British Medical Association.

BALLARAT DIVISION.

PRESIDENTIAL ADDRESS.

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It is with diffidence that I approach this task of addressing you this evening as retiring President, and I must admit that when twelve months ago I was honoured with election to the position, after so brief a sojourn in your midst, I was very sensible of my shortcomings, and, at the same time, seized with doubts and anticipations of the difficulties I should be likely to encounter—misgivings that have to an extent materialised on occasions when I could but feel that our interests were scarcely identical, and how hard it was for me, in my comparatively restricted sphere, to fully assimilate your wider outlook in certain matters vitally affecting you as general practitioners; for example, your recent unsuccessful negotiation with the Ballarat Friendly Societies regarding the unsatisfactory position of their medical officers.

Hence it has been a constant regret to myself that I have been practically debarred by force of circumstances from affording you the advice and assistance you would naturally expect from your President, who, it seems to me, ought to be less of "the round peg in the square hole" than I perforce have had to appear on many occasions of debate and discussion.

A life-long experience of the relations existing between asylum physicians and those we ourselves term the outside profession has forced upon me the unwelcome impression—I would almost say conviction—that we have been, as a general rule, looked upon "askance," not merely as "alienists," but in certain larger centres even as "alienated" and a "race apart."

It is not so long since it was permitted to a leading Melbourne "organ" to assert, unchallenged by those whose manifest duty it was to act, that we lunacy men comprised only the "dead beats and dregs of the medical profession," together with sundry other animadversions of a similarly questionable nature. This we, as public servants, were powerless to publicly refute; and that such an utterance was so plainly prompted, and but a party weapon of that particular crisis of our affairs, was indifferent salve to our wounds, the calculated mischief wrought as was intended, and we have had to live it down as we could. At the best it was little likely to promote an "entente cordiale," and it was not only keenly resented at the time, but bears bitter fruit to this day. When, by long custom habituated to any particularly irksome atmosphere, a contrasting gleam may prove as welcome as unlooked for, and I cannot forego the opportunity of recording the supreme gratification it was to me to be received with such unfailing courtesy, consideration and deference, as has been my lot in Ballarat amongst my many valued friends of the local faculty, whose unvarying kindness has gone far to dispel my preconceived notions and to render my Presidential term a most memorable and red-letter twelve months.

I have been considerably exercised to decide upon what lines to base my so-called address, and, at the risk of becoming tedious and being dubbed a "one-string" man, I feel that I can do myself most justice and best hold my hearers if I harp further upon that string; and, whilst offering you nothing scientifically new, lay before you a few interesting lunacy details, chiefly relating to that real innovation lately established in our midst—the Receiving House—and so conveniently, as it were, "hall-marking" my term of office as president of our Ballarat section—adding, also, a few remarks concerning the relations between our respective branches of the profession.

The very sufficiency and self-containing nature of Asylum work, together with its usually retired environment, has undoubtedly in the past had its natural tendency to foster unconsciously a spirit of aloofness and isolation between ourselves and outside men; and it is remarkable, as it is to be regretted, that only the sketchiest and most elementary conception of our inner work and methods—in short, of our life—is possessed by any but the extremely few who interest themselves. In the large communities it is an actual fact that most of our asylum men are the veriest strangers in name and personality to those outside, and that the majority of us, throughout our career, have the rarest opportunities of cultivating professionally the acquaintance of the rest of the profession.

This obtains at home to an even greater extent, and it is little to be wondered at that the asylum medical assistants there have only lately been agitating for more recognition and for improvement in their social and professional status. May they be successful.

There has been in the past little in common regarding our work, which, it is admitted, possesses a peculiarly harrassing tendency, rendering it essential that we shall seek relaxation far afield. "Get right away as far and as frequently as possible," is an aphorism, if not a regulation, with asylum men. Happily this is all changing.

Compared with the almost revolutionary strides made during late years in every branch of medicine and surgery, mental science would to "the man in the street" seem to show little or nothing so tangible; but those concerned have little reason to deplore any lagging behind in the onward march of the times; and, before all, the vast improvement in every direction of mental therapeutics, together with the immense advance effected in the housing, and in every circumstance of the general environment of our patients, is almost beyond comparison with the past, even within my own personal recollection.

Scientific research has given us considerable insight into the causation of certain insanities, notably the Wassermann test in relation to general

paralysis, locomotor ataxia, the congenitally defective, and other types.

The campaign against the ravages of the "great white plague" should effect much towards simultaneously stamping out mental disease and many closely allied hereditary neuroses intimately associated with tuberculosis; but he is no false prophet who foresees that the time is nigh when legislation shall authorise a courageously enforced and far-reaching eugenics act that will do far more than anything hitherto for race-improvement and in assuring an approach to physical and mental perfection in our generations yet unborn.

