and she was ordered thyroid tabloids daily, when she at once improved, and was discharged recovered four and a half months after the commencement of the treatment.

She was readmitted here exactly one year after with all the symptoms well marked: the skin was now dry and rough, the hair of the head thinned; she was dull, apathetic, and slow in thought and movement; she spoke languidly and deliberately, articulation was thick and rather blurred, and her voice monotonous; her expression was heavy and stupid, whilst her memory was defective. On admission she was at once put on thyroid treatment, when she rapidly lost all these symptoms, and was sent out recovered after being with us four months.

(1) Read before the South-Eastern Division of the Medico-Psychological Association held at Dartford on April 25th, 1900.

The Best Method of dealing with the Pathological Work of the Irish Asylums. By W. R. DAWSON, M.D.

THE modern conception of asylums as hospitals for the treatment of those diseases whose salient phenomena are mental, and the fact that insane patients are peculiarly liable to be attacked by ordinary physical diseases, for which they must be treated in asylums, render it essential that these institutions should in their organisation and equipment be approximated to general hospitals as closely as their peculiar circumstances allow. In general hospitals nowadays the pathological department takes a position the importance of which is increasing every year, owing to the extraordinary progress in all branches of pathological science, and it is just as important that this department should be efficiently worked in asylums. Its functions may be said to be twofold, clinical and what we may roughly call anatomical.

The common operations of clinical pathology, such as ordinary urinary examinations and the staining of sputum for tubercle bacilli, are now expected to be within the powers of every medical man, and their carrying out will devolve as a rule upon the younger members of asylum staffs. But even as regards these simpler processes difficult cases arise from time to

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

time where wider experience is needed, and many procedures, such as the detection of unusual bodies in the urine (hæmatoporphyrin, for example), determination of the presence or absence of diphtheria bacilli in the mouth-secretion, the examination of blood for micro-organisms, and the like, demand an amount of time and experience, and a laboratory equipment, such as few asylum officers have at their disposal. Yet all these procedures are absolutely essential from time to time if the patients are to be properly treated. The prosperity of such institutions as the Clinical Research Association shows how widely this necessity is felt by the busy members of the general profession, and surely medical officers of asylums must find it not less urgent. In a few fortunate instances, it is true, where there is a school of medicine in the vicinity, the aid of an outside laboratory may be available, but in the vast majority of instances no such aid is available, and in any case a public institution should not be dependent on the charity of outsiders in carrying on its work.

When we come to deal with post-mortem pathology the need for special skill and experience becomes increasingly evident. Ordinary naked-eye and even microscopic examinations may be and are efficiently made by asylum officers, but questions often arise which no ordinary asylum officer can in the nature of things be competent to settle. Take one instance. A patient is found post mortem to have a number of ribs broken. Is this due to morbid fragility of the bones, or does it indicate violence? Obviously, in some cases at all events, this point requires investigation of a kind beyond the scope of any but an experienced pathologist. Again, the occurrence of epidemics in asylums, such as beri-beri, requires pathological investigation, and one might easily multiply instances of various kinds. But most of all is the need for special knowledge, skill, and experience obvious in dealing with the central nervous system, the organs in which as alienists we are chiefly interested. The brain is the most difficult and complex of all organs, and to appreciate its changes in disease requires a minute knowledge of its normal anatomy and physiology, such as few men have time to acquire. Its investigation, again, can only be carried out by some of the most difficult, complicated, and lengthy of all the methods at the disposal of the investigator, while the mass of work being done all over the world necessitates an acquaintance with foreign languages, and a large amount of

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

time devoted solely to keeping up with the literature of the subject. It is therefore clear that to deal adequately with asylum pathology specially trained pathologists are necessary, working in properly equipped laboratories, and devoting all their time to the subject. No outside pathologist could give the necessary time, even if he had the requisite degree of knowledge.

Hitherto I have merely dealt with ordinary asylum work, but I need hardly say that this is not all, and that our hopes of a real knowledge of the conditions of insanity, and consequently of a rational treatment of it, centre in original research directed to its pathology in the wide sense, albeit in conjunction with enlightened and scientific clinical observation. For such research, more than for any other branch of pathology, special knowledge and skill and much time are absolutely necessary, and we must see that they are available if we do not wish to lag behind other countries in this department of scientific progress. But I need delay you no longer with arguments, which, indeed, seem almost superfluous, for a proposition so self-evident as the need for special arrangements for dealing with the pathology of asylums. Let us see now what means are elsewhere in existence for meeting this want.

