cases where it will be as well not to understand too much, a certain amount of density is easily assumed.

(7) In an institution for such cases there should be an entire absence of red tape, and the type of building which would probably suit best would be cottages something like Dr. Barnardo's Cottage Homes. The cost can never be very low, but should work out somewhere between that of asylums and general hospitals in England. At the little Brighton Hospital, with twelve beds only, it will be probably about 15*s.* a week per head—possibly less.

In conclusion it is to be hoped that many and better ones will start and flourish in England for the sake of humanity and economy. Even if we have to wait for the slow movements of Parliament for effective kliniks, these hospitals at least we can have at once.

The Provision of Suitable Accommodation for the Various Forms of Insanity. By JOHN MILSOM RHODES, M.D., Chairman of the Chorlton and Manchester Asylum Committee, Alderman for the County Palatine of Lancaster.

"I NEVER saw anything like the English people," remarked a foreign expert to me at an International Congress; "they have the best institutions for public assistance in the world, but they never have a word of praise for their own asylums: on the contrary, they are always criticising them." My reply was: "Is it not because we are always criticising our institutions and trying to remedy their faults that they are the best in the world?" Our friends across the channel appear to be very much of the same opinion as the expert. They praise our asylums as being better and costing less than the French; specially do they praise the administration of them; the character of the attendants in our asylums as compared with their own comes in for warm commendation; even our lunacy law is—*mirable dictu!*—described as *plus simple que chez nous.* If it is, then the French lunacy law is decidedly complex; for it does appear to me monstrous that while under our present law we have only three medical inspectors for

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100,000 patients under the care of the Lunacy Commissioners, we should have two for the care of less than 1000 Chancery patients, two thirds of whom are in asylums and therefore already under the care of the Lunacy Commissioners. The system is wrong, and in my opinion it is a mistake to place one class of cases suffering from mental disease under one authority, another class also suffering from mental disease under a second authority, and a third class of cases under the Local Government Board, for that is what our present system amounts to.

The law must be revised. When in 1888 I moved the resolution asking for the inquiry which is now proceeding, my object was not the treatment of the feeble-minded but of the epileptic and insane. I never have been able to see why the unfortunate sufferer from mental disease should in the vast majority of cases have to sue *in formâ pauperis* for admission to our mental hospitals, while if suffering from infectious disease he can demand admission to our fever hospitals without even the taint of pauperism. The sooner we call our asylums what they really are—our State Hospitals for the Treatment of Mental Disease—the better for all concerned. Whatever views the Royal Commission at present sitting may take, one thing is certain, *viz.*, that there must be an alteration of the law dealing with cases of mental disease. No doubt there are many gentlemen who strongly object to chronic harmless cases being sent to asylums and who say that they can quite as well be kept in workhouse sick-wards; probably those gentlemen are thinking of the great unions like Birmingham, Chorlton, Bristol, Manchester, and West Derby, with several hundred cases in their wards for the insane. It is necessary to remember that great unions of the character named are few, the number of small unions many. No doubt the great unions could combine, as Chorlton and Manchester, Birmingham and King's Norton have done, to provide proper accommodation for epileptics, and the system might be extended by the joint Boards making arrangements to take in cases from the smaller unions; but there is little doubt that in many cases such a course would not be practicable—the parochial spirit has as many lives as a cat. There is another reason against union care, and that is the impossibility of proper classification, either mentally or morally.

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Another aspect of this question must not be lost sight of, the fact that the union is the only institution in the rural districts to which many of the physically sick poor can gain admission. Is it right to have a case of acute pneumonia placed next to a case of noisy dementia, as I have known done? Surely no one will defend that system. Probably some gentlemen will oppose county care on the ground that it is cruel to take these cases a long way from their friends. If this argument is worth anything, it must apply as strongly to the case of the 100,000 patients in asylums as to the 11,000 in ordinary workhouses; but is the argument a sound one? The reply made to my inquiries as to the number of patients visited by their friends after the first twelve months was, both in this and other countries, that they are seldom visited in the great majority of cases; to quote the words of a United States Report, "They are sadly neglected and apparently forgotten by their families; there are exceptions, but this is the rule."

I came across a curious case in a Scottish asylum recently. A visitor came and asked to see M. A. S—. There was some commotion, because no one knew who she was. The name was found on the books alright, and so it was concluded she must be in the asylum. One of the oldest attendants thought it must be "old Queenie," and it turned out to be so; she had never been visited for forty years.

Is it possible to provide good accommodation—and good it must be for those who are detained against their will, often for the benefit of the State—at a less cost than we have done? I believe it is, but if we are to do it we must realise the truth of the lines:

> "New occasions teach new duties,
> Time makes ancient good uncouth."

"It is time that the people and those to whom they intrust the responsibility of making suitable provision for all the insane understood this—that they realised that the era for spending five years in selecting a site, building a hospital for six hundred inmates, and then sitting down to congratulate themselves on such a monumental work for humanity has passed. The building of accommodation at moderate cost, on a scale commensurate to the daily needs, must be accepted as a matter of course and brought down to business methods. There is hence-

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forward to be less laying of corner-stones with appropriate ceremonies but more ordinary brickwork, building to anticipate rather than follow the needs of the insane." (1)

In building our asylums as if we were providing for one uniform class of cases we made a mistake, and if we build asylums solely for chronic cases we shall be making a still greater. I never was theoretically in favour of chronic asylums, and now, having had some years' practical experience, I am convinced that they are bad both in theory and practice.

A dozen years ago chronic asylums were recommended as a panacea for all the woes of asylum committees. That was not my opinion fifteen years ago and it certainly is not now; to stamp people as hopelessly insane has always appeared to me a most cruel thing, because we have seen recoveries take place after many years. The system was, however, recommended chiefly on the ground of economy, and the Lancashire Asylums Board, to my regret, provided one. It has been open three years and a half, and here is an extract from a recent Report of the superintendent: "The patients complain bitterly about being sent to Winwick, which they have been told is for patients who never recover, and where there is no chance of discharge, the immediate consequence being that the patients feel no incentive to work or to exercise self-control over their behaviour. It seems irrational, and I am sure it is unscientific, to accumulate in one building a large number of patients who are suffering from disease and to stamp upon them the stigma of being hopelessly insane." Dr. Simpson very properly points out the depressing effect upon the staff of having only to deal with patients belonging to a degraded and incurable class, and also that the strain is more severe upon the attendants, seeing that they have no convalescent cases. As for the assistant medical officers, they have no chance of obtaining a thorough knowledge of the treatment of acute cases of mental disease. There is another disability, and that is the scarcity of good workers. Human nature being what it is, you can hardly expect the superintendents of the ordinary asylums to send away their best workers. The consequence of this is that you have additional cost of labour in the laundry, kitchen, garden, and workshop. The great recommendation was said to be its cheapness. Well, with every care taken to keep down the expense there is less than a penny per week difference in the

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cost between Winwick and Prestwich and Whittingham. Corroboration of this aspect of the question comes from institutions similar to Winwick. The Superintendent of Leavesden says: "There is no doubt that asylums for chronic insane and imbecile patients cannot be so cheap in the working as was anticipated"; and there is another important fact, which is well brought out in the remarks of the Superintendent of Caterham, that "of late years the character of our admissions has entirely changed, a large proportion now being transfers from county asylums who, though certified as harmless, are frequently very troublesome to manage. Under existing conditions and from time to time it has been found necessary to increase the staff." Of course with an increase of staff comes an increase of cost; the weekly average cost of "maintenance" has gone up 4*d.*, but the total has gone up nearly 1*s.* 4*d.*

Other places tell the same story. Commission after commission of experts in the various countries of Europe and the United States have recommended the abandonment of the old barrack asylum and the substitution of an institution more in harmony with the humane and scientific spirit of the age.

I need hardly remind you of the saying of Pinel that every one has a right to enjoy the greatest possible liberty compatible with the public safety.

I do not think that all our asylums carry out that doctrine; not that I can see my way to adopt the open-door system *in toto*, but I do think the high walls that surround all the buildings, and the estate as well in some cases, are a sad relic of a melancholy past, and a costly one too, and I think there is a middle and a better way of building asylums.

