of Medicine conformable to his Thesis of the Circulation of the Blood, and it soon became customary to put in the title pages of works some reference to the new doctrine. Even Riolan's *Opuscula Anatomica* makes an allusion to it. Walaeus, a keen defender of Harvey, published in 1660 a little compendium of practice *ad circulationem sanguinis adornata*, but there is nothing in it to suggest any radical change in treatment. Rolfinck's *Dissertationes Anatomicae*, 1650, embracing the older and more recent views in medicine are *ad circulationem accommodatae*, and even as late as 1690 the well-known anatomy of Dionis was *suivant la circulation*. With the loss of his work on the *Practice of Medicine* it is impossible to say whether Harvey's own practice was modified in any way. To part from the spirits and humours must have left his attitude of mind very sceptical, and that his "therapeutic way" was not admired (as Aubrey tells us) speaks for a change which may have set many against him. More important than any influence upon treatment was the irresistible change in the conceptions of disease caused by destruction of the doctrine of spirits and humours, which had prevailed from the days of Hippocrates. While Harvey, as he says, had in places to use the language of physiology, that is, the language of the day, he makes it very clear, particularly in the second letter to Riolan, that he will have none of the old doctrine to which the *De Motu Cordis* dealt the death blow.

But the moving hand reminds your orator, Mr. President, of a bounden duty laid upon him by our great Dictator to commemorate on this occasion by name all of our benefactors; to urge others to follow their example; to exhort the Fellows and Members to study out the secrets of Nature by way of experiment; and, lastly, for the honour of the profession, to continue in love and affection among ourselves. No greater tribute to Harvey exists than in these simple sentences in which he established this lectureship, breathing as they do the very spirit of the man, and revealing to us his heart of hearts. Doubtless, no one more than he rejoices that our benefactors have now become so numerous as to nullify the first injunction; and the best one can do is to give a general expression of our thanks, and to mention here and there, as I have done, the more notable among them. But this is not enough. While we are praising famous men, honoured in their day and still the glory of this College, the touching words of the son of Sirach remind us: "Some there be that have no memory, who are perished as though they had never been, and are become as though they had never been born." Such renown as they had, time has blotted out; and on them the iniquity of oblivion has blindly scattered her poppy. A few are embalmed in the biographical dictionaries; a few are dragged to light every year at Sotheby's, or the memory is stirred to reminiscence as one takes down an old volume from our shelves. But for the immense majority on the long roll of our Fellows—names! names! names!—nothing more; a catalogue as dry and meaningless as that of the ships, or as the genealogy of David in the Book of Chronicles. Even the dignity of the Presidential chair does not suffice to float a man down the few centuries that have passed since the foundation of the College. Who was Richard Forster? Who was Henry Atkins? Perhaps two or three among us could tell at once. And yet by these men the continuity and organic life of the College has been carried on, and in maintaining its honour, and furthering its welfare, each one in his day was a benefactor, whose memory it is our duty, as well as our pleasure, to recall. Much of the nobility of the profession depends upon this great cloud of witnesses, who pass into the silent land—pass, and leave no sign, becoming as though they had never been born. And it was the pathos of this fate, not less pathetic because common to all but a few, that wrung from the poet that sadly true comparison of the race of man to the race of leaves!

The story of Harvey's life, and a knowledge of the method of his work, should be the best stimulus to the Fellows and Members to carry out the second and third of his commands; and the final one, to continue in love and affection among ourselves, should not be difficult to realize. Sorely tried as he must have been, and naturally testy, only once in his writings, so far as I have read, does the old Adam break out. With his temperament, and with such provocation, this is an unexampled record, and one can appreciate how much was resisted in those days when tongue and pen were free. Over and over again he must have restrained himself as he did in the controversy with Riolan, of whom, for the sake of old friendship, he could not find it in his heart to say anything severe. To-day his commands are easier to follow, when the deepened courtesies of life have made us all more tolerant of those small weaknesses, inherent in our nature, which give diversity to character without necessarily marring it. To no man does the right spirit in these matters come by nature, and I would urge upon our younger Fellows and Members, weighing well these winged words, to emulate our great exemplar, whose work shed such lustre upon British Medicine, and whom we honour in this College not less for the scientific method which he inculcated than for the admirable virtues of his character.

