

## PART IV.—NOTES AND NEWS.

## MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Divisional Meeting of the Association in Scotland was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on the 8th March, 1894.

Dr. Ireland was called to the chair, on the motion of Dr. Yellowlees. There were also present Drs. Carswell, Campbell Clark, Clouston, D. Fraser, Graham, Havelock, McDowall (Morpeth), Macpherson, Middlemass, Oswald, A. Robertson, Skeen, Turnbull, Urquhart (Secretary), with Mr. Motion, Inspector of Poor, Barony Parish, Glasgow, as guest.

Dr. HAVELOCK (for Dr. Howden) laid on the table the newly-published Pathological Index. He also showed a chair for feeble cases. The mechanism is of a simple character, specially designed for the management of helpless patients. The height can be easily adjusted, and there is little effort required to raise or lower the sitter. It is readily cleaned, and sufficiently heavy to maintain its position on the floor. By adjusting a pivoted wheel, the whole apparatus, together with the patient, can be moved about with great facility. The cost is moderate.

Dr. MIDDLEMASS showed microscopic sections illustrative of cerebral pathology, *e.g.*, arrested development of cells in epileptic idiocy, degenerative lesions of vessels in general paralysis, "spider" cells demonstrated by Golgi's method, etc.

On the motion of the CHAIRMAN, both gentlemen were thanked for their services.

Dr. CARSWELL read a paper entitled "The history of an experiment in dealing with the reported cases of insanity occurring in the Barony Parish, Glasgow." (See p. 394).

Dr. YELLOWLEES expressed his high appreciation of Dr. Carswell's communication, and of the very valuable experiences it detailed. He thought it very remarkable that in only 57 per cent. of the outside cases reported to the inspector of poor as cases of lunacy had it been found necessary to send the patient to the district asylum. The remaining 43 per cent. it had been found practicable to provide for in the preliminary wards, or as private patients elsewhere, or at their homes. The most remarkable part of it all was that none of the cases sent to these preliminary or testing wards had required to be sent on to the asylum. It would seem that these wards were really an asylum for transient attacks of insanity, though unrecognized by Statute. Such supervision of the certification, and such testing of the doubtful cases as had been described, were evidently a great saving to the parish, but the safety and welfare of the patients required to be most carefully guarded. Dr. Carswell had omitted to mention that the benevolent action of the Royal asylums helped to lessen the number of cases sent to the district asylums by receiving patients who had seen better days, at quite unremunerative rates. He (Dr. Yellowlees) had at Gartnavel about 50 patients who paid £30 or under, and who, but for this benevolence, would have been inmates of the district asylums. The difficulties as to certifying senile and imbecile cases for an asylum, to which Dr. Carswell alluded, were what they all experienced, and would be glad to escape if it were possible.

Dr. A. ROBERTSON (Glasgow) referred especially to the cases which came before the inspector as applications. He considered it a happy thought of Dr. Carswell, and very wise of the Barony Board, whose inspector was with them that day, that they should have adopted this method of investigation. It was