Unnecessary expenditure has no doubt resulted from a pseudo-economy on the part of the administrative bodies. They have grudged spending a hundred or two on inquiries whereby they might have saved thousands. The Lancashire Asylum Board recently had to face building a sixth asylum, and I am glad to say that they sent two experts, Dr. Cassidy of Lancaster, and Dr. Wiglesworth of Rainhill, to cover the ground that Mr. Alderman M'Dougall and myself had covered, and report upon the continental asylums. These gentlemen, after making an exhaustive inquiry, reported in favour of the colony system. There is no use ignoring the fact that, owing to the confidence of the public in the asylum, the four-shilling

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grant, the condensation of the people in the towns, and the increasing employment of women, a change has taken place in the character of the cases that have to be provided for by the County Councils. The percentage of cases of mania has decreased, melancholia has increased, and there is also an increase in the ratio of senile cases of 4 per 10,000, all pointing to the fact that the cases, instead of being in the workhouse or with friends, are sent to the asylum.

Like it or not as we may, there is little doubt that before ten years are past nearly all cases of mental disease will be under county care; if that is so, the question is, how can we best provide for them?

Roughly speaking, provision must be made for (1) hospital cases, (2) chronic dangerous cases, (3) chronic harmless cases able to work, (4) chronic harmless cases unable to work.

We are all agreed that for the acute and curable cases we must have first class hospitals with up-to-date appliances, but do we require that class of building for all our cases? I think accommodation might be provided for the chronic insane of the custodial class in small closed pavilions, and for the infirm class in similar open buildings. For the class of chronic harmless cases able to work our provision has been made on wrong lines; the villa holding from twenty to forty is better in many respects and the cost is less. There are some gentlemen, for whose opinion I have the greatest respect though I do not agree with it, who appear to look upon the corridor as some of the clergy look upon the Athanasian Creed. One gentleman asked me how the nurses were to get from ward to ward without a corridor, and seemed surprised when I said I did not want them to get from ward to ward but to attend to their work in the ward, and then go clear away from the wards to their own separate quarters. Scotland, half the countries of Europe, and those the best, and most of the United States authorities get on as well without corridors as with. Why should we not at any rate make the experiment, and see if we cannot make our asylums less like a combination of factory and weaving shed, and more like a home? I do not think many people have thought about the cost of the corridors. At one large asylum not many miles away there are three miles of corridors, or an addition to the cost of at least £15 per bed—*cui bonum.* County Councillors have an idea that these corridors are such

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nice winter gardens for the patients. My experience is that, except when the patients are going to the dining-hall or to the dormitories, they see very little of the corridors. The fever hospitals, inebriate homes, and some of the hospitals manage without corridors, and therefore, so far as nurses are concerned, there is no necessity for them.

One great objection to doing away with the corridor has been the difficulty of getting the patients to the dining-hall in bad weather. Well, they do it in the States, and say there is no difficulty about it; but the opinion of the best authorities is that it is better to take the dinners to the patients than the patients to the dinners, and from what I have seen I agree with that view. There is another advantage of dining them in the villas, and that is there is less chance of disturbance from noisy cases. A further advantage is that you can differentiate in the diet of the workers and the non-workers with less fear of discontent, as the patients in one home know no more what the others have got for dinner in the next home than you do about your next-door neighbour's dinner.

The first thing to do to reduce the cost of our asylum buildings is to do away with the corridor, and the second, to remember that we are not building a town-hall but homes for the sick to dwell in. We all know that like seeks like; and by providing cottages holding from twenty-five to forty you can certainly classify your cases better than you can in the great pavilion asylums such as you see in France, and which cost far more than the English. Efficiency and economy are combined in the colony system, for you can provide additional villas, good enough for private cases, complete for £110 per bed. Thirdly, do away with the high wall all round the estate, which is simply a relic of the time when the gaol and the asylum were synonymous terms.

For nearly twenty years I have been advocating the colony system, not only because the system is less costly and that additional accommodation can be provided more easily, but because, carried out on common-sense lines, it is better for the patients, and they are happier in more home-like surroundings than they are in the great pavilion asylums. I agree with my friend Dr. Spratling that "the home instinct, the love of home associations, and the desire for pleasant and sympathetic companionship, are the last of the natural desires

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to die in a people who suffer from mental enfeeblement or decay through chronic and far-reaching diseases." (2) Home, with all its sacred associations, we cannot provide, but if we adopt all that is best in the methods of other countries, then, in my opinion, great as has been the improvement in the past, we shall see still greater in the future. Without increasing the burden of the ratepayers we shall be able to provide more homelike and therefore more comfortable accommodation for our patients, to carry out the doctrine preached by the epileptic apostle of old, *viz.*, to "comfort the feeble-minded."

(1) *The Insane—their Treatment, Commitment, and Detention.* W. W. Godding, M.D., Washington, D.C.—(2) *Epilepsy and its Treatment.* W. P. Spratling, M.D.

Discussion

On the Papers read by A. Helen Boyle, M.D., and John Milsom Rhodes, M.D., at the Annual Meeting, July 21st, 1905.

Dr. Carswell (Glasgow) wished in the first place to thank Dr. Helen Boyle for the very kind reference she had made to the work of himself and colleagues in Glasgow. It might possibly create some surprise in the minds of his English hearers to be told that in Scotland they had been able to introduce and carry out the scheme to which reference had been made without any special legal sanction other than the existing statutes. They had tried to do what appeared to be a right and needful thing, and then had discovered that the Lunacy authorities were animated by the same desire, and therefore there were no difficulties. The authorities had placed no unnecessary legal difficulties in their way; indeed, there had been hearty sympathy and, so far as they could give it, support to the work by the Lunacy Commissioners. The Glasgow parish is a Lunacy District, and the Parish Council is the District Lunacy Board. The Inspector of Poor, who is the statutory officer for receiving applications on behalf of persons supposed to be of unsound mind, is also Clerk to the Lunacy Board,

Dr. Robert Jones asked whether Dr. Carswell would at this point explain the meaning of "Lunacy District" and "Lunacy

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Board." Did the Lunacy District mean that there was a Lunacy Commissioner who had power over that district?

Dr. CARSWELL, continuing, said he thought the terms were well understood. The whole of Scotland is divided into Lunacy Districts, and each has a Lunacy Board, which in the majority of cases is elected by the local bodies in the district, Town Councils, and County Councils. In respect to the Glasgow parish, and also in respect to the Govan parish, a special provision had been made whereby those areas were constituted Lunacy Districts, and the Parish Council was the Lunacy Board of that district. They had an estimated population in Glasgow parish of 609,000. Roughly speaking, some 90 *per cent.* of that population were living in houses of one, two, or three apartments. There was no necessity for him to detail the figures in relation to the one, two, and three apartments separately, but a large proportion were in one-apartment, while the majority were in two-apartment houses. Those who knew Glasgow were aware that they were tenement houses. The District Board had two asylums under its care, and Glasgow also went in for boarding-out; and between the two asylums and the boarded out-patients there were something over 2000 patients under official care. During the year 1904-5, 1027 applications were made to the Inspector of Poor on behalf of persons supposed to require asylum care. It was obvious that so large a number of cases provided material for a process of sorting out. That could only be done by two methods—first, by a careful medical examination of each case as the application was made, and by the provision of hospital care for the early and transient mental cases. Practically, that was what they had tried to do in Glasgow, and their experience had shown that a considerable proportion of cases which presented mental symptoms did not require asylum care, but could be treated successfully in hospital. It might be asked, what was their legal position? He did not know that they had any legal position. They had adopted the method of doing the right thing first, and asking legal sanction for it afterwards. [Dr. WHITE: I suppose that is the Scottish method?] Yes, it was the Scottish method, as Dr. White pointed out, but it had been successful, because Scotland had been blessed with an ideal Board of Commissioners in Lunacy (Hear, hear). He could not tell how much they

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owed to the sympathetic but non-official attitude of the former and the present Commissioners. Nothing but kindness and interested sympathy and encouragement had been received from them all through. The cases which were sent to the mental hospital were admitted in the same manner as patients are admitted into a parochial hospital—that is to say, they were not placed under any form of lunacy certification. By arrangement with the Local Government Board, under the rules of the hospital the period of residence was limited to six weeks. At the end of six weeks it was necessary to discharge the patient somewhere or other. He must either be sent back to his friends, or discharged recovered, or he must be certified and sent to an asylum, or boarded out, or otherwise disposed of under the Lunacy Statute.

Dr. BEDFORD PIERCE: If he wishes to leave before, what happens then?

