

Scotland.

[FROM OUR SPECIAL CORRESPONDENTS.]

ROYAL EDINBURGH ASYLUM.

The Hundredth Annual Report.

THE hundredth annual report (that for the year 1912) was read by Dr. George M. Robertson, the Physician Superintendent, at the statutory annual meeting on February 24th, 1913, when the Right Hon. the Lord Provost was in the chair.

GENERAL STATISTICS.

On January 1st there were 753 patients on the register, on December 31st the number was 784. The total number of inmates had been stationary for the previous four years, and as low as 743 at the end of the year 1907. The admissions in 1912 numbered 222, the discharges 129, and the deaths 62. The admissions were 43 more than in the previous year. Both Craig House and the West House shared in this increase, and the number of admissions to the former has only once been exceeded during the last ten years.

MELANCHOLIA.

Of the forms of insanity admitted, melancholia, as usual, was the most prevalent, and accounted for a quarter of the admissions. Its symptoms resembled and were a caricature of those of natural anxiety or despondency, the direct result of depressing causes, such as loss of friends or reverses of fortune. It differed from natural melancholy in not being a reaction to any external cause affecting the feelings, but the result of internal disorder of the brain. Mania and melancholia—or morbid elation and depression—were alternative manifestations of the same disease process, and were often associated.

ALCOHOLIC INSANITY.

Among the exciting causes of insanity, alcoholic excess, as in former years, headed the list, but the proportion of alcoholic insanity was less than usual, being only 11.2 per cent. of the total. During 1908, 1909, and 1910 the proportion of alcoholic insanity among women appeared to be steadily increasing. During the last two years the figures showed a decrease, but as the major amount of this insanity was preventable the doctrine of temperance still required to be preached.

GENERAL PARALYSIS.

The number of patients admitted with general paralysis of the insane was 24, of whom only one was a woman; the diagnosis in every case was confirmed by the Wassermann reaction and the other laboratory tests. As there were 107 admissions of men, 21.5 per cent., or over 1 in 5, of the male cases suffered from this disease. The average admission-rate for the last five years was over 19 per cent., as compared with 16.4 per cent. for the whole of England, and it must be remembered that nearly a third of the cases were not sent to institutions. A great deal of attention was directed annually to alcoholic insanity, which amounted to only 17.6 per cent. of the admissions, and was therefore less frequent in the male sex in the district than was general paralysis. While alcoholic insanity was usually recovered from on the removal of the cause, the cure of general paralysis had baffled all efforts, and the disease was fatal in two or three years' time. Of the 31 men who died during 1912 the cause in 14, or 45 per cent., was general paralysis; the average rate for the last five years was 40 per cent. Dr. Robertson concluded this part of his report with the following observations:

These statistics reveal a state of affairs that calls urgently for public attention, and only because the subject has certain aspects that require delicate handling has reference to it been avoided in the past. I, however, feel it a duty incumbent on me to do so now, not only from my position, which enables me to see the extent of the evil, but also because the incidence of this disease in this area is probably not exceeded elsewhere in Scotland. It is also a disease which there is good reason for believing is now within the power of medical science to avert, if it is not able to cure it. Large numbers of soldiers used in the past to fall victims to it, but medical treatment in the army has become so thorough and scientific that, after

twelve or fifteen years, this profession will probably cease to supply its proportion of cases. Can something of the same kind not be done for men in the civil population? They would no doubt require to be educated to a sense of their dangers, and the value of early treatment, by short addresses or printed warnings in their workshops. The insurance or some other public authority would require to make provision for treatment, which would not be difficult or expensive owing to the short time now required, and the medical profession should be given the power of exercising more pressure than at present for insisting upon treatment till a cure be obtained. If these measures were successful, in fifteen years not only general paralysis, but a host of serious maladies, would decrease enormously in number. The old policy of merely ignoring the existence of these ills is now inexcusable and something must be done.

DISCHARGES.

