Asylums for the Insane, he could say that Foville had filled his difficult post with honour, high-mindedness, dignity of character, and what is no less important, the good-heartedness which Foville often concealed, but which remained ever active in him.

The son of a physician justly celebrated, whose works upon anatomy and cerebral pathology are safe guides even now in these delicate studies, Foville felt himself drawn to medicine. For other men the paternal heritage might have seemed too heavy to bear; for him it was an example to follow, a renown to endeavour to equal. The successes of the student soon indicated the brilliant future reserved for him. The *interne* of the Paris Hospitals, he had not long to seek his course, and his thesis for the doctorate, "Considérations Physiologiques sur l'accès d'épilepsie" (1857), was the first step in a career which has been traversed with *éclat*. He was Assistant Medical Officer at the asylum