Dr. CARSWELL said the patient had perfect freedom of action; there was no power of detention whatever. Patients were not detained against their will. In certain cases consent could not be given by the patient, *e.g.*, in the case of a person who was stuporose, and who did not know where he was when brought into the hospital; he was as voluntary as a person found on the street in a stuporose condition could be voluntary when taken into an infirmary. But the great majority of the patients knew where they were going, were told where they were going, and were asked if they had any objection to go. In the case of a patient suffering from distinct insanity, in which the patient insisted upon leaving, and where it would be unwise in the public interest to allow him to leave, he was, of course, certified and removed to an asylum. A remark was made in the papers read as to the difficulty of keeping the patients employed. He did not think that was quite accurate. In the hospital no attempt was made in that direction; they did not take in patients who required that line of treatment. Those who required to be kept trundling a wheelbarrow, or using a spade, or anything of that sort, seemed to be fit cases for an asylum. Such a case was at once certified, and sent to an asylum. It was the kind of case which required medical and bed treatment which was taken into the mental hospital, and there was no difficulty about the fact that the hospital was

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situated in the centre of a populous district. It must be remembered that the period of residence was short.

Dr. ERNEST WHITE: What about fresh air and exercise?

Dr. CARSWELL said the hospital was situated on a restricted site, and was really a part of a general hospital for ordinary cases; it was a separate pavilion, and the architect, Mr. Tiltman, of London, had so contrived to place the lighting and ventilating arrangements that the wards were bright, cheerful, and well aired. There was an outer court, in which the patients could have a walk; but as the period of residence was not more than three to four weeks, the question of exercise and out-of-door employment did not arise in that connection any more than it did in the case of any of the large infirmaries or hospitals in the centre of London for ordinary medical cases.

On reference to Table I, it would be seen that of the 1027 cases reported to the Inspector of the Poor last year as lunatics, there were removed direct to the asylums 449 cases. There were treated in the Mental Hospital, and afterwards certified insane and removed to an asylum, 134 cases. In all, 583 cases sent to the asylum out of 1027 applications.

Dr. ERNEST WHITE: Within a period of six weeks?

Dr. CARSWELL: Yes, practically in every case; there had been several patients who were discharged and subsequently readmitted, and the two periods during which they had been cared for ran somewhat beyond the six weeks. There were treated in the hospital during the year 502 cases. Of these, 213 were discharged recovered, 95 were discharged relieved.

Dr. ERNEST WHITE: What becomes of those relieved?

Dr. CARSWELL replied that those relieved were sufficiently well to be sent home to their friends, or sufficiently recovered from their mental condition to be suitable for care in the ordinary wards of a hospital. Thirty cases died, and, as already stated, 134 were removed to asylums. He considered that those figures justified the general proposition with which he set out—that in a population such as that in Glasgow there must be a sufficient body of cases which came as reported lunatics who, on examination, and on suitable treatment being provided, could be adequately cared for otherwise than as lunatics in asylums.

Dr. ERNEST WHITE: Those admissions do not tally with the admissions on the first page; they are a different selection.

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Dr. CARSWELL pointed out that they were the same cases; 583 were admitted to the asylums, and 502 to the mental hospital, of whom 134 are included in the 583 admissions to asylums.

Dr. ERNEST WHITE said that in one the admissions were given as 583, and in the other as 502.

Dr. NEWINGTON said there was really no discrepancy. Of the admissions to the mental hospital, 134 were removed to the asylum, 338 discharged, and 30 remained under treatment, making the total, as stated, 502.

Dr. CARSWELL said he thought the figures were correct. A table is annexed showing the forms of mental disorder. There were 108 cases of delirium tremens, and in those he had included all cases of mental disorder caused by alcohol. They were grouped as delirium tremens for convenience, but many of them were not typically so at all; many were cases which would have passed as melancholia. Some were cases of acute mania, some were mania *à potu*, and some could hardly be described by any of those terms. There were 22 cases of non-alcoholic delirium, 78 of excitement. He had endeavoured to avoid using asylum terms. If those cases had gone to an asylum they would have been called mania. Some were cases of recurrent mania, and it was well known that a recurrent case frequently ran a short course. Those cases could well be treated in the hospital. To show that the patients were not there against their will, they, in many cases, came after discharge and reported themselves from time to time. He recently had a young man who had been twice in the asylum and once in the hospital for such recurrent attacks, with short periods of excitement. He came again a few weeks ago on the first indication of something wrong, knowing he was in for another attack. He received advice and treatment, was treated at home, and passed through another slight attack without even coming into the hospital. Cases of depression numbered 89. There were 81 cases of mental confusion, and 8 others were puerperal. Stupor numbered 14 cases, hysteria 9, epilepsy 21, various forms of cerebral disease 6, these including tumours, meningitis, etc. There were 8 cases of general paralysis, 17 of dementia, 14 of delusional states, and 27 of various other forms, making a total of 502. Of these, there were discharged recovered 213,

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relieved 95, and died 30. The recoveries showed 61·4 *per cent.* of the cases admitted. There were removed to the asylum 134, and 30 were still under treatment when the return was made. He had also thought it well to give the re-admissions. There were 48 re-admitted in the course of the year, so that the number of persons (as distinct from cases) admitted in the year was 454, and the number of persons discharged, recovered, and relieved was 265, being 58·3 *per cent.* The average period of residence in the hospital came out as follows: Cases recovered, 21 days; cases relieved, 26·6 days; cases died, 16 days. He submitted, therefore, that that was a record of work done which justified the establishment of that hospital (Hear, hear), and he ventured to say it should give pause to even the Parliamentary Committee in their present attitude towards the question of the hospital care of the alleged lunatic in large centres of population. He was not dealing with the case of country districts at all; that was quite a different problem. But in large centres of population, such as Glasgow and London, there was need for such mental hospitals. He had not yet established an outdoor mental clinique, but hoped to do so shortly, and to obtain the co-operation of the medical practitioners in the district, so that they might send to the hospital cases which seemed to be manifesting early mental symptoms. Medical men whose cases were under treatment in the hospital were invited to visit and follow up their cases and take an interest in them. It was hoped thereby to get into closer touch generally with the profession in endeavouring to ascertain those indications which seemed to point towards early mental disorder, and to get them brought under observation, systematic study, and treatment.

Dr. DOUGLAS asked how many patients Dr. Carswell could take in at a time, and whether he would give some rough idea of the hospital.

Dr. CARSWELL replied that the hospital had 50 beds, *viz.*, 25 male and 25 female.

Dr. THOMSON asked what kind of nursing the hospital had. Were they asylum-trained nurses or purely hospital-trained nurses?

Dr. CARSWELL replied that a female nurse was in charge of both wards. She held the Medico-Psychological Association nursing certificate, and was also a highly-trained surgical and medical nurse. There were two male nurses in the male ward,

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acting under her instructions, and two female nurses in the female ward. A similar staff, with the exception of the charge-nurse, was on duty at night. The lady who took the charge-nurse's place at night was the night-superintendent of the general hospital.

MENTAL HOSPITAL, GLASGOW PARISH. Year ending May 15th, 1905.

TABLE I, *showing how the applications made to the Inspector of Poor (Clerk to the Lunacy District) for the removal of persons supposed to be of unsound mind were disposed of after medical examination.*

Certified insane and removed to asylum.	M.	F.	Total.	M.	F.	Total.
Removed direct to asylum	250	199	449			
Treated in mental hospital and afterwards certified insane and removed to asylum	69	65	134			
Total certified insane and removed to asylum				319	264	583

Not certified insane—treated in hospital.	M.	F.	Total.			
Discharged recovered	125	88	213			
,, relieved	60	35	95			
Died	18	12	30			
			203	135	338	
Otherwise disposed of, *i.e.*, not certifiable; treated at home, applications withdrawn, etc.			47	29	76	
				250	164	414
Remaining in hospital May 15th				14	16	30
Total applications				583	444	1027

TABLE II, *showing Admissions and Discharges.*

Admitted:	M.	F.	Total.	M.	F.	Total.
Delirium tremens	81	27	108			
Delirium (non-alcoholic)	17	5	22			
Excitement	33	45	78			
Depression	47	42	89			
Mental confusion	43	38	81			
,, ,, (puerperal)	—	8	8			
Stupor	10	4	14			
Hysteria	1	8	9			
Epilepsy	10	11	21			
Cerebral disease	4	2	6			
General paralysis	6	2	8			
Dementia	11	6	17			
Delusional states	5	9	14			
Various	18	9	27			
Total cases admitted				286	216	502

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Discharges:

	M.	F.	Total.					
Recovered	125	88	213	} Being 61·4 *per cent.*				
Relieved .	60	35	95	} of cases admitted.				
Died .	18	12	30					
					203	135	338	
Certified insane and removed to asylums					69	65	134	
							272	200	472
Remaining May 15th							14	16	30
Re-admissions during the year . . .					27	21	48		
No. of *persons* admitted					259	195	454		
,, ,, recovered and relieved. .					159	106	265		

Being 58·3 *per cent.* recovered and relieved of *persons* admitted.

