

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held on November 13th, 1879, at the Rooms of the Medico-Chirurgical Society, Berners Street, at 8.30 p.m., Dr. Lush, M.P., President of the Association, in the Chair.

The following three gentlemen were elected ordinary members, in accordance with the New Rules, viz. :—

J. W. Stirling Christie, M.D., Assistant Medical Officer, Coton Hill Asylum, Stafford.

Dr. Barton, Ticehurst, Sussex.

Dr. Agar, Barman House, Henley-in-Arden.

Dr. WILKIE BURMAN read a paper "On the Separate Care and Treatment of Acute and Curable Cases in Asylums; with Proposals and Suggestions for a Detached Hospital for Special Purposes, in Connection with Every Large Public Lunatic Asylum." (Original Articles, No. 2.)

Dr. SAVAGE said that the subject for discussion appeared to divide itself under two heads, viz., structural changes and therapeutics. As regards the first, the suggestion as to a separate building where the electrical and other apparatus was to be placed, he found practically that it was a matter of great difficulty to move patients to the batteries; the batteries had to be taken to the patients. Then, as regards the ophthalmoscopic room, it was necessary to have one for each sex, so that a central building, such as that suggested, would require subdivision; and if these and other arrangements, such as Turkish baths, had to be multiplied, there would be considerable difficulty. As regards single rooms, he quite agreed with Dr. Burman. At Bethlem there were scarcely any other rooms, and the patients took great interest in giving them a good appearance. He thought that too much stress had been laid upon the possible use of drugs. He did not think that insanity was in every case produced by lesions that depended for their removal upon drugs, but he felt that for the cure of their patients they depended more upon suitable general treatment than therapeutical treatment. He hoped that they might be able to find out something efficacious. Certain drugs had been found beneficial in some cases; other cases might, he supposed, as in France, be relieved by shaving and blistering; and other cases by hot baths, for if there was any treatment calculated to depress an extremely excited case it was this last. He could not quite agree with the author of the paper, that all the acute cases should be placed together. Sometimes great benefit had ensued from a judicious distribution of these cases. At the present moment he had placed in a quiet convalescent ward an imp of mischief, and he had said to patients and officers alike, "You have got to cure this case." She would probably recover more rapidly, there would be less horror of the past, and less chance of a recurrence of the disease. Then, as to the Commissioners being a kind of consulting physicians to asylums, he did not think it would work. He had said once or twice, chaffingly, to the Commissioners, that he supposed they ought to have an architect and a journeyman carpenter attached to their number, to assist them in inspecting the stencilling and painting. They had sometimes retorted, "Well, you wouldn't like us to come and criticize your prescriptions." As to electricity and coloured light, he hoped they would be useful; he was afraid they would not. It was the duty of each one of them to try all things, and, as junior editor of the Journal, he would say to them, "Do try, but do not keep your failures in the dark;" for a full knowledge of the results of their experiments was absolutely necessary to their progress.