Fifty-eight patients were discharged as recovered and 71 as unrecovered. The recovery-rate during 1912 was 26 per cent. of the total number of admissions. The lowness of the rate was partly accounted for by the large number of senile cases, no fewer than 18 being over 70 years of age. The average age of the admissions during the last four years was 43 years, whereas in 1912 it rose to 45.

DEATHS.

The total number of deaths was 62 (8.2 per cent. of the average number resident). This was the lowest death-rate recorded for over twenty years with the exception of 1910; the general health of the population has been very satisfactory. Sixteen of the deaths were due to general paralysis, and 16 were of persons over 70 years of age; these two groups thus accounted for 32 out of a total of 62 deaths. Among the deaths were those of two nonagenarians who had both been many years in the institution.

TUBERCULOSIS.

There were only 6 deaths (5 women) due to pulmonary phthisis; 3 of the cases were diagnosed on admission and 1 died within a fortnight. Of the other 3, 1 was known to have been affected for five years; a second was probably infected by her father, and the third was a female drunkard; alcoholism, by lowering the bodily health and weakening the powers of defence, was an important factor in the development of phthisis. The statistics showed a very satisfactory state of affairs as regards this disease, which was so prevalent at one time.

ARTIFICIAL OR TUBE FEEDING.

Under this head, Dr. Robertson's report contained the following passages:

New Attitude of Public.

It is a new experience for us to find the proper treatment of our patients hampered by political questions, as we do now, with regard to the artificial feeding of patients who refuse their food. During the course of the last eighteen months I have on several occasions found the friends of patients, as a result of what had appeared in the press on the subject, manifestly offering resistance to this most necessary and humane procedure, and they have had to be won over by persuasion and argument. I have met relatives prepared to allow the patient to starve, and probably die, rather than to be fed, although this feeding might not be necessary for a few days. I have known of cases where the patients were not fed, and have died.

Asylum Physicians Perplexed and Astonished.

It has been a source of perplexity and astonishment to all engaged in the treatment of the insane to learn that artificial feeding by means of a tube should be regarded as torture or dangerous. It is true it is unpleasant, and causes a tendency to retch, with transient sensations of choking, and on the first two or three occasions it may be accompanied by feelings of alarm, but it is certainly not painful in the ordinary sense. With regard to danger, it cannot be said to be entirely free from it, but neither can, for that matter, the everyday act of swallowing food in the weak. If the operation is done with the exercise of ordinary care and skill upon a person not suffering from an alarming degree of weakness, there is no practical danger. I have probably performed the operation, as

an assistant medical officer chiefly, over 2,000 times, and I have never seen evil results in any of these cases, but the reverse. Patients have been fed in mental hospitals in this way for years at a time without ill health, but special attention has to be paid to the ingredients of the food in these prolonged cases. It must include, beside the staple articles of milk and eggs, the juice of vegetables and of fruit such as oranges, and it is usual, too, to add, if desirable, stimulants and medicines.

Why do Suffragettes Suffer?

During 1912 more than a fourth (66 out of 240) of the suffrage prisoners in England were liberated for reasons of ill health, which, with few exceptions, was due, wholly or in part, to their refusal to take food. I concluded at one time that the process of artificial feeding must have been resorted to in these cases much too late, when the strength had already failed from want of nourishment, for I find this is the mistake the inexperienced most commonly fall into in treating the insane, and I warn my students of this danger.

Is Feeding Adopted Too Late?

We are all more inclined to defer feeding too long than to begin too soon, but it is safer to err the other way. I now understand that what differentiates "the hunger-striker" from the insane person who refuses food, and is an important factor in the injury to health she occasionally sustains, is the purposeful and violent way she resists and struggles until utterly exhausted. After she is fed, she voluntarily ejects the meal. The patient, on the other hand, is frequently confused and even apathetic, and may be a mere passive resister, or else is intelligent enough to realize that whatever he may do, he will be fed in the end. He is also aware that no unnecessary inconvenience or indignity will be offered to him in the process to which he quickly becomes accustomed. It is probably not so much the feeding as the struggling that injures "the hunger-striker," and if she struggled to the same extent on an empty stomach in having her face washed, or her clothes put on, the consequences might be similar.