Average period of residence in hospital:

Cases recovered	21·0 days.
,, relieved	26·6 ,,
Died	16·0 ,,

Dr. TOOGOOD said he desired to thank the Association for enabling him—and through him the medical officers of Poor Law Institutions of London—to express the views which they held on the question of the treatment of incipient lunacy, before the members. He regretted to say that there was no distinct similarity of treatment of cases of incipient lunacy in London. In the majority of cases the alleged lunatic was brought either through the medium of the relieving officer, without any medical examination whatever, or, if the relieving officer was not satisfied, then, after a magisterially directed examination, into the infirmary or workhouse. Unfortunately, that was not so in every case, because the magistrate still had the power to send a case direct to an asylum without that patient having been inside an institution at all prior to going to an asylum. It seemed to him it was a distinct blot upon the procedure that a case should be taken directly out of the house of the patient and sent away to the asylum without being examined by a medical man who had special experience in lunacy. The present method of procedure adopted in cases where the alleged lunatic could not be adequately looked after at home was as follows: The relieving officer, either upon his own authority in obvious cases of mental derangement, or upon the direction of a Justice of the Peace after a medical examination in less apparent cases, conveyed the alleged lunatic to a workhouse or infirmary for detention until the Justice decided whether the case was fit to be discharged, or was to be trans-

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ferred to the county asylum. Opinions as to the legal extent of that preliminary detention varied. Some authorities regarded seventeen days as the limit, while others maintained that it could be extended to thirty-one days. The London County Council proposed to abolish the system of preliminary detention in the workhouse or infirmary, and to take the cases directly into the asylums which were to be built in London, and which were to be called receiving-houses. He regarded the Lunacy Act as a perfect chaos in respect to the power of preliminary detention. Local Government law officers had given the opinion that a man could be detained for a certain period—thirty-one days, he thought. But he (Dr. Toogood) did not see that detention could legally exceed seventeen days. There were three days on the order of the relieving officer, and within those three days a Justice should see him, and he could order the patient to be detained another fourteen days. But there was another way of looking at it, because another section of the Act said that the relieving officer had to give notice within three days, and the Justice had to see the case in three days. How the person was to be detained during those three days he did not know. There had been no case of the kind which had been judicially decided and which could therefore be quoted. The mental wards of the infirmaries and workhouses were used for cases which one would not think of calling "lunatic" or "alleged lunatic." There were such cases as epileptics who were temporarily off their balance, many old dements, and cases of acute delirium arising in patients who had been treated for some bodily disease in the ordinary wards of the infirmary. Another point to be remembered was the growing unwillingness of the London County Council and the Metropolitan Asylums Board to receive cases of senile dementia into their asylums. That had been mentioned by one of the previous speakers. He could understand that asylum men did not want those senile dements. But what was to be done with them? They could not be put into the sick-wards of an infirmary, nor in the wards of an ordinary workhouse. A woman of 70 or 80 years of age might be fairly docile during the day, but at night-time she would become restless and noisy, would prowl up and down the ward, without recognising her own bed, and get into another patient's. These were unfit cases to have in ordinary sick-wards in an infirmary, which

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were practically hospital wards ; and it was obvious they were not fit to be in the ordinary wards of a workhouse. He admitted that the lunatic asylum was not the proper place for them either, and the case was not sent to the county asylum unless there were some active delusions, or the patients were violent, or destructive. The other cases should properly go to the Metropolitan Asylums Board places, which were really established for them. Yet a tremendous fuss had been made by the Metropolitan Asylums Board, on the complaint of the medical officer at Caterham Asylum, against the sending of those senile dements down there. That gentleman appeared to forget that Caterham Asylum was established for dealing with those cases. It was a workhouse designed for that class of case. The Report of the London County Council, published in 1897, stated that cases suitable for workhouse care had come to county asylums. He could not dispute that, because he did not know, but it went on to say that cases of acute lunacy requiring immediate treatment had been kept back, perhaps to the utter extinction of all hope of cure. He was quite sure that none of the medical superintendents coined that phrase. He regarded the whole Bill as a clerk-constructed one, trotted out for the aggrandisement of the clerical part of the staff. At the very time they framed that Bill they could not find vacancies for over six weeks after application was made for them. The adoption of the principle involved in the assertion in the Report to which he had alluded would necessitate the retrograde step of keeping the chronic harmless lunatic in the workhouse, a proceeding which had been justly condemned for many years, and against which current opinion was very firm. He had statistics to give for the last three years. In 1902 out of 8076 cases of alleged lunacy admitted to Metropolitan infirmaries and workhouses, 3920 were sent to lunatic asylums, and 3560 were discharged cured. In 1903 the figures were 8004 admissions, 3792 sent to asylums, and 3443 discharged cured.

Dr. CARSWELL asked whether the patients were examined in their own homes.

Dr. TOOGOOD replied in the negative. Practically they came in on the order of the relieving officer. In 1904, 7654 were admitted, 3716 were sent to asylums, and 3155 were discharged cured. He had the figures given for the various districts, but they varied very much, and it would be better to

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speak only of his own infirmary. In that institution, roughly, since it was established, two thirds had been discharged cured, and only one third sent to asylums. That was in Lewisham.

Dr. DOUGLAS asked whether the discharged cured were previously in the infirmary.

Dr. ERNEST WHITE asked whether they were discharged in seventeen days, or, at any rate, within twenty-eight days. Two thirds of the cases cured was a high rate.

Dr. TOOGOOD replied that that was the period, though one might keep them a little longer. The reason for the large percentage of cures was that the mental state was often merely a symptom arising from the bodily condition, and the mental symptoms cleared up when the bodily condition was attended to. It might sound egotistical, but Poor Law medical officers thought that they, or a body of men having a similar experience, were the best men to deal with that class of case. In such a condition what was required was a practitioner of wide experience, and, practically, that wide experience was only found in a man who had charge of a large general hospital, such as those Poor Law infirmaries were. An enormous number of cases passed through the hands of the Poor Law medical officer. Of late years the class of men appointed Poor Law medical officers had very much improved. Notwithstanding the poor rate of pay, a better class of man was now appointed. Men with the experience of the Poor Law medical officer were better qualified to look after the cases now under discussion in their early stages than those who had devoted a large number of years simply to the mental aspect of the case. The fact that each infirmary or workhouse had but a few mental cases at any one time enabled an amount of individual attention to be bestowed on each case which would be impossible in large receiving-houses unless a large medical staff were to be engaged. Another point was that the nursing of the mental cases was, in Poor Law infirmaries, undertaken by trained nurses, as distinct from asylum attendants. He believed he was correct in saying that all the Metropolitan Poor Law infirmaries were training-schools for nurses, and those nurses were examined at various stages of their career, and afterwards received their certificate from a member of the staff of a London hospital. Thus there could be no doubt that those nurses received an exceedingly good training, both in medicine and in surgery, in London infirmaries. There

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were also mental nurses in those institutions. He noticed the London County Council claimed as one of the reasons why the lunatic should be handed over to it that its officers would be better able to determine the social position and settlement of the patient than the present relieving officer. That was inherently absurd, because the resident relieving officer, with his local knowledge, must have greater sources of information at his command. The cost was, of course, a point which appealed to the man in the street very much more than arguments. It was understood that the London County Council proposed to provide accommodation for 1000 cases by building four institutions containing 250 beds each. The cost of the buildings alone would probably work out at not less than £300 per bed.

Dr. ERNEST WHITE: The buildings would probably cost about £200,000 each.