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An Address

ON THE

HOSPITAL TREATMENT OF CURABLE CASES OF MENTAL DISORDER.

DELIVERED BEFORE THE SOUTH-WEST WALES DIVISION OF THE BRITISH MEDICAL ASSOCIATION.

BY EDWIN GOODALL, M.D.LOND., B.S., F.R.C.P.,

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THE following remarks bear upon the question of the general treatment of the insane. Many of the general public conceive the medical superintendent of an asylum for the insane as a being of indefinite status, a kind of cross between a head gaoler and a workhouse master; a hawk-eyed person, withal, able to recognize a lunatic at a glance; to that extent to be respected, but beyond that to be suspected. To the medical profession at large he appears, I think, as a glorified custodian, with certain of the attributes and qualifications of farm bailiff, steward, and overseer; sadly in need, however, of post-graduate instruction. *Misce, fiat mistura.* The result is the asylum medical superintendent, or what the Lunacy Act gracefully describes as the "Manager of an Institution for Lunatics." There was a time, no doubt, when he, too, wrote prescriptions, even as many in their youth foolishly wrote poetry.

I am forced to admit that for this unhappy conception grounds undoubtedly exist in my opinion, but I shall here say no more on this topic, beyond remarking that, if in our British asylums the administrator takes precedence of the scientific physician, the cause is inherent, in my belief, in the national aptitude for administration, the national admiration for the "practical" man, and the national failure to appreciate the importance of scientific ideas, and indifference towards the trained scientific worker, unless and until he has produced something which is dividend-producing.

But whilst I hope to call your attention to a better way of dealing with curable cases of insanity than at present obtains in this country, I would fain have you admit that even under existing circumstances our work is remedial and not merely custodial. Thus, taking the average for the ten years ending 1904, the Blue Book shows that the proportions per cent. of recoveries to admissions was 37.27 for county and borough asylums, 47.60 for registered hospitals for the insane, and 34.72 and 38.58 respectively for metropolitan and provincial licensed houses (private asylums). When it is remembered that county and borough asylums have to receive all cases sent to them, curable or incurable, their results cannot be called unsatisfactory. To compare them with those of general hospitals would be unfair; the comparison should rather be with the registered hospitals, which are subject to no such compulsion, but deal mainly with cases favourable for treatment.

There is a widespread opinion that recoveries from asylums are scarcely worth recording, because insanity is a disease which inevitably relapses. I admit that cases belonging to the syndrome "mania-melancholia" have a strongly-marked tendency to relapse, without, however, exhibiting intellectual degradation in the intervals of health; further, that in those cases of precocious dementia in which recovery (which is usually of a partial kind) takes place relapse is to be feared. But, although it is probably generally believed, I am not aware that it has been shown that, with respect to mental disorders as a whole, there is a stronger tendency to relapse than there is in many bodily diseases, or that the records of durability of recovery are less satisfactory than those appertaining to such disorders.

Amongst the latter I would instance manifestations of rheumatism, gout, bronchitis, asthma, and certain skin diseases, such as psoriasis and eczema. I find that out of 355 cases discharged from Carmarthen Asylum during the ten years 1891-1900 inclusive, 116, or 32.7 per cent., relapsed and were readmitted up to and including 1905. Dr. Macphail, Medical Superintendent of the Derby Borough Asylum, in his last report gives the experience of that institution. In seventeen years 625 patients were discharged, of whom only 19 per cent. relapsed.