Persuasion and Tact.

No patient is ever fed without being first offered his food in the ordinary way, and until every form of persuasion has been tried in vain. He is sometimes left alone in a room with his food, or it is offered to him by some one he is friendly with, or he is coaxed by a member of the opposite sex. Lately one of our intelligent patients as a protest actually went on hunger strike in the most approved manner. As he was in good health he was allowed to starve himself for a couple of days, then the nurse of the ward arranged with the attendant, under whose constant personal supervision he was, to turn his back on him for a moment. She induced another patient to seize this opportunity of slipping a slice of bread, as if surreptitiously, under the bed-clothes of the hunger-striker. This pantomime was repeated daily, and he sustained himself on this simple menu for several days longer, till it dawned upon him, from the indifference of the officials, that they knew more about his secret supplies than he had imagined. Realizing at length that he had been circumvented, he began to eat his meals. A gentleman at Craig House last December, obeying the commands of imaginary voices, also refused his food, and had to be fed for nearly a week. On the morning of the 25th he was still obdurate; but at dinner time a slice of roast turkey, a glass of champagne, and the sight of every one else enjoying Christmas fare, supplied just the stimulus that was needed, and he himself set to with right good will, and he has continued to take his food ever since. Human nature is much the same in a mental hospital as out of it, and he who understands it best makes the most successful physician or nurse. It is hoped that these simple statements and illustrations will enable all reasonable people to see in its true light what I have already called a most necessary and a humane procedure under certain conditions, and how we meet difficulties as they arise.

PELLAGRA.

Dr. Robertson related the following case, which he said did not actually take place last year, but reflected credit on the accuracy of the medical work:

A young woman from Shetland was admitted to the West House, suffering from delusions and indefinite bodily symptoms, which were suggestive of general paralysis of the insane. Because of the incomplete picture she presented of this disease, the case was very minutely studied in every way, but its exact nature remained an unsolved problem. In this state of doubt we invited a specialist in skin diseases to report upon the symmetrical brownish-red inflammation of the back of the hands and face resembling sunburn that she suffered from. Dr. Low had the good fortune to have previously seen some casts illustrating pellagra, and he was of opinion that the eruption on this woman's hands resembled it. All the other symptoms were confirmatory of this opinion, and on reviewing the case in the light of this suggestion there was no doubt whatever that it was a typical one of pellagrous insanity, from which the patient died.

This case was the only example of undoubted pellagra then known to have occurred in this country during a period of forty-five years. Only one other undoubted case had been reported; this was described in 1866 by the late Dr. Howden, of the Montrose Royal Asylum. Since, however, Dr. Dods Brown and Dr. Cranston Low published a record of this case and attracted attention to the disease, other cases had been found.

THE CENTENARY OF THE OPENING.

The institution was opened for the reception of patients on July 9th, 1813. The proposal for its establishment was originally made twenty-one years previously by the President of the Royal College of Physicians, and its object was to provide for the care by members of the Royal Colleges of Physicians and Surgeons of insane persons who were still in a recoverable state. The rich were to be charged, and the poor were to be maintained gratuitously. The Lord Provost of the city and others holding high official positions agreed, at the suggestion of the Royal College of Physicians, to form themselves into a body of trustees to carry this scheme into operation, and regulations for the management of the institution were subsequently adopted after they had been submitted to every member of the College of Physicians and Surgeons for suggestions. The institution was thus launched under the most favourable auspices, both medical and lay, and from the beginning it aimed at being national in character.

THE MEDICAL STAFF.

The University of Edinburgh last year created a Diploma of Psychiatry open to graduates, and facilities were therefore given to the assistant physicians in the institution to attend the necessary courses of instruction; Dr. Dods Brown was one of the first to obtain this diploma, the possession of which Dr. Robertson expected would in course of time be essential for all applicants for the medical posts. In connexion with this diploma a post-graduate clinical lecture was given every Thursday forenoon at the West House. This was conducted by Dr. Robertson with the assistance of the medical officers, Dr. Donald Ross and Dr. Maxwell Ross. The well-equipped laboratory also, under the immediate charge of Dr. Muirhead, was a stimulus to scientific study, as well as of great practical assistance in the clinical examinations and treatment of patients. In addition to this routine clinical work, original researches were carried on. One of these, done conjointly by Dr. Henderson and Dr. Muirhead, on the different forms of cells found in the cerebro spinal fluid in disease, would have obtained on its merits the bronze medal granted by the Medico-Psychological Association but for a technicality.