Our modern hospitals for the insane are excellent out of comparison with the old barrack lunatic asylum; personal comfort and homelike surroundings eliminate every vestige of the one-time gaol conditions: our patients are better housed, better fed and better clad; whilst the nursing staff that administers to their needs consists mainly of carefully selected trained and certificated nurses and attendants, of certified hospital nurses wherever desirable, in both male and female hospital wards.

Segregation of epileptics, and of the unwieldy mass of chronic incurables, together with more suitable provision than in the past for many of the senile and benevolent asylum types, has to a great extent rid us of the numerous class that formerly hampered our efforts on behalf of the curable patients, who, before all others, demand individualised treatment.

The receiving houses now provide for initial or incipient, doubtful, and quickly curable insanities. A step further and we have the acute mental wards, replete with every needful equipment of the modern hospital, for the further treatment of such as require detention beyond the statutory period of the receiving house, but not before that treatment proves fruitless and the mental disease hopelessly confirmed, does the final transfer to the chronic institutions take place. We personally welcome the advent of the receiving house and acute mental hospital as compelling more reciprocity between ourselves and our confreres of the general profession.

Our mutual interest in our patients should prove a connecting link and bring us more frequently into both social and professional contact. We derive the inestimable and novel advantage of our outside colleague's previous knowledge of the case, together with hitherto unobtainable sidelights upon family history and antecedents that only the family physician is in the position to impart, whilst he, perhaps, in his turn, will admit that expert opinion, even though based upon knowledge acquired during a life-time at the fountain-head of experience—the despised lunatic asylum—may not be without its corresponding value. I venture to predict a much wider development, in the near future, of recognised co-operation whereby the family doctor who sends his patients—more often than not his personal friends—to us, will be welcome to follow them up in our wards, and afford us and them the benefit of his experience in those physical disorders that so frequently bear intimately upon the mental trouble. Thence it will eventuate that the staff of a receiving hospital for acute mental cases will, in addition to the resident experts, include a lady physician and an honorary staff of physicians and surgeons—gynæcological, ophthalmic, dental, and other specialists—whose individual work bears important relation to the disorders of mind of which the manifestations in so many instances probably exist merely as symptoms of other organic disease.

The occasion is fresh to most of us when our Ballarat Branch approached the Inspector-General of Insane with our need of the institution that—mainly through his efforts—has since been established as a very practical answer to our representations. It was opened for the reception of patients in August last, and you will be interested to know what it has accomplished so far:—

Receiving House Figures—August 26th, 1912, to Date—6 Months.

Admissions—16 males, 14 females; 30.

Discharges.

	Males.	Females.	Total.
Recovered	4	4	8
Relieved	3	2	5
Not Improved	1	—	1
Transferred to Hospital for Insane	7	4	11
Remaining in Receiving House at present ..	1	4	5
	16	14	30

These results, though justifying its existence and great initial cost, are hardly as satisfactory as we anticipated; but certain obviously contributing causes seem to sufficiently explain this tardy availing of its advantages. The place is new and its existence scarcely known beyond the city boundaries. It would appear that the general public, especially the less informed country districts, do not yet properly appreciate the great difference between the modern R.H. and the old-time lunatic asylum, hence the dreaded stigma still continues to exert its influence, as instanced by the significant question, even to this day constantly in the mouths of agitated relatives: "She won't be cruelly treated will she, doctor?" It would seem, too, that many medical men are diffident about sending patients whom they fear do not precisely fulfil the definition of the typical receiving house case; while the police authorities, especially in the country, continue to remand for medical observation and treatment doubtful lunatics—to the gaol of all places—sufferers who very plainly should instead go, without any delay, to the receiving home.

I desire to impress upon you that if doubt exists, and it is these doubtful cases for whom especially the place is intended, that doubt is provided for in the necessary certificate forms, and we are prepared to accept the final responsibility of diagnosis, after the patient is in our hands. Just send them along and we will do the rest.

Where there is doubt there can be no difficulty; but the primary consideration—if not, indeed, the

most important as regards the question of curability—is the form of insanity and the period of the disease. We have even heard much of the eminent need of prompt and early treatment in the commencing and only curable stages of insanity, and it has been reiterated over and over again, that upon this very timely treatment depends the whole future of our patient.

This, it goes without saying, is an accepted axiom with us, though it would seem that, to many, the difficulty of at once discriminating between the probably curable and the opposite constitutes the main hindrance to the adoption of the proper remedial measures; and the most appropriate remedy of all—as in general practice, frequently the most heroic, it should be plainly recognised—is immediate removal to the receiving house, for, emphatically, insanity cannot be treated at home.