Recently I made inquiry into the history of the cases which have been received into Carmarthen Asylum during the past twelve years in consequence of relapse, with a view to ascertaining the length of time during which they had remained well. Of 121 which relapsed once, I found that 74 remained well for periods ranging up to three years, 18 had kept well for from three to six years, and 29 for from six to thirty-three years; of the latter, 22 remained well for from six to seventeen years. Statistics on a large scale on the point would be interesting; and if such inquiries could be conducted by the registered hospitals, such as Bethlem Royal Hospital, which get the best material for treatment, they would be particularly valuable. But these institutions are not in so favourable a position for dealing with this question as is an asylum serving a country district, because their cases of relapse would not be so likely to return to them as would similar cases to a county asylum in a country district. This is unfortunate, for one cannot help thinking that the results obtained in respect to permanence of recovery must be far better in the case of the registered hospitals, which deal with persons of the better-educated and more comfortable classes, who are far more likely and better able to exercise prudence in regard to health after an attack than are patients of the poorer classes from which county asylums draw.

Our public asylums can, therefore, claim to be remedial as well as mere custodial agencies. This is well, since, even if the (as many of us believe) better method of dealing with recent and curable cases of insanity were widely established, it could not cope with yearly-occurring insanity. But I am amongst those who hold that the system under which all curable cases of insanity of the pauper class are necessarily confined to county asylums is in need of revision. It appears from a scientific standpoint to be fundamentally wrong to exclude one kind of illness, to wit, mental disease, from participation in the benefits of the system which has been organized for the treatment of all other forms of illness, and under which cases of disease and injury which offer prospects of cure and alleviation are received into hospitals. This differentiation is surely a strange anomaly, which, I apprehend, has arisen from the wrong and harmful conception of insanity entertained by the legal profession, who were unfortunately permitted to draw a wholly artificial line of demarcation between the so-called alien or "lunatic" on the one hand, and the sick man on the other, without, I dare assert, any protest worthy the name on the part of the timorous and self-effacing profession to which we have the honour to belong, and which, unhappily, is still far from exercising its proper influence in the counsels of the nation. The lawyers made the law according to their lights, the public looked upon it and found it good, and so it came to pass that whereas the asthmatic and the rheumatic and the diabetic are sent to hospital, another kind of sick man, called by the law the "lunatic," is, whatever the stage of his malady, segregated as a pariah or leper, and spirited away to a retreat which doubtless is, as all good ratepayers think, a quite too charming sanatorium, but which, despite all, is officially known as the "asylum." There he is apt to be lost sight of in a whorl of legal formulae, destined for his protection and custody, but which are very liable to interfere with treatment, and through which the various "officers," medical and otherwise, are left to get at the patient as best they may.

Some sixteen years ago a proposal was considered for establishing a hospital for acute mental diseases in London, but nothing came of it. I am in hopes that Scotland, which, since the annexation of England—sometimes wrongly described as the Union—has conferred so many benefits upon the Southern Kingdom by precept and example, may ere long give a lead in this matter by establishing a psychiatrical ward for the treatment of mental disorders in connexion with the Edinburgh or Glasgow Infirmary, with an out-patient department in association therewith. At certain of the London hospitals early mental cases are seen as out-patients, and I understand that in many such cases the advice given has proved of distinct and gratifying prophylactic value. The advantage which would accrue to curable cases of mental disorder by the plan of receiving and treating them in a ward of a general hospital are so obvious to medical men that they need not be referred to in detail. In such conditions these cases would participate in the benefit enjoyed by the sick in general, the benefit of the highest available skill, and would share the advantages accruing from association of specialists in mental disease with workers in other departments of medicine, including those skilled in laboratory methods. Such specialists would have the assistance of enthusiastic clinical clerks with time and ability to work out their suggestions. The physician-in-charge would have the valuable incentive to self-education, by constant study, which is well known to be furnished by the presence of keen young men anxious to learn and ready to criticize. The assistant physicians would be picked men. And we should of course expect the nursing staff of such a department to be as numerically strong and as well trained as the average hospital nursing staff. Time will not allow me to institute a detailed comparison between the above conditions and those commonly met with in a public asylum. Only those medical men who work in the latter—especially in asylums placed in the country—can adequately realize how the advantages to patient and physician which accrue from co-operation of the kind described are missed. The asylum is an isolated community which moves and has its being in a limited area cramped and circumscribed by legal formularies. These conditions might be reasonable were asylums concerned merely with the custody of the chronic insane and with the care of those recovering from acute attacks of insanity, but they are not in my opinion adapted to the requirements of curable cases of disease. The erection of "acute blocks" at some asylums for the better treatment of these is an admission that the ordinary conditions are insufficient. The spirit which actuates such a departure is heartily to be applauded, but this plan, though it will, I believe, be largely extended, having regard to the great volume of "occurring insanity" with which we have to deal, is by no means the equivalent of that advocated. It is subject to the serious disadvantage of isolation, to which I have referred; it cannot compete with the other plan in attracting the best brains, nor can it adequately meet the requirements of students at our medical schools.