Dr. TOOGOOD agreed that the total cost would be close upon £1,000,000. Furniture would be a large item, and there would be an ambulance service, ambulance attendants, male and female lunatic attendants, inquiry officers, clerks, and a medical staff. It must not be forgotten that this large expenditure would be additional, and that there would be no corresponding diminution of expense in the establishments of the Boards of Guardians, because, with the exception of the actual cost of the rations of the lunatics and the expenses incurred on the removal of the cases to an asylum, the whole care of the insane patients was undertaken by the ordinary staff. The relieving officer did it as part of his ordinary duties, and so also did the ambulance attendant, the medical officer, and the nurse. A great deal of cant had been talked about the "stigma" of lunacy. The Council could call the proposed institutions "receiving-houses" or whatever they pleased. There was an old West of England proverb which said that because kittens were born in an oven they were not necessarily loaves of bread; and if that saying were applied the other way round, it would be fairly obvious that the cases which were sent into those places, although they might not be regarded by the London County Council officials as lunatics, yet they would be lunatics in the eyes of the general public, and those houses, whatever name might be given to them, would be lunatic asylums. It was impossible to over-estimate the disadvantage under which a patient

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was placed when he was known to have been put away as a lunatic. At present there was no stigma attached to going into an infirmary. The stigma of pauperism which existed at one time was practically no longer thought of. Speaking of his own infirmary, he would be sorry to class even a small proportion of the people who entered there as actual paupers. A patient taken to an infirmary for some mental trouble was generally regarded by the public as one who had gone there for ill health ; no odium rested upon him, and the patient did not object to his detention in any infirmary. But a keen horror was felt at going to an asylum. The necessity for the attendance of the patient's friends at the magisterial examination, and the customary visiting of the patient, would involve loss of time and cause considerable expense to the alleged lunatic's wife, husband, or other relations, who might have to walk half across London instead of being within very easy access, as at present. All those cases would be withdrawn from the supervision of the Guardians, who, by the keen interest they took in the welfare of the cases coming from their respective districts, and by their visits to the mental wards, exercised a very beneficial influence upon the treatment of those unfortunate patients, and also insured that there should be no undue haste in hurrying them off to an asylum. The proposal to allow the body which, in the first place, certified a person to be a lunatic, to have the power of indefinite detention of that lunatic destroyed a very valuable safeguard. Now, before the case was sent to an asylum the medical officer was required to submit that patient to a very rigid physical examination, to place his remarks in writing, and deliver that to the clerk of the Guardians. He then handed the case to the relieving officer, or any other officer who might be appointed, to take it to the asylum. When patients arrived there they were submitted to an exceedingly rigid examination, and the record of it was sent to the clerk to the Guardians. Those two medical reports were then compared. He had been asked by his Society to point out the absence of any valid reason for altering the present system, which worked exceedingly well. Poor Law medical officers suggested that if any modification were required it was in the direction of giving statutory power to the Guardians to enable them to detain suitable cases for a longer period than was now possible, and so prevent a further number of cases from being

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stigmatised or classified as lunatics. It occurred to him that if the London County Council were either to give up one of their asylums and make it a house to which all cases of lunacy could be sent, or would build another asylum, to which the cases, after having passed through the hands of the Infirmary authorities, could be sent for classification, they would be doing something sensible. Because, after all, the net into which lunatics were gathered was a very wide one, and it had very wide meshes. Poor Law medical officers did not profess to be alienists, but they claimed to know sufficient about lunacy to say whether a case was recoverable in a short time or whether it was not. If the London County Council were to build a house where all the cases sent by Poor Law officers could be sifted by their medical men, and then sent to the asylums devoted to the particular class of case, it would be doing a useful work, and that would not be so expensive as the scheme now proposed. He thanked those present for their kind attention.

Dr. NATHAN RAW said he had listened with very great pleasure and interest to Dr. Carswell's speech. The figures given by that gentleman were very astonishing, and he could absolutely substantiate them from his own experience. He had charge of a large Poor Law infirmary, which he believed was the only one in the provinces separated from the work-house. It contained 900 beds, and there was accommodation for 150 lunatics, *viz.*, 75 male and 75 female. The figures which he desired to put before the meeting were those relating to the cases which had come under his own experience during the last eight years. There had been admitted in that time 6200 alleged lunatics, and of that number 3050 had been sent to asylums, many of them being obviously cases for an asylum at once. The others were sent to an asylum, as they had not recovered after the usual period of detention allowed by the Act. Of that number 2580 were discharged recovered. The remainder were discharged to friends or died. His experience showed that of cases of temporary mental disorder—he would not classify them as insanity—which were sent to them, 50 *per cent.* would recover in the usual period of twenty days. Therefore that was a very important basis on which to work, and one which would afford guidance in the treatment of incipient mental disorder. He quite agreed with Dr. Toogood,

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as a Poor Law medical officer, that everything was provided in the Poor Law at present for the treatment of lunatics in the early stage; but what he (Dr. Raw) thought ought to be remedied—and he believed would be remedied in the next few years—was the making provision for those people who were not lunatics. At the present time a large number of people were sent into those Poor Law institutions and workhouse infirmaries who were not insane at all—people suffering from the delirium of pneumonia, or of typhoid, or of phthisis, or from traumatic insanity, or acute alcoholism, as to which it was a moot point whether it should be regarded as insanity or not. He did not believe it to be insanity. And the saddest class of all was the temporary puerperal insanity, which was so fairly common in large cities. In large centres of population, like those of Liverpool, Glasgow, Manchester, and London, there was no provision for those cases arising among the working classes or the small tradesmen class who were not paupers. There was no place to put those cases which were dangerous for the moment, except in the workhouse infirmaries. They could not afford to go to a private asylum, and no private asylum would take such patients at the fee they could afford to pay. The result was they had to be sent to the workhouse infirmary or the workhouse, places for which they were not intended. The Lunacy Act was intended strictly for the treatment of pauper patients. Of that number about 15 *per cent.* were patients who were able to pay, and who were in fairly reasonable circumstances—£100 to £150 a year—but who could not afford to pay the ordinary private asylum charge. He agreed that the present system of treating strictly pauper cases in the workhouse or workhouse infimary under the Lunacy Act, Sect. xx, was perfectly satisfactory, and he was sure no County Council could improve upon that. But it was only for the cases which were lunatics evidently. It was not necessary to put cases of temporary mental disorder into a workhouse or workhouse infirmary, and it was not necessary to place them in a lunatic asylum. Therefore what he would advocate, and what he thought might fairly be considered by the Association, was that in all large centres there should be a mental hospital—not an asylum, or detention-house, or anything to do with it. (Hear, hear.) Such an institution should be quite distinct from the Lunacy Acts, and

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dissociated from them. The mental hospital, which, after all, was the most urgent necessity of anything he knew of in the profession, would intercept all the temporary forms of mental disorder, such as delirium tremens—possibly some of those present did not think that was worth intercepting, though he certainly did—puerperal insanity, traumatic insanity, the delirium of many physical disorders such as acute fevers; that mental hospital would intercept cases which need never go near an asylum nor near a workhouse. If some distinction were made between the genuine lunatic, who obviously ought to be in an asylum, and the person suffering from a temporary phase of mental disease, the whole question would be capable of some solution. At present a controversy seemed to be raging as to whether a Poor-Law institution or the county asylums were the better fitted to treat insanity. There was no question that by far the better place was the county asylum; that was the place, in his judgment, where all lunatics ought to be treated. The other question, namely, the stigma attaching to a man or woman certified to an asylum, was not by any means a sentimental one. In Liverpool, after observing many hundreds of cases, his experience was that if a workman or a clerk had been certified and sent to an asylum he experienced the greatest difficulty afterwards in getting employment. People would not take such a man, because, they said, he had been a lunatic. But in very many cases he had not been a lunatic. He had perhaps been suffering from delirium tremens; he got drunk and became delirious, and was sent into an asylum, and in many instances lost his employment afterwards. That would be obviated by treating such people in a mental hospital. He had listened with very great pleasure to the remarks which had been made on the subject, and he felt sure the Association would give every assistance it could to improving the present condition and treatment of early cases of insanity. And if it were viewed strictly and impartially and away from all conflict between the Poor Law officers and the asylums medical officers, he was sure it would be possible to arrive at some satisfactory conclusion.