of great advantage that there should be medical officers in connection with large districts, with special experience of the insane, to inquire into the applications of alleged lunacy. It was clear from Dr. Carswell's paper that in the Barony Parish, so far as lunacy requiring asylum treatment was concerned, there was no increase. That was a point which had been the subject of great doubt and discussion, and was of very considerable importance. Dr. Robertson's experience did not deal with cases of the kind described, *i.e.*, cases prior to coming into the asylum or the wards of a poorhouse. They had not in his parish—the City Parish of Glasgow—a systematic inquiry carried out by an experienced medical man, or, rather he would put it, the statistics had not been tabulated in the same way as in the Barony Parish; but during the whole period of his connection with the hospital and asylum they had practically had observation wards like those at Barnhill. There were cases sent in of alleged insanity brought before him in the ordinary probationary wards of the poorhouse, and if he thought they were not cases for definite asylum treatment he sent them to the ordinary special wards. It was about thirty years ago since that system came into use. He described the case of a man at present under care, whom he found under much excitement, but could not certify as insane; he also suffered from cardiac disease. That man was sent to the special wards which were in use for the purpose. Again in bronchitis, etc., they sometimes had acute delirium. He had had a case sent in as positive insanity, and upon examination of the patient he was found to be suffering from kidney disease. These were illustrations of one group of cases. Then there were cases from the police offices, picked up on the streets and not very obviously insane; such cases would be sent to these wards for a few days. Again they received from the ordinary wards of the poorhouse patients suffering from various forms of brain decay, who, when they got troublesome, were removed to those special wards, and afterwards when quiet were sent back to the ordinary wards of the establishment. The speaker also stated that he had treated a number of cases of general paralysis in the Royal Infirmary, and referred to one case brought before the Society two years ago in which he established a number of issues on the scalp. That man recovered, so that he was able to work and support his family for four months after he returned home, but afterwards he came back to the asylum worse. Issues were again established over his head in the same way, and he recovered again, but not so well as at the first, and he landed in some poorhouse or asylum. He mentioned that case in passing as one of the class of mental diseases which could sometimes be treated out of an asylum. There was much reason for trying such cases as Dr. Carswell had referred to in these special wards. The patients so treated belonged to the lower section of society; when in the middle and upper classes they would be treated at home. The detention in the wards in Barnhill might be taken to represent a sort of probationary period that often passed in observing and treating cases at home in the middle and upper classes. They could not be treated in the dwellings of the poor. He would like to remark, in conclusion, as to the increase of insanity, that there was a difficulty in our asylums in connection with cases which altered in their character. Perhaps a patient may take a shock of paralysis, may lie always in bed, and be totally different from the phase of insanity present on admission. If they had to certify anew, such a case would not be considered suitable for an asylum. They were unable to dismiss these cases unless they were prepared to say they were mentally cured. If they had an alteration in the law that would enable medical superintendents to say that such a patient requires no more than nursing of a very ordinary character; if they had the power to do so they would be enabled to reduce the number of cases. He had a case just now of a patient who was nearly mindless, very frail, and always in bed. Such a case could be treated perfectly well in a parochial hospital, especially in large cities where the nursing was so much improved. The removal of such cases would free the asylums very much. There should be a system of transfer of sick cases, which could be done without

any disadvantage to the patients, and with advantage to the community in that the number in asylums would be reduced and a saving effected.

Dr. Clouston thought Dr. Carswell was very much to be congratulated in having instituted such an improvement in their lunacy administration, and of having it carried out so successfully. He (Dr. Clouston) had always been interested in hearing something he did not know before of the history of a lunatic. Hitherto they had no facts regarding the procedures taken to investigate the insanity of a patient and bring it to the knowledge of the public authorities before he was certified, in any definite statistical fashion. There were two points of interest in Dr. Carswell's paper—(1) the addition to the administration of lunacy in our large parishes, and (2) the addition to their scientific knowledge of the increase or non-increase of lunacy. Dr. Carswell had clearly proved that while there was a large addition in the number of applications in his parish, the certified cases of lunacy had really not increased in proportion to the population, and that what increase there was had taken place in the slighter cases only. Every asylum superintendent has had experience of the case who gets at once quite rid of the worst forms of his malady, and therefore would not have been included in the Blue Books of insanity if he could have hired an attendant and been treated in private lodgings for a certain time. Probably we are to have an evolution in the matter of special hospitals, but whether we are to have them so large as to accommodate 300, as Dr. Carswell indicates, he was doubtful. It seemed to him that each parish would be better to have an hospital for themselves, and the smaller the better. He was not quite certain that he agreed with Dr. Carswell that the unit of a parish is necessarily better than the unit of a district, but we shall now see how the Glasgow arrangement works. We shall now see how the Glasgow parishes undertake the management of an asylum. It is an addition to the work of local government, and we are looking with great interest to the way in which the Glasgow parishes arrange this addition to their ordinary parochial work; whether the philanthropic side is going to be incorporated into their ordinary business work, and whether they will be successful. If the insane are to be worse off, there will be a public reaction. You have a large number of persons that the Parochial Boards have to deal with who ought not to be treated with very special sympathy, as it would do them a great deal of harm. What was the proportion of recoveries of those sent to Barnhill?

Dr. CARSWELL—I cannot give you these figures. I expected Dr. Core, the Medical Officer of the Poorhouse, would have been present to-day to give information on such points, but I may say we treat the cases there until they are dismissed recovered, or handed over to their friends.

Dr. CLOUSTON—Another question. What percentage is clearly unsuited for treatment? He was struck with what was stated regarding the greater facilities for people going to the Parochial Board and Charitable Institutions asking relief. There were 18½ per cent. of the insane in Scotland in private dwellings, 10 per cent. in England, and only four per cent. in Ireland. One would very much like to know also the average cost of patients in Barnhill, compared with the cost in Lenzie. Are the cases from the police offices sent to Barnhill or Lenzie? In Edinburgh every insane case in the police office comes at once to Morningside.