In many of the English and Scottish asylums there is a resident pathologist, who has a laboratory at his disposal, and is responsible for the pathological work of the institution. But he is, as a rule, simply the junior assistant, and is expected to combine with his pathological duties a not inconsiderable amount of clinical and administrative work ; and even if it were not so, there being little prospect of advancement in his particular line, he usually after a year or two, just as he has acquired a useful amount of knowledge and skill, accepts promotion to a higher assistancy, and drops to a large extent his pathological studies. Such an arrangement, therefore, hardly fulfils the conditions which I have laid down ; but even if it did so, in this country it would, for financial reasons, be out of the question. The clinical and administrative departments of our Irish asylums are none too well manned, and therefore their Boards could scarcely be expected to offer an adequate salary for a resident pathologist in each, or even in a majority, of the institutions.

Even across the Channel, however, there is a wide-spread dis-

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

content with the existing arrangement, and as long ago as 1892 the London County Council took steps to introduce a better order of things in the seven asylums under their control, and accordingly, after inquiries both in England and abroad, they established a central laboratory at Claybury Asylum, splendidly fitted out for its purpose, and placed over it a scientific man in every way competent to fill the post, Dr. F. W. Mott, F.R.S., with an adequate salary and two assistants. This experiment has been a complete success. Not only has most excellent work been done, as shown by the first number of the *Archives of Neurology*, published from the laboratory, but, as Dr. Mott stated in his first report, his "appointment appears to have been an incentive to pathological work at other asylums," a very important point. I need only just mention the magnificent central laboratory of the New York State Hospitals for the Insane with its eight departments, each in charge of a specialist, which has been established since 1895, and turn to what is, for our purpose, the most useful example of such institutions, the Conjoint Laboratory of the Scottish Asylums. Stimulated by the success of the London County Council, a number of these institutions combined in 1896 and started a laboratory in Edinburgh under the control of Dr. Ford Robertson, who was already known for his work in the field of cerebral pathology. He receives £400 a year as salary. The duties of this post and the objects of the laboratory are as follows:

I. To carry on original researches upon the pathology of insanity.

II. To examine pathological material sent from the asylums, and to furnish reports.

III. To give instruction free of charge to members of the medical staff of the associated asylums in the pathology of mental diseases and in laboratory methods.

IV. To assist members of the medical staff of these asylums in original research by (*a*) suggesting subjects, (*b*) collecting material, (*c*) advising as to methods, (*d*) assisting with reference to literature, (*e*) providing "demonstration sets" of microscopic specimens to be sent round to the asylums, (*f*) visiting the associated asylums at intervals with reference to their pathological work.

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

V. To form a library of books and journals bearing on the subject.

Seventeen of the twenty-four Scottish asylums have now joined the scheme, contributing to the support of the laboratory, in proportion (nominally, at all events) to their death-rate, a total sum which last year amounted to £650 10*s*. The administration is in the hands of a General Board, composed of the superintendents of the associated asylums, together with lay governors from each when desired, from which General Board a smaller Executive Committee of nine is annually elected.

This scheme has now been working for several years, and has been strikingly successful. Numerous papers have appeared in various scientific journals by which our knowledge of cerebral pathology in relation to insanity has been extended, and Dr. Robertson is about to publish an important work covering the whole ground, and embodying his researches on the subject. Medical officers of asylums have received instruction, pathological work has been stimulated elsewhere, and, in short, the programme of the undertaking has been pretty fully carried out. So successful has the laboratory been that, as we learn from the last report, it is proposed to extend it by the establishment of a separate department for pathological chemistry under a specialist in this subject.

We are therefore led irresistibly to the conclusion that the establishment of a central laboratory in this country is not only the best, but is the only way at our disposal for dealing with the pathological work of our asylums. On the whole, a scheme modelled on the Scotch institution, though with certain modifications, would seem to be the most practicable. Thus the mode of control, and management, can hardly be improved on, but the duties of the pathologist should not, I think, be restricted to the nervous system. They might be defined as, first, to examine and report on all material, both clinical and post-mortem, sent to him from the associated asylums. Secondly, to give pathological instruction free of charge to medical officers of the associated asylums. Thirdly, to act as pathological consultant to the associated asylums in all other matters (such, for example, as instruments and laboratory fittings) on which his advice may be sought by them, and perhaps to visit them at intervals with this object in view. Fourthly, to carry on

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

original research in the pathology of mental and nervous diseases. Whether any attempt should be made to form a neurological library is a matter which must depend on the success of the project in other respects.