Dr. ROBERT JONES said he would like to be permitted to dissociate himself from Dr. Toogood's attack upon the London County Council. He did not think it was desirable to attack any public body, but to give it credit for motives which certainly did find a place in the minds of a very large number of individuals constituting

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that body, who had nothing to gain personally from their public work—and everybody knew that members of the London County Council devoted a considerable amount of time to public work. He (Dr. Jones) was himself an officer of the London County Council, and he felt some of the remarks which fell from Dr. Toogood to be undeserved. In this matter of providing accommodation for mental cases, one had not to consider the various public bodies concerned, but to do the best thing possible for the patients. He wished first of all to thank Dr. Boyle for her very interesting paper, and he hoped her success in establishing a mental hospital in Brighton would be fully attained. Miss Boyle was one of those exceptional persons who succeeded in doing what she attempted to do, and it was very encouraging that members of the profession who had spent so much time in obtaining information at first hand were also disposed to apply that knowledge and experience for the benefit of sick humanity which form of sickness not only afflicted but stigmatised, and very often through no fault of their own. With regard to Dr. Carswell, no one was a greater admirer of that gentleman's work than he was; Dr. Carswell was an enthusiast, and very eager; but he did not think Dr. Carswell was very just to the asylum side. He declined to use terms which were current in asylums, but called the same conditions that occurred in asylums by other names. He (Dr. Jones) thought it was very desirable to clear one's mind of cant, and not to assume a monopoly of the power of healing; it would also be well not to have two names to express the same thing, unless Dr. Carswell had some special object in avoiding the use of terms indicating mental states whose meaning was quite clear to asylum physicians. If Dr. Carswell desired to avoid the Scottish Lunacy Commissioners by the adoption of a new phraseology, then he (Dr. Jones) had nothing more to say. He would take a short analysis, by which it would be seen that the asylums did not come out at all badly. Dr. Carswell said that 1027 cases had been either admitted or applied for admission to his mental hospital; at any rate, that number of applications had passed through Dr. Carswell's hands. Taking the admissions, the recovery rate came out at 24 *per cent.* That was a rate which did not compare very well with that of asylums, certainly it was not much in front of the asylum rate; it was a little behind some asylum rates.

Dr. CARSWELL said that was not so; his figures had been misunderstood.

Dr. ROBERT JONES said that the Lunacy Commissioners' Report gave in 1885 a recovery rate of 41·99 *per cent.—i.e.*, recoveries upon admissions. That was the highest. In 1902 the recovery rate was 36·13 *per cent.* But Dr. Carswell's figures, 213 discharged recovered out of 1027 admissions, gave a rate of a little over 20 *per cent.*

Dr. CARSWELL said Dr. Jones would remember that he (Dr. Carswell) did not give the asylum recovery rate of those cases. That comparison was not given in his figures, because of the cases sent to the asylum there were 30 *per cent.* to 40 *per cent.* discharged recovered.

Dr. ROBERT JONES, continuing, said that took him on to the rapid recovery rate of cases which were brought under treatment early; and that showed the very great importance of having those patients in some sort of institution where they could obtain early treatment. It was well known that of those who recovered nearly 70 *per cent.* did so in the first month, and the statistics of asylums in this country and America demonstrated this to be so. Dr. Carswell referred to certain cases, such as the stuporose, and stated that he had been able to lower the rate of occurring insanity between the ages of 15 and 45 to 8 per 10,000; but he did not say how he had accomplished that. Was there any special virtue or power whereby he had obtained a higher recovery rate than would be the case if these cases went direct into an asylum? The contrast in the present discussion was really between workhouses and asylums.

Dr. CARSWELL said that was not in reference to the recovery rate at all.

Dr. ROBERT JONES said he did not quite appreciate the superiority assumed over asylum treatment, and he thought it very much better to call a definite condition always by the same name. The method of presenting the case adopted by Dr. Carswell was a very clever dialectical trick—applying new terms to designate something apparently new, and which had not previously been discovered in order to support and demonstrate good results. Certain cases of mania and melancholia as called in asylums were termed by him "excitement," "depression," "stupor," and so on. No doubt there were many cases of insanity

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which were only temporary, but nevertheless they were real insanity. He had repeatedly heard it stated by most competent pathologists at *post-mortem* examinations, "This patient had no right to be here at all; he was only suffering from the involution of ordinary senile decay"; or "He is only in the asylum because his arteries are a little calcareous." Of another patient it would be said he had no right there because he was suffering from cerebral tumour, and ought to be treated in a hospital. He (Dr. Jones) wished to say that those who treated such cases did not enter so much into the cause as to the result and the treatment. Insanity was a question of conduct; they must be satisfied that the conduct of the individual was of such a kind that it would not be tolerated by society, as society formulated its own conventions and its own methods of protecting itself. He did not concern himself with what the cause of a case of insanity might be, when the necessity for certifying actually occurred, and whatever the cause it was urgent and necessary that the case should be segregated for suicidal or homicidal propensities. It was a case of insanity and not of pathology. He would, however, go a great deal further, and say that temporary or early insanity should be treated in such a way that the patient should not feel that any very great stigma—which Dr. Nathan Raw said was not a sentimental affair—attached to him. For that reason he was very much in favour of a mental hospital. With regard to the hospital as designed by the London County Council, he did not feel disposed to criticise it, being an officer of that Council, and he would leave it absolutely without remark. He was very glad the discussion had taken place, because all sides of the question had been dealt with, and in arranging the matter, as Secretary, he had been very deliberate in bringing about the full and adequate ventilation of this great question. He had learned a great deal from Dr. Toogood and from Dr. Nathan Raw, and it could only do good to hear the views of those like Dr. Carswell and others, who had given the question full attention from an aspect which many of them, as asylum physicians, had not the opportunity of seeing.

Dr. Ernest White said that he did not yet understand the exact nature of Dr. Carswell's institution; it would be called a poor-house in Scotland. It was neither a hospital nor an asylum, but appeared to correspond exactly with the institutions of Dr. Toogood and Dr. Nathan Raw. And the results agreed very closely in all the three cases, and those results showed what excellent work was being done in the treatment of cases of insanity in the incipient stage among the poor, and among those who, as Dr. Toogood said, were not quite poor. It showed that the Poor Law system worked most efficaciously. The members of the Association took exception to the scheme of the London County Council for erecting, at great cost—some £200,000 to £250,000 in each case—the four so-called "reception-houses" (which were in reality detention-houses, for there was a clause by which persons could be detained for six weeks, and then on the request of two members of the Committee for additional periods of three weeks each, which could be continued indefinitely). It was in reality a diversion of the work of the Lunacy Board, an upsetting of the proper asylum treatment; it was the old "hospital for the insane" in London, in disguise. (Hear, hear.) That was the essence of the objections urged against the scheme, which objections came before the meeting yesterday. Members wanted to see the limits of detention brought within due bounds. He had interrogated several of the speakers that day, and all, except Dr. Carswell, agreed that twenty-eight days would be sufficient for those cases. Dr. Toogood thought twenty-eight days would be quite enough, and he believed Dr. Nathan Raw fixed the period at twenty days. That would not be taken exception to by asylum officers. It was well known that there was now in London great concern felt by the Poor Law authorities with regard to the expenditure of a million of money; and rightly so, and he did not think there was any possibility of the measure passing in its present form. He (Dr. White) had the honour to be on the Building Committee of the new King's College Hospital, and he had been agitating there for certain beds to be allotted for cases of incipient insanity. But his agitation had been in vain, there was an aversion to any patient with mental symptoms being received in a general hospital, and he believed that would be the case throughout the length and breadth of England. He was now advocating the establishment of an Out-Patient Department at the new hospital for the treatment of cases of incipient insanity. This, if adopted, would afford good clinical instruction for the students attending the hospital.

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But he feared that scheme would not be successful. Another of the Association's objections to the London County Council scheme, as built upon the experience of Glasgow, was the question of ground surrounding the hospital, and the exercise which all considered that mental cases should have and which was so necessary for their recovery. Dr. Carswell mentioned that there was a small airing-ground attached to his particular institution in Glasgow, but that the patients seemed very happy indoors, in well ventilated wards. That, however, was not in accordance or conformity with the asylum treatment of mental cases. Even acute cases one usually took outside for sun-baths. Dr. Toogood's suggestion about a classification asylum was a most excellent one, and met the case for the poor. There were seven or eight asylums in London, and if reception-houses were going to be used to classify the cases, why not take one of the existing asylums for that purpose, and turn it into a classification asylum for all cases received? That was already being done by several large county authorities. The cases were classified at one asylum and afterwards sent to the different institutions. With regard to mental hospitals such as Dr. Nathan Raw advocated, he thought all members of the Association were of opinion that they were essential. There was a large class of patients who were not poor, and who did not care to come to the Poor Law infirmaries, and there should be some hospital into which, for a small payment, they could be received as paying patients.