Dr. CLARK, Bothwell, thought if they had the experience of other large parishes they might be able better to compare results with the Barony Parish. For some years he had taken a census of admissions, and he found there had been no increase. He considered that if the facilities at asylums were increased, the admissions were increased. Inspectors knew there was a difficulty in getting patients admitted to his asylum at present, and they thought twice before having them certified. In one case he got three telegrams asking if a certain patient could be admitted, but he was never sent, and he was afterwards told that the medical officers did not think it advisable to send him. He was

not in any way disparaging the remarks of Dr. Carswell: his paper was most important, because Dr. Carswell has a skilled knowledge and is appointed for this special purpose, and is more likely to examine each case with the view to its being sent either to the asylum or special wards. The senile cases are those that one wants to get rid of. Dr. Carswell referred to an hospital for the three parishes of Glasgow, but he was at a loss to know his object, because in the Gartloch and Hawkhead Asylums, hospitals are being provided, and he would like to know also how these could be better arranged. There is also a difference in the cost of maintenance, and he thought the patients of the poorer classes should be placed on the same level as the better class in being treated where possible in their own homes.

Dr. WATSON considered that the Parochial Boards were fully alive to treating the insane in the most humane manner. He had great sympathy with the outdoor medical officers; he had been one himself. They had great difficulties in diagnosing cases of insanity when pressed for time, and when they must decide at once how to act. Little wonder then that they frequently preferred to take the safe course and send the patient to the asylum. In Govan they frequently got cases sent down marked "doubtful." In such cases he often sent the patient to the hospital wards. He had at that moment two general paralytics who were being treated in the hospital wards, and the probability was that they would die, and never be classed as lunatics at all.

Dr. GRAHAM said this provision of the Parochial Board was a wise provision for reducing the number of certified cases of lunacy under certain conditions, that the period of residence should not exceed one month. With regard to the difficulty in the smaller parishes, the most of them were connected with combination poorhouses, so that they might act in the same way as the large parishes. The speaker might place a patient in a single room if necessary, and in a few days he could be transferred to the ordinary wards or leave if desired. It was a great question the treatment of lunacy by Parochial Boards, and he thought their motto was, "Secure the approbation of the Commissioner in Lunacy," and they had provided in their Parochial Asylums about as comfortable furnishings as in other asylums in the country.

Dr. FRASER was in a difficulty from what he had gathered as to the evolution which had been spoken about. He would like to bring the evolution more in the direction of the ordinary hospital, still leaving acute cases to the asylums. He agreed about the obloquy attaching to the treatment of acute mental disease in asylums, and was not sure that this movement would help to overcome this. If they could break down the public prejudice against asylums they would do a great thing indeed, and this might be done by continuing to treat such cases more on the lines of a general hospital.

Dr. McDOWALL asked if during the four years there had been any casualties which might not have occurred had the patients been sent to an ordinary asylum? He cordially sympathized with the view as to the equipment of a general hospital for the treatment of every kind of case that could occur, in place of sending them to an asylum. But these curative asylums would be a great curse if they were obliged to treat chronic cases as well. There is, however, another matter. We all look upon the helpless class of cases, such as idiots, as a great trial of our lives, but think of what a house was like when the accommodation was small, the people poor, with their living to work for, having a case of this kind. He remembered the case of an idiot boy who was a curse to all the people in the house. The daughters were becoming hysterical because they were losing their sleep owing to his behaviour, yet the parochial authorities refused to send him to an asylum. He knew that in many hospitals such a case would be out of place, and quite rightly, but he rather agreed with the "Leader" that people should be relieved from having such a terrible curse living in their homes.