Dr. D. K. Henderson resigned his appointment here on being appointed chief of the Psychiatric Clinic (Phipps Institute) of Johns Hopkins Hospital, Baltimore, and was succeeded by Dr. Maxwell Ross, who had just served a term as Resident Physician in that hospital and in the Royal Edinburgh Infirmary.

Various points connected with the nursing staff were referred to—the Insurance Act, one day of rest in seven, the training of nurses, the hospital features of the Scottish asylums, and certain pension anomalies in Scotland.

DINNER OF THE ROYAL MEDICAL SOCIETY.

The annual dinner of the Royal Medical Society of Edinburgh took place on February 11th, in the hall of the society in Melbourne Place. The guest of the evening was Mr. W. Arbuthnot Lane, F.R.C.S., of London, and there was a distinguished company, including the

Moderator of the General Assembly of the Church of Scotland, the President of the Royal College of Surgeons, the Master of the Merchant Company, the President of the Royal College of Physicians, the Deans of the Faculties of Divinity, Arts, and Law, the superintendent of the Royal Infirmary, and the President of the Royal Faculty of Physicians and Surgeons of Glasgow. The Senior President of the Society (Dr. Murray Lyon) was in the chair, and in proposing the health of "The Guest" spoke of Mr. Arbuthnot Lane's many and varied contributions to literature. Mr. Lane replied, and in proposing "The Royal Medical Society," said that the society was as good as it was old; he then touched upon medical education, saying that no men got a better medical education than they in Great Britain, but they must not stop there, they must go on. He had been visiting America, and he thought the Americans were leaving us behind, simply because they put their money into what they called travel, and went and saw the best men operate and practise.

INDIAN MEDICAL SERVICE DINNER.

We are requested to intimate that the Edinburgh Indian Medical Service dinner will be held in the United Service Club there on Friday, May 30th. Sir Alexander Christison, Bart., will preside. Any further information can be obtained from Colonel James Arnott, I.M.S. (ret.), 8, Rothersey Place, Edinburgh.

EDINBURGH NEW TOWN DISPENSARY.

At the annual meeting of the managers and subscribers of the New Town Dispensary—the N.T.D. as it has been called for many years—which was held on February 19th, it was shown that there was an increase in the number of patients over the number in previous years, and that the subscriptions had been rather smaller. Sympathetic reference was made to the death of Dr. George A. Gibson, who had been consulting physician for the past two years. In reply to a question as to the effect of the Insurance Act upon the attendance of patients, it was stated that in the first month there had been a diminution in the ordinary attendances of about 30 per cent., whilst the applications for attendance at confinement had increased in about the same proportion.

HYGIENE OF THE ABATTOIR.

The hygiene of the abattoir is not yet all that it might be, and it is admitted that the methods of slaughtering are far from perfect. The poleaxe, for instance, in the hands of a weak or nervous person may be the cause of much needless suffering. There was therefore a good deal of interest taken in the demonstration given at the Gorgie abattoir on February 20th, when the Royal Society for the Prevention of Cruelty to Animals invited members of the Town Council of Edinburgh and of the Meat Trade Association to witness the use of the compressed-air killer and the captive bolt pistol in slaughtering. The experiments were made on oxen, sheep, and pigs; and, whilst the new means of killing the animals were at any rate as speedy as the knife in the case of the sheep and pigs, they could hardly (from the tests made) be regarded as so satisfactory as the poleaxe in the case of the bullocks; in fact, in two out of four bullocks experimented upon the poleaxe was needed to kill after the animals had been shot.

Ireland.