Lastly, we have to consider whether such a scheme is financially practicable. The first point is as to the laboratory itself and its equipment, and here I venture to think we are peculiarly fortunate. At the Richmond Asylum in this city, and therefore at a spot easily reached from any part of the country, there already exists one of the most commodious and best-equipped asylum laboratories in the three kingdoms. If, therefore, the Richmond authorities can be induced to place this at our disposal, it seems to me that, for the present at all events, we need go no further. The next point is with regard to the raising of the sum necessary for the maintenance of the laboratory and the pathologist's salary. It seems to me that in order to induce a competent man to give his whole time to the work we should offer not less than the salary paid by the Scottish asylums, viz. £400 a year. Setting down the working expenses at £100, this means £500 a year to raise. There are in this country twenty-three district asylums, in addition to which there is the Central Criminal Asylum at Dundrum, the Stewart Institution, St. Patrick's Hospital, and a number of private asylums, some of which would no doubt contribute. If we might put down the combined quota of all the asylums other than district asylums at £40 a year, this leaves only £20 a year to be contributed by each of the latter. Furthermore, the conjoint pathologist might also act as pathologist to the Richmond Asylum, and in this case the Governors of that institution might be induced to give a much larger proportion than £20, say £100 a year, which would still further reduce the contributions of the other asylums. There are one or two other ways in which money might be raised, but I think I have said enough to show that the scheme is well within the range of practical politics, and, indeed, is not only the most effective but the most economical mode of meeting the difficulty. Be it understood that what I have said about the financial and other arrangements are only thrown out as suggestions designed to show how the scheme might be worked out. The arrangements would, of course, rest with the General Board.

It may be said that such a laboratory would not deal with

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

the whole pathological work of our asylums. It would not, and it is neither necessary nor desirable that it should. Assistant medical officers are quite capable of doing the routine pathological work, especially if they have had a course of instruction at the central laboratory; while all questions of unusual difficulty, importance, or interest, would be referred to the conjoint pathologist for solution. Indeed, the establishment of a comparatively well-paid post of the kind would doubtless tend indirectly, as well as directly, to increase the efficiency of asylum officers, by acting as an incentive to assistants to devote more attention than they have hitherto done to the study of pathology.

In conclusion, I may perhaps be allowed to say that when the point was mooted by me in the Presidential Address at the opening meeting of the University Biological Association last November, it met with emphatic approval, not only from the guest of the evening, Dr. Aldren Turner, of London, but subsequently from the *Lancet* in a notice which that journal inserted in its columns. A few weeks ago the question was again brought before the above Association, on which occasion the speakers were unanimous in their approval of the scheme, and a resolution was passed to the effect "that in the opinion of the Dublin University Biological Association it is desirable to establish a central laboratory for the Irish asylums, devoted to the study of pathology in relation to nervous and mental diseases." From these indications and others I think we may take it that our project is sure of the sympathy and support of all enlightened members of the outside profession, a support of which, in its influence on the lay boards with whom the successful starting of the scheme finally rests, we should gladly avail ourselves.

Discussion.

At the Quarterly Meeting of the Irish Division at Dublin, April 10th, 1900.

When he had read the above paper Dr. Dawson proposed the following resolution:—"That, for the better carrying on of the pathological work of the Irish asylums, and for the encouragement of original research in the pathology of nervous and mental disease, it is desirable to establish a central laboratory devoted to these special ends, under the management of a competent pathologist, who shall give all his time to this work; and that a Committee of five asylum superintendents be appointed to take steps to give effect to this resolution."

Dr. Nolan in seconding the resolution said: After the very able manner in which Dr. Dawson has dealt with the subject it is absolutely unnecessary for me to say anything except to formally second the resolution. To my mind the question is not one for argument, but it is one for apology, and I think

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

the superintendents of the Irish asylums are rather late in the day in trying to carry out what has so long been in operation elsewhere. I am afraid if they do not do something, outside influences—professional and lay—will place them in an exceedingly awkward position, in consequence of the large sums of money lunacy is costing in this very poor country, if it can be said that the money is going to little more than hotel keeping. We have been subjected to the reproach that superintendents of asylums are something between hotel keepers and jailors. It appears to me that we should do more than speed the parting guest, and I think our work should certainly not end at the mortuary door. I am convinced the treatment of the insane will derive from pathological research aid of a most practical and useful character. It would weary you uselessly to labour this point. We all feel that it is absolutely essential. The details of the scheme will be, of course, difficult, but these difficulties are not insurmountable. There has been an absolute necessity for it for years, and I hope it will rouse enthusiasm now. If properly and energetically worked by the Committee, a result will be attained sufficient to initiate this project, and I am sure it will then find support for itself. In the London County Asylums, where you know a similar project has been successful, the pathologist originally appointed at £700 has got an increase of £300 a year to his salary. Dr. Dawson has referred to New York, but the scheme carried out there is perhaps too ambitious. The Scotch scheme is one which should appeal to us, and it is the duty of every superintendent in Ireland to support that.