Dr. URQUHART said that it had given him very great pleasure to learn the

details of this valuable and momentous experiment, as related by Dr. Carswell. No doubt it was a project requiring the most anxious care, but the Barony Parish had been exceptionally fortunate in securing the services of a physician who had ample experience in the treatment of mental diseases. He gathered that this was quite a different system from that which had obtained in former days. It was the sorting out of evanescent insanities, trivial cases, and such as might be otherwise more appropriately cared for than by sending them direct to Lenzie. It was not the faulty system of which he had had experience in a Metropolitan workhouse, where the insane were kept indefinitely and most inadequately attended to. That had been subject of complaint over and over again by English superintendents, and it was one of the best features of Scottish Lunacy Law that patients did not filter through the poorhouse to the asylum, but on the contrary only those cases suitable for the circumstances of poorhouse treatment were permitted to be transferred thither. He had repeatedly spoken and written on this subject—the necessity for reception-houses for insane patients, especially in the centres of densest population. A small well-equipped hospital for the detention of doubtful cases would be of the highest value in such a city as Glasgow. Dr. Norton-Manning had, long years ago, shown them this more excellent way. In a convenient part of Sydney a suitable building was erected, and all doubtful cases, alcoholics, etc., were sent there for due observation and treatment before being removed to the ordinary asylums of Gladesville and Paramatta. It was a benefit all round, and it was extraordinary that we still lagged so far behind. He would, however, venture to predict that Glasgow would not remain content with the tentative measures now adopted, but would develop the idea on the grounds so ably stated by Dr. Carswell. He would not detain the meeting with recapitulating what he had lately published elucidative of German opinion on this subject, further than to again advocate the treatment of all neuroses on the same general principles. He would not divorce in treatment the ordinary forms of insanity from such maladies as delirium tremens, and he would expect that the poorest classes would, in such a reception-house, obtain benefits now enjoyed only by the richest. He would like to refer for a moment to the routine of this work in Paris. At the central police office there is a special infirmary, practically detached from the main building. To it are brought all the police cases suspected of insanity, and under the able control of Dr. Garnier they are daily classified and dealt with. Most are diagnosed and provided for by removal to the various asylums without delay, but a few are detained for observation and consideration. In the course of the day following their apprehension the undoubted cases of insanity of an acute type are nearly all to be seen in the reception-house at St. Anne's. That is a great establishment in the immediate neighbourhood of Paris, and consists of three main buildings—the reception-wards, under the care of Dr. Magnan; the clinique, lately under the care of their lamented friend Professor Ball; and the ordinary wards for male and female cases, where the great majority is housed. He might say in passing that the clinique, with some 60 beds, is occupied by such cases as the Professor may cull from the rest of the establishment for teaching purposes, while the reception-wards are about twice that size, and occupied almost entirely by recent cases. It would be seen that such an arrangement was certainly preferable to the haphazard methods of this country, although open to the objections that it savoured too much of police interference, and did not discriminate sufficiently between the asylum and the reception-house. He would prefer the latter to be a separate and distinct establishment—an hospital rather than an asylum. Of course the statistics of such a place would not be comparable with the usual asylum returns—indeed, it would be an additional factor in depreciating their recovery-rate. But he would not trespass on the time of the members with the illusions of statistics, nor would he speak at length of apparent difficulties from a legal point of view. The law seemed to have provided for Dr. Carswell's purposes, and the policy of the General Board of Lunacy in developing this most

reasonable project must commend itself to every member of the Association. There might be a chance of unsuitable cases being sent, a chance of undue detention, a chance of improper treatment; but the obvious remedy for these possible evils was to retain the responsibility in skilled and efficient hands, and to separate these observation-wards as effectually from the poorhouse as from the asylum.

The CHAIRMAN deprecated going to Parliament for increased powers as had been suggested, because when they went to the House of Commons the medical profession was generally shackled with increased responsibilities, and he thought they should rather go upon common law and common sense. Accordingly he advised them to work with the goodwill of the public and the support of the profession as the law at present exists. In referring to the rates charged at Larbert when he was there, he found that they could keep a case at about £23 yearly, but they charged £30 for a boarder, and the profit went to the fund for election cases, which in another way relieved the public rates.