[FROM OUR SPECIAL CORRESPONDENTS.]

PREVENTION OF INFANTILE MORTALITY.

The report presented to the annual meeting of the Dublin Committee for the Prevention of Infantile Mortality stated that 200 ladies were working as voluntary health visitors, under the auspices of the committee, and that during the year 22,500 visits had been paid by those visitors to mothers and their children. As there were no paid officials, all the money subscribed was spent on the poor. The Chairman said that the majority of the lady members of the society did not belong to what was known as the leisured class. They were workers who had only a few leisure hours in the evening, which they might justly claim for themselves, but which they gave up to save the lives of children.

TREATMENT OF TUBERCULOSIS.

At a special meeting of the Sligo County Council it was decided to adopt Part I of the sanatorium benefits under the Insurance Act, and to appoint a tuberculosis officer at a salary of £450 a year, with an additional allowance of £50 a year travelling expenses. Several members were against taking advantage of the beds offered by the Women's National Health Association, and it was decided to postpone further consideration of this part of the scheme, the secretary being instructed to obtain particulars from the Galway County Council as to the beds available under their scheme.

At a special meeting of the Queen's County County Council a letter was received from the Local Government Board approving of the site of the late sanatorium, which was burnt, in the grounds of the Queen's County Infirmary, as the site for a new sanatorium to be erected for the treatment of tuberculosis in the county, provided the council proceeded without delay to appoint an architect and instruct him to prepare plans and specifications for a tuberculosis dispensary and sanatorium suitable for the requirements of the county.

SOUTH CHARITABLE INFIRMARY AND COUNTY HOSPITAL, CORK.

The annual report of the South Infirmary states that 594 patients were treated in the medical wards during the year 1912, being 16 more than in the year 1911. A large number of these cases were of a very serious character, and hence entailed considerable care and responsibility in both the medical and nursing staffs. Into the surgical wards 769 cases were admitted, being an increase of 82 over 1911. The majority of these being serious cases of surgical disease or accident, necessitated the large number of 423 major operations, an increase of nearly 100 operations over the previous year. The daily average of intern patients was 83.9, being an increase of 3.7 on the previous year. In the extern departments there were 3,759 cases (an increase of 78), and a total number of attendances of 14,186. The new extern medical department, it is considered, has been of great service to the hospital. The dental department has steadily increased in its usefulness, and further developments are looked forward to in that department. Reference was made in the Treasurer's report to the arrangements to be made for the reception of patients under the Insurance Act. The City and County Insurance Committees had applied for terms for the treatment of surgical tuberculous cases, and it had been decided to fix the rate weekly at 17s. 6d. a patient, including maintenance and surgical treatment, but this has not been acted upon yet, owing to the desire of the Cork Medical Committee to deal directly with the Insurance Commissioners. Pending a settlement of terms, patients are receiving the surgical benefit of the infirmary as heretofore.

A HOUSING SCHEME.

The Council of the Urban District of Pembroke, near Dublin, has applied for a loan of £66,950, under the Housing of the Working Classes Acts, for the purpose of erecting working-class lodging-houses. At an inquiry now being held into the matter by the Local Government Board, Dr. Denham, who up to last year was M.O.H. for the district, said in his evidence that he had condemned 220 houses, and that many of these were over 200 years old and very insanitary. Another witness stated that 22 persons were occupying a four-roomed house, and another corner house accommodated 38 persons. Seven, eight, nine, and even ten families occupied houses with small, low, dirty rooms, unfit for more than two or three people. Dr. Cremen, the present M.O.H., stated that some houses were most insanitary, and consumption as a consequence was prevalent. In one house there were three persons suffering from consumption, including the father, and with three healthy members occupied one room day and night; the only window was small, with a northern aspect, and the result was that there was no ventilation and no sunshine. In another house in the same locality the mother was dying from consumption, and there were six children who had to occupy the same room. Dr. Burke, M.O.H. Donnybrook No. 2 District, mentioned one locality where, out of eighteen houses, all but one were beyond repair. Closing orders had been refused, for there were no other places for them to