Dr. FINEGAN said: I think the resolution is most excellent. There is one point, however, which I would suggest as an addition to it. This matter does not rest so much with the Association as with the controllers of superintendents—the committees of management. I am quite satisfied all superintendents in Ireland would be only too anxious to advance the matter in every way in their power.—and the Association would strengthen the hands of the superintendents by having a copy of the resolution sent to each committee of management of Irish asylums, in order to get an expression of opinion from them. The superintendents would, of course, educate the committees on the subject.

Dr. MERCIER.—The resolution would carry weight with the laity if a statement were added to it, referring to the work done in the pathological laboratories started on this plan and the great advantages reaped therefrom. Such a memorandum should point out how pathology aids treatment, and how great public advantage would be gained by a shortening of the period of stay in asylums, which would not be an improbable result. If you are asking a public body for money you must show a fair reason for the employment of that money, and demonstrate that its effect will be to save money in the future.

A prolonged discussion ensued. Drs. Donelan and O'Mara expressed a fear that the foundation of a central laboratory might rather check individual pathological work elsewhere. Dr. Dawson pointed out that such had not been the result of a similar scheme in Scotland. Drs. Lawless, Donelan, and Nolan suggested that the co-operation of the inspectors should be sought in the matter. Dr. Nolan and the Chairman suggested that some difficulty might be experienced as to obtaining contributions from the local committees, for work not directly and solely under their control in each case; and the Chairman pointed out that the Lunacy Amendment Bill (England), now passing through Parliament, contained a special clause empowering the committees of different asylums in that country to combine, not only for the purpose of constructing an asylum, but for the purpose of erecting and equipping a laboratory for pathological purposes. This is a Government bill, and the Government are by it committed to the principle of permitting combination for the purpose. A bill for the amendment of the recent Irish Local Government Act had been announced, and it was suggested that the Government be requested to permit the addition thereto of a clause legalising such combination among the Irish district asylums. It was deemed that this matter should be immediately taken up by the Committee about to be formed. After further discussion as to how the details of the scheme could best be carried out, the resolution was put to the meeting and unanimously adopted.

Dr. NOLAN then proposed, and Dr. LAWLESS seconded, "That the following members be appointed as Committee to carry out the objects of the foregoing

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press

resolution, namely, Dr. Dawson, Dr. Woods, Dr. Graham of Belfast, Dr. Conolly Norman, and Dr. Finegan, and that they be given power to co-opt further members in case of vacancies occurring, or to add to their number." This resolution was adopted unanimously.

The Therapeutics of Insanity. By HARRINGTON SAINSBURY, M.D.

THIS subject is of such magnitude and it presents so many aspects that it would not be possible to develop it at all satisfactorily within reasonable limits, if one were to attempt to deal with it comprehensively. I shall therefore be excused if I pass very cursorily over certain systems of treatment which do not, and dwell more upon certain others which do fall within my competence. The selection will by no means represent the order of importance.

That which may be called the sociological treatment of the unsound of mind depends upon the recognition of the rights of citizenship as still belonging to the imbecile and the lunatic, however much these rights may be limited or qualified; the question to be answered in each individual case is "How much freedom? how much restraint?" On this subject Emminghaus (*Virchow's Jahresberichte*, Jahr xxxiii, sect. "Psychiatrie") refers to Böttiger's views on *the treatment of the insane in colonies* (*Ueber die coloniale Behandlung von Geisteskranken*). Böttiger maintains that this system of treatment gives the best results because of the beneficial effects of occupation upon the mental state, and because also of the wide range of liberty which the system places at our disposal.

In the carrying out of the treatment the colonies may stand either as independent foci, or they may be in more or less close connection with the asylum as a centre.

According to Böttiger at least one half of all the inmates of the asylum are capable of treatment in the "colony." He advises that where the asylum, as parent institution, has affiliated daughter colonies, these should be situated near the asylum, and that whilst the latter should retain the hospital character the colonies should partake of the nature of groups of dwelling-houses.

He sums up the advantages which the "colony" system

https://doi.org/10.1192/bjp.46.194.487 Published online by Cambridge University Press