Dr. HAYES NEWINGTON desired to say one thing in particular about the discussion which was in progress. All the experiences and suggestions which had been put before the meeting were in reference to large centres of population; it would be impossible to have legislation on this subject that would apply equally to large cities and to scattered rural districts, such as the one in which he lived. Anything like treatment on the lines of a hospital, to the exclusion of the asylum, would be impossible, from circumstances of distance, and so on. He was in accord with Dr. Carswell in objecting to any special institutions for chronics. He had been carefully into the matter. The plan if adopted in ordinary counties would not save very much, but it would create tremendous social and other difficulties. It was one thing to have a hospital for treating acute cases and a main building on one estate; it was quite a different matter having two separate asylums on two separate estates. Such a thing would be hopeless in rural counties. As to the extension of time and other matters to which Dr. White had referred, Dr. White mentioned that he was Chairman of the Parliamentary Committee of the Association, and he (Dr. Newington) wished to remind the meeting that he was Chairman of that Committee for many years, until recently, when he resigned in Dr. White's favour, and his views on these matters were opposed to Dr. White's. He would not like it to go forth as from the Association that what Dr. White said as Chairman of the Parliamentary Committee commanded universal support. He thought that in these matters one was apt to forget one thing, namely, What was for the good of the patient before one? One was very apt to look at the matter in the interest of the rates, or in the interest of the County Asylum service, or in that of the Poor Law service. But the question to be solved in every case was, What was best for the patient? He spoke at Liverpool on the question of a time limit, and said he did not see why any limit should be placed anywhere if the treatment was likely to be successful. He adhered still to that opinion. If a case was not insane enough to be sent to an asylum, but needed looking after, why should it not remain to be looked after for six months if that time were necessary for restoration? With regard to the proposed hospital in London, he was entirely opposed to Dr. White. London had over 20,000 lunatics and eight asylums. Was it not big enough to undertake an experiment for a fractional portion of its insane? London had done such magnificent work in lunacy matters, taking it altogether, that it should be backed up in any experiment which it thought well to try. It was the only body which could try it, and nothing should be done to arrest that spirit in which a number of laymen had attacked the question of the treatment of lunacy. The same remarks would apply to what Dr. Boyle said. That lady was trying an experiment, and he wished it every success, and thanked her for trying it. If it became a success, no doubt more of it would be heard in two or three years, and if it became a failure one would equally hear of it, and be guided by the results. He thought people were rather apt to pro-

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phesy and vaticinate too much in these matters. If an experiment were carefully planned and carried out properly success generally followed.

Dr. DOUGLAS said he joined the Association by favour of its members nearly twenty years ago. During that time he had heard many papers bearing on the subject now under consideration, though not quite to the same effect, and had heard many discussions, but little or nothing seemed to come of them. He hoped, however, that a stage had been reached at which something would be effected. Last year, when at the Annual Meeting, Dr. Carswell read a paper, in which most interesting statistics were given on this subject. He was surprised and much regretted that a report of this contribution had not appeared in the Journal, and he wished to draw attention to this omission. The title of Dr. Carswell's paper last year did not indicate its bearing on the present subject, but he believed it was on the question of the increase of pauper lunacy in Scotland. However, it did bear on that day's papers, on the greater curability of early cases under conditions such as those which existed at Glasgow. He could not agree with what Dr. Jones said as to the comparative curability. He understood that those conditions did not exist in England, and that last year Dr. Carswell was in doubt about the legality of his position, but that having thought it was right to do a little legal wrong in order to accomplish a great moral right, the Commissioners were willing to take no official notice of it. But he now understood that to-day they in Scotland stood on a more secure legal basis. Still, it was declared that we could do nothing of the kind in England. However, from what Dr. Nathan Raw and Dr. Toogood had said it seemed that something of the same kind was being done in this country. It looked as if those gentlemen were proceeding on the same lines as Dr. Carswell was proceeding before his special hospital or wards were built. He hoped many would take a leaf from Dr. Carswell's book. He was surprised when speaking to a Poor Law medical officer, who had an excellent practice, when he mentioned the Glasgow method, he replied, "We do it at such a place." Asked whether it was not illegal, he replied that it was, but they did not bother about that. Whether that were so or not, he hoped it would become a recognised system, as he believed it to be a good system. Medical men were apt to look at it from many points of view. As first a general practitioner, then as a physician, and now somewhat of a specialist, he (Dr. Douglas) looked at it from the broad standpoint, what was best for the patient and the community? Some asylum medical officers looked at the matter from the asylum point of view—he feared he must say so—and sometimes that was a narrow point of view. He urged that the question should be looked at from the general and public standpoint; and members must recollect that they were not only medical men, but also citizens. It was a sad memory to think of the number of Bills on lunacy reform which had been destroyed and the reasons sometimes assigned for their destruction. There were reasons which were openly stated at the dinner of the previous evening. One consideration seemed to have a tendency to wreck every lunacy Bill, namely, the absence of a pension clause. He strongly believed a pension should be granted to men who spent their lives in the service of asylums. It was a very arduous life, one spent away from their fellow-men, to a large extent, and it should be amply recognised. There were some members of the Association who did not agree with those views; they believed their own committees would act so generously that it would be unnecessary to have a minimum. He agreed that the Asylums Committees would generally so act, but he did not think the people of this country should be kept back from something which was right in the shape of remedial measures in lunacy because there was not a pension clause in the different Bills.

The PRESIDENT said he did not think Dr. Douglas' remarks were quite to the point.

Dr. DOUGLAS replied that those Bills were for remedial legislation, which would have an effect on early treatment.

The PRESIDENT read to the meeting the titles of the papers down for discussion; they had nothing to do with legislation or with tribunals. If Dr. Douglas could give any help on the subject of the early treatment of insanity the meeting would be glad to hear him.

Dr. DOUGLAS said he, of course, submitted to the President's ruling. Dr. Helen Boyle's paper interested him very much indeed, but he was still somewhat in the dark as to what kind of hospital it was. When he knew it some time ago he had

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the impression that it was a private hospital, but now he understood it was not so. If it were a private institution, he had nothing further to ask. But if it were in the nature of a public hospital, he would be glad to hear some particulars as to its funds, how they were obtained, and the management committee. They were very important practical points in regard to any attempt to do the same kind of thing elsewhere. One question which exercised some of the members of the Parliamentary Committee was that of detention. He believed the period mentioned was twenty-eight days.

Dr. FLETCHER BEACH said it was fourteen to twenty-eight days.

Dr. DOUGLAS, continuing, said there was a Bill allowing for the special care and treatment of early or doubtful mental cases for six months, and it was agreed that it was desirable to pass. A similar method of treatment was in operation in Scotland, and if there were any remedial legislation on the lines which Dr. Carswell had put forward, what might, and in all probability would, be done for those able to pay would also be done for the poor, he hoped. He did not think it was a good or right thing to limit the period of detention to twenty-eight days. He would put it on the same lines as special six months' certificates. He did not see that there would be any harm in that, and if there was found to be, it could easily be remedied. Certainly six weeks seemed to be a very short time. In two or three months very many cases recovered, and it should be the endeavour to put the cases under the most recoverable conditions, and thus obviate what was not only considered a stigma but a disability affecting those who were supposed to be lunatics.

Dr. FLETCHER BEACH said he saw many of the cases under discussion at the hospital and in private, and the trouble in connection with them had been as to where the cases could be sent. They were not patients who could be certified to be insane, and yet they were cases which could not be properly managed at home. They did not belong to the pauper class, and he often wished there was a place where they could be observed for at least a month, or more if necessary, and where they could be employed and would have ample grounds in which to take exercise. For instance, there were the cases of cerebral tumour, referred to by Dr. Carswell, cases of excitement, melancholia, and stupor, which he had seen at the hospital. But the difficulty there was that they were out-patients, and no means were available of treating them beyond drugs and diet. Many members had been interested in the colonies for epileptics and imbeciles which Dr. Milsom Rhodes had spoken of, and he was glad to see that north of the Tweed the Local Government Board was more active and enlightened than in England. At Leicester, where there were a number of such patients, a workhouse was being built for them, instead of a colony. In Croydon, Kingston, and Richmond application was made to the Local Government Board to allow a colony to be built for epileptics, but the reply was that they must build a workhouse. He thought the Local Government Board required much instruction on those points.