Mr. JAS. E. MOTION, Acting Inspector, Barony Parish, being invited to address the meeting, expressed his pleasure in being present. Referring to certain points in the discussion, he mentioned that several years ago, in the seventies, an Adjustment Committee, consisting of representatives of the three city parishes of Glasgow, had been constituted, and that an arrangement had then been made with the police that the Inspector of Poor of the parish in which any alleged lunatic had been found should at once receive intimation, and since then they had no Fiscal cases. These cases generally cost the parish from £15 to £17 each in expenses but now through the good feeling existing between the police and the parochial authorities, immediately on receipt of a telephone message Dr. Carswell was informed, and, with an Assistant Inspector, attended to the case, and on being certified the patient was taken either to the poorhouse or asylum. The medical officer of the poorhouse, who had opportunities for wrecking the scheme if he chose, had, with the governor of the poorhouse, endeavoured to assist Dr. Carswell and himself in dealing with such cases as were sent to Barnhill for treatment. At present he had two cases requiring to be disposed of after being treated there. The original cause of the movement in the matter was a complaint by himself at the number of delirium tremens cases sent to the asylum, where they seemed to remain. As to the constitution and management of Parochial Boards, whatever their defects, no one could question their philanthropic efforts all along the line, more particularly in the large cities and provincial towns, in the care of orphan and deserted children, and in the care and treatment of the sick. Barony had been the first parish in Scotland to introduce the system of trained sick nursing in poorhouses, but things were going such a length that probably there would be a reaction some day—at least, that was his humble opinion. He ought to mention also that they had at Barnhill a trained male nurse, who, in addition to his special work, had charge of the outdoor labour and turn-out cases. The turn-out class were those nearly able-bodied, who were generally loafers. As to the rate per head for asylum cases, it was from 8s. to 8s. 9d. per week exclusive of rent, and for poorhouse cases 5s. 10d. per week. He had heard before of the imbecile alluded to by Dr. McDowall, but he thought the case must have occurred in the Highlands, because no parish in the South would have so acted. Every case was fully gone into, and the whole circumstances taken into account, but there was also another side to the question. He had a case recently where the income of the family was over £3 per week. The father on being asked how much he was prepared to pay for his son in the asylum, answered that “he thocht he might be able to gie 2s. 6d. a week.” This man was being pressed to give 5s. per week, and if he refused he would be brought before the Sheriff. Some thought all they had to do was to apply to the parish, and the number of applications for relief from the rates was getting serious.

Dr. CARSWELL, in closing the discussion, thanked the members for the

generous way in which his paper had been received. While many points had been raised upon which he would have liked to dwell, he had only time to answer questions. Dr. McDowall had asked if there were casualties. There was one, and it happened at the time Sir Arthur Mitchell and Dr. Sibbald were visiting at Barnhill. They saw the man, whose case had developed and become maniacal, and he put his hand through a window. Sir Arthur asked if he considered the accident told against his scheme, but he replied that he hoped Sir Arthur did not think so, as it was an accident which could just as easily have happened in the asylum. Dr. Urquhart feared that unsuitable cases might be sent to Barnhill. He would just remind him that a very definite certificate had to be filled up in every case, and every case had to be diagnosed. Dr. Carswell concluded by giving two illustrative cases which had been treated, one in Barnhill and the other at the patient's home.

In consequence of the lateness of the hour the other papers on the agenda were deferred until a future meeting.

Dr. CARLYLE JOHNSTONE moved, "That it be a recommendation to the Council that all examination papers set for Association purposes should be printed in the Journal."

The motion was supported by Dr. TURNBULL, and agreed to *nem. con.*

Dr. URQUHART made a statement regarding the Royal National Pension Fund for Nurses and its apparent suitability to the circumstances of Scottish asylums. He moved for the appointment of a small committee to consider the possibility of joint action on the part of the Scottish asylums in order to provide for aged and infirm officials.

The motion was adopted, having been seconded by Dr. CAMPBELL CLARK, and the following committee was named with instructions to report to a future meeting, viz., Dr. Watson, Dr. Clark, and Dr. Urquhart.

After the meeting the members dined at the Windsor Hotel.

#### MARIANO WILLIAMS v. BEAUMONT & DUKE.—JUDGMENT.\*

Following is a verbatim report of the judgment of Mr. Justice Wills and Mr. Justice Collins, sitting as a divisional court, on Thursday, May 24th, in the Queen's Bench Division.

Mr. Justice Wills said—We have listened with very great care to every word of these arguments, because the points which are raised are very important, but we have come to the conclusion that the application to stay this action ought to succeed. The Court is very much embarrassed indeed by the nature of the pleadings, and the particulars, more especially the particulars which are drawn without the slightest reference to the subject matter of complaint of which they profess to be particulars, and which diverge into a great variety of matters which have nothing whatever to do with the paragraphs in the statement of claim, and one would almost suppose that they were drawn by the plaintiff himself. The complaint, however, as formulated in the statement of claim, consists of two portions, one of which complains of a proceeding taken under the Lunacy Act, and the acts done in discharge of the duty cast upon the defendants, who certified the alleged lunatic under the Lunacy Act, and the other relates to matters which are unconnected with the Lunacy Act. I will deal with these separately. I may also say that a very large portion of the particulars which are given with respect to a paragraph which alleges a detention by the defendants, which has nothing to do with the Lunacy Act, two-thirds of the particulars at least are occupied with a variety of matters which, if they existed at all, are complaints that the defendants did something wrong in the course of the performance of the duty cast upon them, or upon one of

\* This trial is of so much importance that we give the judgment in full.—Eds.