Since cases of mental disorder require to be detained against their will, one must admit the necessity for the imposition of legal safeguards in dealing with the insane in mental departments of hospitals. But I should certainly advocate as little law and as much medical work as possible.

At the date at which it was proposed to establish a mental hospital in London, one frequently heard the objection that a town was no place in which to treat insanity. The fetish of "fresh air" was invoked, the magical influence of "space." All this sounded absurd to those who remembered the recovery rates of Bethlem Royal Hospital, even before the days of rest-treatment and systematic hydrotherapy. Moreover, when I studied at Bethlem, and no doubt the same is done now, the very excellent plan was followed of sending convalescent cases to the country house belonging to the hospital. The same plan obtains at the hospital of St. Luke, London. And is not the air of the higher altitudes even now being utilized by jaded workers and idlers in London through

the medium of the balloon? In my day at Bethlem patients were taken out in brakes, and future students will no doubt see them depart in air-ships.

I would say, let as many recent and curable cases of insanity as possible be treated in mental wards attached to hospitals in our great cities; and since hospital authorities would relieve asylum authorities of part of their responsibilities, a mutually advantageous arrangement might be made whereby those usually delightful sanatoriums—the county asylums—might, in addition to their other functions, be usefully employed as convalescent homes for mental cases drafted from the hospitals.

The last Blue Book shows that the yearly average number of cases, exclusive of cases of congenital insanity, in which the attack was stated to be the first in persons admitted to county and borough asylums in England and Wales during the five years 1899–1903 was 12,495. Of this number, if the figures for 1904 be taken, some 3,360 were admitted to London County Asylums, leaving 9,135 cases of first attack to be dealt with in the provinces. Supposing as many as nine of the hospitals in London having medical schools attached should maintain each a ward for mental diseases, with associated out-patient department, of fifty beds. Each bed would on an average suffice for three patients in a year, so that 1,350 recent cases could be dealt with in London yearly. This would amount to between one-third and one-half of the occurring yearly insanity in London. As regards the provinces, if eight large towns having, or likely to have, medical schools attached to their infirmaries, could similarly provide fifty beds, 1,200 mental cases could be dealt with yearly. This is between one-eighth and one-seventh of the occurring yearly insanity in the provinces, and therefore, a very small proportion indeed. But even these proportions would, with our voluntary system of support of hospitals, be very difficult, more likely absolutely impossible, to provide for. I shall not allow myself to diverge into the question of the support of hospitals, but I will say that the voluntary hospital system, like the voluntary military systems, is inefficient; that I see no reason why the charitable principle of voluntary support should not co-exist with the principle of compulsory support.

My remarks have been confined to the question of the cure of insanity; that of prophylaxis, except in regard to the prevention of relapse, has not been referred to. In considering prophylaxis in its individual and racial aspects we are naturally brought face to face with the problems of heredity. It is true that in a very large proportion of asylum cases there is a history of insanity or allied neuroses in the ascendants, but the proper significance of this fact will not be brought out until we have statistics as to the proportion of persons who, with like inheritance, nevertheless do not need asylum treatment and care; nay, it may even be are not otherwise than sane in the ordinary acceptance of that term. Next would come the inquiry as to how, by virtue of what precautions or conditions, they remain sane. As regards racial prophylaxis, if one may first of all digress for a moment, we are told by our mentors, the newspapers and politicians, that public opinion in this country is not ripe for considering the question of compulsory military service. There is, I venture to think, a proposition for the consideration of which it is still less ripe—I mean that for the sterilization of the insane and defective classes. On such a subject he would be a bold man who should venture to hustle public opinion, or shock the consciences of His Majesty's good lieges. Far be it from me to assume such responsibilities.

