offering adequate remuneration as a means of attracting well qualified persons to the service of asylums and retaining them therein, when, by the experience they have gained, their service has become valuable.

As far as I am aware, our Association has not expressed any gratitude or passed any vote of thanks to the Commissioners for this timely expression of their opinion and their kind assistance in promoting our cause. If so, I think the Association has been rather remiss, and I trust that before this annual meeting draws to a close some member will propose a cordial vote of thanks to the Lunacy Commissioners, who are certainly entitled to our gratitude in this matter.

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*The Out-Patient System in Asylums.** By Dr. F. ST. JOHN BULLEN, Assistant Medical Officer, West Riding Asylum, Wakefield.

The object of the paper to be now read is to evoke discussion on certain questions connected with the above scheme. Inasmuch as the system has received but a limited trial in this country, but few facts concerning its actual working are to be expected as yet. It is, however, deserving of consideration in this its embryonic period. An out-patient clinique was started at the Wakefield Asylum in January, 1890, and also adopted at the other West Riding Asylums. I can only speak of the results in the first-named institution.

The total number of cases there treated up to the present amounts to 116. Out of the number recommended 20 have proved unfit for treatment. In 16 the condition has been alleviated; in 12 recovery has occurred (I should state that the small-pox epidemic in the West Riding, which obliged us to close our doors to out-patients, seriously lessened the number of applications). Of the remainder, several continued under the care of their own medical men, advice being tendered; 23 ceased to attend, and 14 were admitted; 27 are still on the books. I would add that many patients were unable to follow out treatment, by reason of their poverty and inability to attend on account of leaving their daily

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work. A considerable proportion ceased to attend from such stress of circumstances.

So far it must be confessed that the results have not been over-promising, but before condemning the practicability and efficacy of the scheme it is necessary to carefully review and, where needed, revise the working and conditions of the system.

At the outset one would ask, Is an out-patient clinique needed? Putting aside the question of practicability for the moment, and considering only that of a requirement to be met, it may be admitted that such system *is* needed. It is true that if medical men generally were fairly versed in mental diseases the need would be less, but at present it must be accounted probable that a large proportion of general practitioners have not an extensive acquaintance with this branch of medicine. Even had they, the time needed to deal with mental disorders, and the anxiety for their safe care, which an extended knowledge perhaps only increases, would prove a heavy tax upon them.

It is a matter of common experience amongst asylum physicians that many cases are certified and sent to asylums which might have been treated outside, and I consider that the effect of asylum residence on patients is not one of unmixed benefit. Nowadays, when our institutions have so many of the comforts of home (and, indeed, injudiciously, in some instances are furnished with comparative luxury), there is a danger of depriving the patient of a salutary dread of loss of liberty and domestic life, and of diminishing his sense of personal responsibility to the community. In other words, there may result a tendency towards pauperization, and it is far too frequent to hear a patient on discharge to refer jocularly to a possible return.

Hence I think that a struggle should be made to treat patients outside the walls of an asylum and preserve to them their sense of responsibility and freedom, cultivating rather a spirit of opposition than one of subjection, which latter, forcible removal from home and detention elsewhere, is liable to breed.

The stigma attaching to those who have had an attack of insanity is, of course, much less noticeable amongst the lower classes of society, but even here I think that fairly marked differentiation exists between cases treated without and within the asylum, apart from the relative seriousness of the attack. And, however false such may be, yet so long

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as the patient's welfare is benefited by the fiction, it is due to him to essay home treatment.

Thus it appears justifiable to argue that there is some indication for a system of out-patient treatment of the insane to be tried.

The next question to be discussed is that of the practicability of the scheme.

Theoretically, the difficulties and objections are not few, neither are they lessened in practice. Such are connected with—

(1.) The home-care of the patient.

(2.) The application of treatment at a distance, and probably under unfavourable circumstances.

(3.) The distance which patients may have to traverse in order to attend at an asylum, and probably the indisposition to attend there at all.

(4.) The efficiency of means to deal with the examination and treatment of patients.