Dr. HACK TUKE said he hoped this suggestion would be responded to. He

should like to have a corner in the Journal headed "Our Confessional," as in the "British Medical." As regards the valuable and interesting paper they had just heard, he thought it was evident that the proposals contained in it, however desirable in some instances, might not be so in others; in fact Dr. Burman had himself made an exception in regard to asylums built upon the pavilion system. In these it was not necessary to have more than blocks set apart for recent, or curable, and for chronic cases; but then it would be very desirable that the attention of the Medical Superintendent should be drawn primarily to those patients requiring active treatment. In one asylum which he had visited he noticed that the Assistant Medical Officer spoke of "my case," and said, "We consult Dr. — in any urgent case, but he more especially takes the acute cases and treats them, and we do not trouble him in regard to a large mass of the cases." Now that was a very good plan to carry out, and it would prevent the Medical Superintendent being worried in "everlastingly looking after chronic cases," as Lord Shaftesbury feelingly expressed it, in his evidence before the Select Committee in 1877. As regards asylums not built upon the block system, but which were of old construction and not fitted for the treatment of recent cases, Dr. Burman's plan might come in very well, but as regards ordinary asylums recently built and calculated to contain a provision for the treatment of recent cases, it would be well to allow those asylums to remain much as they were, and to merely carry out the division of labour between the Superintendent and his Assistants, to which he had referred. In most asylums of modern construction there was nearly everything required for the active treatment of the insane, and therefore in such cases there need not be the expense of building a separate hospital, but the Superintendent would adopt the means at his command for the treatment of recent cases, whether spread over the building (following Dr. Savage's experience) or concentrating them in certain wards. If it were necessary in this case to have more room, another block or a wing should be built for chronic cases, not a hospital for recent or so-called curable cases. Take the present Essex Asylum as an illustration, which contains 860 patients. It is proposed to have a new one for 150 men and 150 women, the estimated expense being, say £60,000, or rather more than £200 per head. In that case he would not think it wise to be at that expense. He would still use the present asylum for patients supposed to be curable—that is to say, so much of it as was requisite for them, and the rest for old cases (not more than 10 per cent. of the cases now in the Essex Asylum would be regarded as curable); and, in addition, he would build a cheap construction for the chronic cases—say at £35 per head; the site to be determined by local considerations. In some instances it would be best on the grounds of the original asylum, in others at a distance. Therefore he thought Dr. Burman's plan must not be adopted in at all an unqualified way, but be used in accordance with the circumstances of the case, and with regard to the existing accommodation of the county. As regards that aspect of the question which more directly referred to stemming the accumulation of chronic cases, he thought that workhouses might still, in many localities, be used as they were, without any detriment to the patients. He had visited many workhouses in order to ascertain the condition of the insane inmates, and his conclusions were, on the whole, favourable. He should most certainly deprecate the treatment there of any class of patients indiscriminately. He was assuming what he strongly held should be done, that all patients would, in the first instance, be brought to the County Asylum, and then drafted off to the workhouse at the discretion of the Medical Superintendent—excluding *delirium tremens*. By this simple course the wrong use of workhouses would be reduced to a minimum. This question was not to be regarded from a purely medical point of view, but also from the ratepayers' standpoint. Taking the case of Essex again; he found that in the workhouses the cost per head was usually under 4s., and in the County Asylum, 10s. or 10s. 6d.; if the 4s. grant were

deducted it was still as high as 6s. He was not including the charge on construction. The Guardians had often said to him what possible temptation could they have to send their cases to the County Asylum when they could get them well treated in workhouses at a lower rate. The condition of lunatics—those, that is to say, who are imbeciles and chronic demented—is exceedingly good in the Essex workhouses. So that, whether considering the question from the point of view taken by the author, in that part of the paper in which he said there was a universal wail from Dan to Beersheba, or from any other point of view, it was clear that his proposal must be adapted to the individual requirements of particular counties.