But I have come to the conclusion that it is time an attempt were made to arouse public opinion to the importance of putting into force the less radical procedure of forbiddal, under severe penalties, of marriage to persons released from asylums; and of infliction of like penalties in all cases in which the responsibility for illegitimate procreation amongst such can be fixed. I observe that quite recently, at a meeting of public men in Lancashire, at which the growing burden of the support of the insane of that county, together with the evils attendant upon the discharge of patients recovered from asylums, was considered, it was resolved to request the Government to institute an inquiry into the whole question of the growth and prevention of insanity. What Lancashire thinks to-day England thinks to-morrow is the gist of an old saying, and I trust it may come true in the present instance.

SOME PRINCIPLES OF THE TREATMENT OF FRACTURES.*

BY J. EDWARD BOWSER, M.B., C.M.,
PRESIDENT OF THE BORDER COUNTIES BRANCH, PENRITH.

[AFTER some introductory remarks, Dr. Bowser proceeded:]

To the man who has the misfortune to break one of the chief bones of his body nothing can be more important than the successful cure of his injury. The fate of that man is in the hands of his surgeon. The reputation of the surgeon is almost as closely bound up with the issue of the case.

The man in the street may have considerable difficulty in forming an opinion of the work of the surgeon who practises his art in the innermost recesses of the body, but he has no hesitation in coming to a prompt conclusion when the unfortunate victim of a fall on the previous winter's ice is seen, in the clear light of the summer sun, painfully limping through the market place, with an ankle-joint stiffened by adhesions or with one leg some inches shorter than the other.

The surgeon who occupies himself with the treatment of fractures has in these days, however, to encounter still more searching criticism. For now the skiagraphist, armed with Crookes tube and fluoroscope, throws his penetrating ray upon the very seat of injury, and points out with relentless finger the smallest deviation from the ideal osseous form. Giving substance to the shadow, he prints a permanent record of the shortcomings of the surgeon's art.

The Border Counties Branch is essentially a general practitioners' Branch, and, in districts like ours, the majority of cases of fracture come under the care of men in general practice. Yet I believe the treatment of fractures has never, certainly not in recent years, been the subject of an address or discussion at any meeting of this Branch.

It is, perhaps, no wonder that there are rivals in the field. Irregular practitioners continue to flourish in the Branch area. The Cumberland bonesetter enjoys a local reputation which is by no means confined to the less instructed members of the community. I have even heard that a Scottish professor of the art has recently raided the border city itself in quest of bones to mend. The survival of this form of irregular practice in our midst is a reproach to modern surgery.

Furthermore, during recent years important modifications have been introduced into the treatment of fractures. These new developments have taken place along two distinct and divergent lines.

The first of these consists in the early employment of massage and movement, and in a less absolute adherence to the traditional methods of immobilization.

The second line of development consists in the application of operative measures to ordinary cases of simple fracture.

The general use of the *x* rays has also introduced new factors, which demand most careful study, into the consideration of these questions.

These, then, are the reasons that have led me to think that the treatment of fractures might usefully form the subject of our consideration to-day.

It is to the first of the lines of development to which I have just referred that I wish especially to direct your attention: the early use of massage and movement and the less exclusive reliance upon the traditional methods of immobilization by means of rigid apparatus.

These modifications of treatment are due to the teaching and practice of the distinguished French surgeon, M. Lucas-Championnière. It may be interesting to recall that M. Lucas-Championnière was one of Lister's early disciples at Glasgow in 1868, and subsequently became the pioneer of antiseptic surgery in France. He contributed an eloquent panegyric of the master to the Lister Jubilee Number of the JOURNAL in 1902. Those of you who were present at the fourth centenary celebrations of the Edinburgh College in July last year, will remember that M. Lucas-Championnière then received in person the Honorary Fellowship of the college, and in April of this year a

* Presidential address delivered at Carlisle before the Border Counties Branch of the British Medical Association, June 29th, 1906.