The first of these objections is a serious enough one. In many cases the surroundings of the patient have fostered, even excited, the attack of insanity. And although the anxiety of the relatives to benefit the patient may be evident, their efforts are so often ill-judged and ignorant as to be but harmful. I take it that the difficulties under this heading of home-care are so obvious as to scarcely need indication—notwithstanding which, to some extent, remedial measures may be adopted.

The second point of objection is almost one with the first. In no few cases the patient is found to be left nearly or absolutely to his or her own resources, not only unassisted, but hampered by children and domestic cares of various kinds. Under these circumstances the administration of drugs becomes a serious difficulty, if they possess any toxic nature; also various other dangers present themselves, such as free access to lethal weapons and suggestive methods of injury to self or others. Without assistance, too, it becomes nearly certain that matters of dietary, under circumstances of mental depression, for instance, will not be attended to. In such cases the responsibility of the asylum physician is considerable, and he needs much experience to decide upon the propriety of accepting them as out-patients. And yet, if he refuse them, a large proportion of his applicants will be disqualified, and the scheme of asylum extra-mural treatment receives a serious check.

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The third objection is an important one also. Where the county asylum is the centre for out-patient treatment, the distance for the patient to traverse and the difficulty of transit may be in some cases serious impediments—even excluding expense.

Moreover, patients are likely to shrink from the precincts of an institution which they regard from the nature of their condition with especial dread, and to harbour a feeling that upon some visit they may be swallowed up within its gates. I have heard the relatives confess to the unwillingness the patient displays towards attending at the asylum.

With regard to the efficiency of means to deal with the examination and treatment of patients, it is not sufficient that out-patients should be received into the ordinary waiting-room of an asylum, to be herded amongst in-patients and their friends, and to receive, perhaps, hurried notice amidst the press of other work. It is obvious that they should not be brought into any contact with such persons, and also that the asylum physician should be able to give sufficiently lengthy and undivided attention to his case. Where, too, there is any number of cases, there are sure to be no few who will need careful and varied forms of physical examination, the whole of which could not be well-performed without assistance from an adequate staff. In fact, it is evident that there must be no scant time allowed for the examination of this class of patients, when we consider the time occupied in the examination of a new admission into an asylum, where we have not at the moment to enter into the difficulties of treatment, which are, of course, infinitely multiplied in the case of persons for the while out of our observation. Leaving this subject, we must allude briefly to the class of cases fit for treatment. At Wakefield we have always considered it preferable to have the patient recommended by a medical man, so as to avoid clashing in any way with the interests of the outside practitioners. Apart from this, all cases not having some distinct mental symptoms existent or threatening are excluded.

When recommended for treatment, the propriety of accepting the responsibility of the case has to be considered. And although there is no statutory power vested in the physician to commit patients to an asylum, yet, in most cases, his advice will be adopted by the relatives, or even voluntarily by the patient, so that he practically becomes the disposer of the freedom of the latter. I need not allude to the kind of cases fit to be accepted as out-patients, since

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their choice will be the result of experience. It is certain, however, that unless additional means of treating those who do attend are taken, the number which will be available will prove small, and probably consist of the more unsuitable and chronic kind.

As to improvements in the working of the system, certain suggestions may be made. Firstly, I think that where feasible it is far preferable to hold the cliniques away from the asylum. Where the latter is closely situated to some large town the public infirmary or dispensary form most suitable places, if arrangements can be made with their committees for the use on certain days of their out-patient rooms. In the case of the larger institutions obvious benefit would result from the opportunity of consulting with their medical staff, where advice as to conditions other than mental may be welcome. And, on the other hand, advantages might accrue to the students in the way of studying mental diseases.

If there are difficulties in the arrangement of the above suggestion an alternative would be to hold the clinique in town chambers.

Improvements in the home treatment of patients must be directed towards—

(*a.*) Relief of temporary pecuniary straits.

(*b.*) Proper nursing supervision.

(*c.*) Isolation.