Dr. MORTIMER GRANVILLE said that upon the threshold it struck him as a very difficult subject. First, as regards the block for curable cases; they had since been called "recent" and "acute" cases. He knew what an acute case was, but what was a curable case? Here was a very difficult matter, not only as regards diagnosis, but prognosis; and he questioned whether two months would be sufficient to arrive at a satisfactory conclusion. Supposing that they could be separated from the milder and better conducted classes, as Dr. Savage pointed out, they would lose an enormous advantage. If they were put in a separate portion of the institution and kept quite apart from the others, the one part would be a madhouse proper, and the other part one of those places where the inmates had been described as "drifting pleasantly into dementia." It was certainly well to have a detached block, and it was within the discretion of every Medical Superintendent to use that block. It surely was not uncommon to have a block of that description, which was used sometimes for convalescent cases and special treatment. If, however, that block were set apart for special treatment, with all the appliances of electricity, &c., there would be not only the difficulty of bringing the patients to that part for treatment, but the patient who would unfortunately have passed out of the acute hospital into the other block would stand no chance whatever of cure. If the proposed detached hospital were set apart for so-called curable cases, many of those cases recovering late—perhaps from the disease dying out—would lose the advantage altogether. It was certainly very desirable that drugs and all sorts of remedies should be used, but the moral aspect of the case was in danger of being overlooked. When Dr. Conolly introduced into England the abolition of restraint, he proposed to adopt a system of moral treatment. This had never since been developed. If there was to be a growing reliance upon drugs, it seemed to him they would lose the value of moral treatment, which, by the way, consisted to a certain extent in placing acute cases in a certain stage in the midst of other patients whose influence would be salutary to them. The subject must be regarded not only from the purely medical point of view, but also from what he would term the socio-economic one; and even supposing it possible to find the money requisite, there would arise this difficulty—that by taking the curable cases out of the great body of the insane, the others would be left branded as incurable. He could understand the block being used as a kind of admission house, where they might be treated for a short time, but that plan was open to objections. At all events, he did not see any advantage in setting apart one block in a building where the patients were treated as curable, while those in other blocks were not to be treated as such. Anything that would tend to discourage the growth of the moral system of treatment—the mental system—would be, perhaps, rather disadvantageous than otherwise.

Dr. STEWART observed that he was sure Dr. Hack Tuke would be the last to try and put the cover of his authority over such a statement as that all workhouses were like the Essex workhouses, for a very large proportion of the Union workhouses in England were sadly defective in the treatment of insane cases. He thought they must all admit that a detached block would be certainly most necessary, and should be at the disposal of every

Superintendent of any large institution for the treatment of the insane. He purposely avoided the use of any term, such as "asylum" or "hospital," because he thought they might err on both sides—that of speaking of it entirely as a hospital, and also of speaking of it as an asylum. They had committed themselves in this country to the last-named appellation. On the other side of the Channel they had pretty generally adopted the plan of calling them hospitals. It was clear that after a little while the hospital ceased to be a place of treatment, but rather a mixed place where the large proportion of patients consisted of those who might be said to be incurable. While it was clear that there would be a very considerable advantage gained by having a detached block, at the same time there would be a very great objection to that detached block being divided into particular departments, namely, for treatment by Turkish baths and various other special methods. It would be far better that it should be left to the discretion of the Medical Superintendent for the time being. One man might think it would be best made use of as a school-house, another for some other purpose; one Superintendent would succeed another and the building would have to be altered. That would be a constant objection from the ratepayer. As regards, however, that bugbear—the ratepayer—he felt that it should not be allowed to stand in their way. They should stand boldly forward and let the ratepayer see that they were determined (whatever the cost might be in the first instance) to do their duty. The expense would be less in the end. It was certainly aggravating and disheartening to a man who wished to treat the insane scientifically, to have everything brought against him which the economist could bring up. It would be wrong for them as an Association to do anything to damp the ardour of those who wished to adopt plans suggested by science. He knew two large County Asylums in which there were separate buildings, at all events, one which was quite separate, and one of those buildings might have had written over it "All hope abandon ye who enter here." That was, in his opinion, very objectionable. Patients felt when they went from one to the other, that they would not have the same chance as they had at the other place. In a modified sense the same might be said of what would be the great bulk of the accommodation which Dr. Burman would have provided in the future. It was an objectionable thing for one building to be looked upon as an acute place, after leaving which their chance of recovery would be less. The moral effect would be very bad, and would counteract a great deal of the benefit resulting from it. He thought they were under great obligation to Dr. Burman for giving them so much food for thought.