The PRESIDENT said he had listened to many discussions before the Society, but there had not been one of greater importance than the present one, nor one which had been more ably discussed. The great point upon which all seemed agreed was the want of a place to which nervous patients who were verging on insanity could be sent. As Dr. Boyle said, so tersely and truly, insanity began before a person became insane. In the Out-Patient Department one saw cases which were just toppling over the dividing line, and one had to let them go; there was no place to which they could be sent, no place where they could be given that institutional treatment which they required. The idea of a mental hospital was good, but he believed that if it were called a nerve hospital it would be more popular with the public than if it bore a name which seemed to imply any affliction of the mind. If one said that the nerves of such a patient were all wrong, no compunction would be felt, but many people would not go to a mental hospital.

Dr. HELEN BOYLE, in replying on the discussion, said she need only touch upon two or three points which had arisen in the debate. One was with reference to the funds of the little hospital in Brighton. It had no connection with her own private means. As she had stated in her paper, it was run by the Council of the Dispensary. A dispensary was started when she first went to Brighton, and it was the governing body of that which started a small public hospital as an

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additional burden on its funds. The hospital was, for all practical purposes, a charitable and public one, and there was no limit whatever as to where patients came from, what town or what part of the world. But the patients paid what they could afford, as was done in every hospital started by women in England, she believed. The expenses would be about 15*s.* per head maintenance rate. It was simply an ordinary house, and it was run very much as her own house was, on the family principle. The matron was an ex-nurse, who had been under Dr. Robert Jones. She had had infirmary ward experience, and was well trained all round. She had the certificate of the Medico-Psychological Association, and was certified for ambulance and nursing. A word was said about exercise, and that was a very important matter. She would not wish to refuse cases which required a good deal of exercise. There was not yet very much material to speak from, but two or three young cases had been at the hospital. One was a girl with early adolescent insanity. Practically she had no delusions, but erotic sensations of different sorts. She had been very sleepless, and had many other such signs; and to keep her in health and strength it was necessary to provide a fair amount of exercise every day. That was extremely important in any institution dealing with early mental and nervous troubles.

The PRESIDENT asked whether Dr. Boyle would take into her hospital a patient of his who could pay 15*s.* to £1 per week.

Dr. BOYLE replied that she would take a patient from anywhere and from anybody. It was only for females.

Dr. MILSOM RHODES, in replying on the discussion in reference to his paper, said he would have liked to have heard more said as to the best methods of building asylums, as that was a very important point. Dr. Carswell quoted his own hospital. But Dr. Carswell was in the centre of a very large union or district, whereas he (Dr. Rhodes) was speaking of large districts over the whole of England and Wales. Where there were small unions the arrangements which Dr. Carswell had in his district could not be carried out. The same gentleman quoted the Lunacy Commissioners in Scotland, but the majority of them were medical men. In England only half were medical men, and he felt that if there were five medical members and one legal member of the Commission there would be more progress in the matter. The Lunacy District in Scotland was the same as the Lancashire County Council Board; it was composed of representatives of the County Council and representatives of the boroughs. With regard to boarding out, he believed that it required either a people accustomed to autocratic Government, as on the Continent, or a people with a large sense of religious duty, as in Scotland. But the system had been abolished in Massachusetts. With regard to Dr. Toogood's remarks, he (Dr. Rhodes) was not dealing with the London County Council, and had not thought about that body. What he had in view was a larger scheme. He was not prepared to agree with the scheme of the London County Council as at present drawn. One could not do without the receiving wards in country districts. Another place could be provided and called a mental hospital, if one liked, but it would be necessary to have workhouses as receiving wards for many years to come, because in the country districts the distance to the asylums was too great to send the patients. With regard to cost something was said about a building costing £350 to £400 per bed. Colonies could be built at a much less cost than could the huge structures now being built in some places. If a committee of experts were to be appointed from the Medico-Psychological Association, he believed something very much better would be provided in the future than had been in the past.

Dr. CARSWELL said, in reply, that he had been much gratified by the discussion and by the manner in which his disjointed remarks had been received, and he desired to thank all concerned for the opportunity afforded him of placing his facts and figures before the Association. He thought there was general agreement with the President's remark, in summing up, that all agreed in the opinion that there was need of a hospital for cases which were not suitable for asylum treatment, but which required special care. The need for that seemed to him to be so great, and pressing, and clear, and the number of such cases was so obviously great, that the efforts of members should be concentrated upon getting it done. He did not consider that questions as between Boards of

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Guardians and County Councils, and so on, were at all relevant to the discussion. The need existed, and it was a public body which must carry it out. He was thinking of London at the moment, though it certainly applied to Glasgow and all large centres of population. One could not expect or hope to be successful within a reasonable time in getting it done by voluntary effort. Enough money would not be raised by voluntary effort to establish the necessary number of hospitals, in London or elsewhere, for the purpose of receiving voluntary patients, because they were patients who came to be more or less chargeable ultimately to the rates; and it was the function of a public body to do it. He pointed to the fact that in Glasgow they had been fortunate in having the Parish Council as an uniform administrative authority for both Poor Law and lunacy. The medical officers of London seemed to think it an advantage to have them as separate administrative authorities, but he thought the experience in Glasgow showed the advantage of uniformity of administration. The interest of the patient was secured; he was retained at the hospital from the very beginning of his ailment, and he was allotted in the way thought best by the medical officers in the interests of the patient and of the local ratepayers. He (Dr. Carswell) had been much impressed by the remark of Dr. Boyle that Professor Cramer had the control, not only of the psychiatric clinique, but also had the disposal of all the patients. It was his function to decide where they were to go, whether to the asylum or to the mental hospital. That he regarded as an ideal arrangement if one had the ideal man. All arrangements would break down if inefficient men worked them. It seemed to him that the work done in London, if Dr. Toogood's figures were accurate, was so admirably good that it was time that work was systematised and put upon a proper basis. With all the interests of the different Unions it did not seem likely that they would co-operate with the County Council; but that was a question of local administration, of which he knew nothing. But the fact that there were so many cases which required such careful sorting out, and that it was so successful as it was, indicated that there was evidence that the County Council's attempt to get the lunatics at the point of official origin, and systematise the methods by which they were cared for in the earliest stages and certified, was in itself a reasonable and logical thing. How it was to be done, how the conflicting interests of local bodies and County Councils were to be arranged, he did not know, but it surely was not beyond negotiation. Dr. Jones had, curiously, misinterpreted his figures entirely. Were it otherwise, he might have been flattered by the remark as to "clever dialectics"; he certainly never thought he was going in for that kind of thing. His point was that the patients were, presumably, not lunatics, and it was desirable to get a name for the disorder which was sufficiently descriptive without using asylum terms. It was all the same to him whether the term "melancholia" or "depression" were applied. It was extraordinary for Dr. Jones to count the recoveries at 24 *per cent.* on 1027 cases, 449 of which he (Dr. Carswell) never received into his hospital, they having gone to the asylum direct from their homes.

Dr. ROBERT JONES asked for a word of personal explanation. He took "removed to asylums" to designate "removed from the mental hospital to the asylums."

Dr. CARSWELL said 449 were removed direct to asylums and 134 passed through the hospital.

Dr. ROBERT JONES said he had calculated the recovery rate of 24 *per cent.* upon the total applications, which evidently should not have been done.

Dr. CARSWELL said it was evident that his figures had been misinterpreted. In conclusion, he offered his thanks for the opportunity afforded to him of bringing his facts before the Association.

Dr. ROBERT JONES said he had already in other places supported Dr. Carswell's scheme, and he personally had asked Dr. Carswell to come to the meeting, because he, of all others, had done work which was important that it should be fully discussed and understood.

Dr. NATHAN RAW, in reply, said he believed Dr. Carswell stated that the scheme under discussion if adopted would have to be carried out by some public authority. He would be glad to hear what public authority would have the power by law to establish a mental hospital, because that was the object of applying for the new Act of Parliament.

Dr. TOOGOOD said that he had no desire to attack the London County Council, but to defend himself and colleagues from attack.

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