The first, for the most part, will only be needed when the bread-winner of the household is the patient and needs withdrawal from work. I cannot here offer suggestions as to through what source such relief is to come, although it would seem that the union authorities might well consider the propriety of making some allowance which might equal or be less than—as occasion demanded—the sum charged by the asylum authorities for maintenance.

As regards the provision of nursing, without attempting to maintain a severely acute case out of the asylum, there is yet no small number of patients who could be safely trusted to tide over an attack of insanity at home, provided they were under moderate supervision and management. In some few, no doubt, almost constant companionship would be needful; in the majority occasional visitation would be enough. This could only be done by having a nurse or attendant staff on the system of district nursing, and would be only practicable in the case of the large towns.

Or there is the alternative (3) of temporary isolation. It

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appears to me a desideratum that an institution after the kind of a convalescent home should exist, into which the poorer class might be admitted, as voluntary patients, in the earlier stages of mental disease, by recommendation of the asylum physician. This would by no means pose as an asylum, and the complete freedom of the patient would relieve him from all fear of compulsory retirement from the world. The building and nursing accommodation would only need to be of a simple kind. It would be situated preferably in the locality in which the out-patient clinque was held, and would be visited by the physician on his ordinary days of attendance. There would probably be no need for constant medical supervision, but if the size or requirements of the place demanded such, charge might well be taken by a clinical assistant from one of the county asylums, where such an officer exists.

I am aware that the foregoing suggestions would present many difficulties in their carrying out, nor can I indicate the method for putting them into effect, even supposing them, that is, to be sufficiently feasible to demand further consideration. But in order to push the scheme to its limit of practical trial, I have felt bound to mention needful extensions of the system as at present pursued.

In connection with the development of the out-patient scheme, I am enabled, through the kind offices of Dr. Savage and Dr. Goodall, to obtain the opinions of some distinguished alienists in Germany upon the mental "Irrenkliniks" there.

Their views will go far in helping us to estimate the value of the scheme, actual or prospective.

Professor Eulenburg, of Berlin, writes to the following effect:—

"Out-patients with mental symptoms are treated in the department for diseases of the nervous system, and not in a special clinic. The class of cases attending consists of the milder forms of functional psychoses, *i.e.*, mania and melancholia, as well as organic diseases, especially in their early stages; also cases of hysteria and alcoholism.

"Often patients are brought to the out-patients' room to be certified, or for advice as to their responsibility under certain mental conditions.

"Most of the patients are drawn from the lower classes, but some are from the middle class, *e.g.*, minor officials, artists, teachers, etc.

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"There is no difficulty in the certifying of a patient, any qualified physician, together with a magistrate, being sufficient authority in the case of paupers, and the latter person's interference being waived in urgent cases until after the incarceration of the patient. Another certificate by a physician specially-authorized (by Government probably) is needed in the case of patients sent to a private asylum (again to be waived in an urgent case).

"The treatment is conducted only on general principles, dietary, tonics, mild sedatives, electricity, and massage being employed."

Professor Eulenberg emphasizes that treatment inside an institution is *much preferable*, and that an out-patient system can only be looked upon as supplementary.

Professor Knecht (who translated Dr. Savage's book on "Insanity" into German) has a more favourable opinion of the use of these clinics, asserting that they are undoubtedly valuable in giving advice to the lower classes. The same persons, as regards social status, attend, as before mentioned. Medicines are supplied on reduced terms. Treatment as before.

Dr. Levinstein Schlagel, of Berlin (who edited the last edition of Griesinger's book), gives the following information:—"The department for diseases of the nervous system, in connection with the University, receives patients having transitional forms of disease from neuroses to psychoses, and with pure psychoses as well. Both are received for treatment, but members of the latter class, if in a state dangerous to themselves or others, are sent directly to an asylum." Dr. Schlagel does not express himself enthusiastically about the treatment of the pure psychoses as out-patients. In his opinion they take up much time and soon relapse. The clinics are largely attended, and by both the poor and better class. He also mentions a system of "patient's funds," which enables the treatment to be carried on outside the clinics.

All these authorities concur in the opinion that these clinics are of proven value for the purpose of teaching to the students.

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