Dr. RAYNER agreed with Dr. Burman's proposition that newly-admitted cases should be treated with the greatest possible care, but, as to the provision that should be made for that purpose, it would have to be considered in connection with existing conditions. By this means, a diminution of insanity would result, but if Dr. Burman's recommendations with regard to treatment by drugs were followed out, there would be an increase in the number of chronic cases, and especially in very troublesome ones, for the most troublesome cases of insanity were those which had been manufactured by the improper use of drugs. One important feature in the subject had been overlooked; that was the employment of trained and skilled attendants. Until the asylums were furnished with trained and skilled attendants there would not be the large percentage of recoveries which they ought to have. As to the results of moral treatment, he could say that within the last ten days he had had the satisfaction of transferring to the quietest ward a man who, three years ago, when he commenced "moral treatment" upon him, was a centre of excitement, and caused more mischief in the asylum than any three other patients together. He was simply the dread of the whole place. By being put under the care of one man and otherwise being broken into habits of order, this patient had been greatly improved, and in a very short time there would not be a better patient in the

place, although he was an incurable one. As regards treatment by drugs, he thought that the hope to relieve at one sweep, by means of a drug, the accumulated malnutrition of months and years was utterly fallacious, and was simply on a parallel with the search after the "philosopher's stone." That a man who for ten years had been living irregularly, and whose brain-cell nutrition had been out of gear all that time, should be summarily cured by the administration of three or four or forty or fifty doses of drugs, spread over a few weeks, was utterly unhelpful. Such a belief was very much on a par with the negro's belief in his fetish, the negro perhaps having the advantage, as no swallowing was involved.

Dr. HICKS said that there should be some form of a hospital or infirmary, in which some cases, at least, might be treated for a time, in order to see whether infectious disorder might be at the root of the mental disease. Under these circumstances such separate blocks would be exceedingly advantageous, but they need not be upon a large scale. They should be small places, with the object of being tentative.

At this point, the further discussion of Dr. WILKIE BURMAN'S paper was adjourned to the next Quarterly Meeting.*

Dr. HACK TUKE exhibited a brain preserved by "Giacomini's method." This specimen which was, so far as he knew, the only one in England preserved in the way he was about to explain, was sent to him from Canada, by Professor Osler, of the McGill University, Montreal. The process of preparation consisted of three or four stages. It was first immersed in a strong solution of chloride of zinc, then, after forty-eight hours' immersion, the membranes having been removed in the solution, it was cleaned and replaced in the solution, until becoming harder, it sinks no longer. It was then placed in alcohol, where it remained for ten or twelve days, being frequently turned over, to prevent deformity, the spirit being changed several times. By that time it would be somewhat shrunk, but on being placed in glycerine for twenty or thirty days it would absorb the glycerine and swell out again. It should be removed when just level with the liquid. It was finished by the application of several layers of gum elastic varnish, or marine glue, diluted with alcohol. But before it was varnished it should be set aside for a few days until the surface is dry. The brain was now hard without being brittle, and showed the form of the convolutions beautifully. The weight of the brain was much the same as at first, and this was a special advantage in this mode of hardening, as by other methods the weight of the brain was considerably reduced. Professor Rolleston had used chloride of zinc and alcohol in his preparations, but he believed he had been accustomed to employ glycerine in addition.

Dr. BURMAN referred to the method of preparing the brain by nitric acid.

Dr. HACK TUKE observed that the objection to that process, as compared with Giacomini's, was that it contracted the brain much more.

SUPREME COURT OF JUDICATURE.

(Common Pleas Division.)

(Before Lord COLERIDGE and a Special Jury.)

NOWELL v. WILLIAMS.

(Summing up of the Judge.—November 13, 1879.)

Lord COLERIDGE—A great deal of the evidence they had heard was really not relevant to the only question they had to determine, and he would pass over it with great brevity. What was the simple dry matter of fact involved in the action? This was an action of assault and false imprisonment. Arthur

* The proposals of the Charity Organization Society, on this subject, has been brought under the notice of the Association at the Annual Meetings, 1877 and 1878. The action of the society was encouraged, in general terms.—Eds.