The meaning of the title "Receiving House," and the purposes of such an institution, even now, I think, are anything but clearly understood either by the profession or the laity, and, before concluding, it might not be lost time if I endeavour to elucidate these points: The receiving house was first evolved because it was increasingly felt that numerous unfortunates were deprived of expert treatment in consequence of the fancied stigma attaching to certification; and, again, it was alleged that many were committed and detained who were not insane, and medical men were reluctant to undertake the responsibilities and possible ulterior risks of certifying.

It was also much to be desired that the former custom should be discontinued of mingling in one institution all the insane, and to insist, as far as practicable, upon the separation of the curables from the incurables; although the complete separation of the hospital from the asylum is, to some extent, more fanciful than real considering the fluctuating and uncertain boundary between curability and incurability.

As a commencement it was endeavoured to dispense with the objectionable and meaningless term "lunatic asylum," and to provide an hospital for the early treatment of doubtful and commencing insanity, insanity that, by virtue of its recent invasion, offered some reasonable hope of a cure or alleviation within the statutory period of two months' detention, which, in my own opinion, is just one month too little. Treatment, however, is the natural corollary to accurate diagnosis, which—pre-eminently in commencing mental disease—hinges largely upon the ascertained causation of the break-down; and it has long since appeared to me that diagnosis is frequently hindered in this most obscure and pitiable of human ills by the seeming confusion and indefiniteness of the symptoms presented by most commencing disorders of the mind, except to those familiarised by use.

The fault would seem to rest very largely with our present teaching, of which the accepted classification and nomenclature of the so-called insanities is an example, for the reason that it is unnecessarily involved and inconsistent with our modern conception of the same. Its innumerable divisions and sub-divisions have been passively adopted through generations, and serve no practical purpose save that of statistics. They embrace a long series of impressive names—presumably indicative of so many distinct and different diseases—each, also, presumably demanding its own diagnosis and special therapeutics; but how bewildering to the student and to any but those who, by long familiarity, have learned their fallacy. Yet to this already formidable array we constantly add others even more complex and confusing—in reality only old friends in new guise, and to the practitioner no more valuable as concerning diagnosis or indication for treatment.

Generally speaking, these headings are actually indicative only of certain mental phases or conditions which may, any one of them, or all in succession, be exhibited during the course of any prolonged insanity, either as the prevailing mental tone or in rotation, rather than of distinct and separate entities. Given any cause whatever, what is there to lead us to forecast, in so many an impeding insanity, that it will take form as any one of these, or that any special mental manifestation will ensue? That there is mental aberration is all-sufficient for your purpose. Most insanities occur at one of life's crises—infancy, adolescence and puberty, the puerperal states, the climacteric or menopause, and lastly, old age. And, no matter what circumstance or condition obtrude as the probable exciting cause, in the large majority of commencing insanities one of those critical periods must be taken into consideration as the predisposing influence, and cannot be ignored when making a diagnosis, or what is here of even more importance—the prognosis.

Would not a classification based upon that fact indubitably possess greater practical value—if alone to the practitioner—than our present merely symptomatical arrangement? What, indeed, matters it to him that the symptoms fail to order themselves according to text-book teaching: it suffices that he recognise the presence of disorder of the mind due to some appreciable causation, together with sufficient facts to enable him to certify.

Inherited and congenital defects and deficiencies in their many degrees—associated or not with epilepsy—need not be considered here, and we may also eliminate general paralysis and certain distinct organic conditions—easily recognisable from the first—that by no means enter our category of eligible candidates for the receiving house. What, then, may be understood precisely by the term Acute or Recent Insanity in its relation to the probability or otherwise of cure? Insanity that has developed within a comparatively short time—a few days to a few weeks—may be termed recent or acute; and, given certain conditions, is generally favourable as regards prognosis. Experience teaches that the prospects of cure decrease proportionately with the increase in years; and thence we rightly assume that the most favourable cases are those of recent invasion in youths of either sex—preferably in their teens or early twenties.

Broadly speaking, every commencing insanity in a young subject, free from constitutional defect or disease, or inherited neurotic predisposition, and dependent upon a possibly removable cause, is curable or capable of alleviation within a comparatively short time. Physical ill-health is present in every recent insanity, together with more or less loss of condition and tone—both nervous and muscular. There is always disordered functionating of the economic organs, which exerts its special deleterious influence in perpetuating the mental trouble by a species of auto-intoxication—an immense factor. We indeed welcome gladly a degree of physical illness complicating mental breakdown, as favourable to the result; for as inevitably do we find that gradual return of the mental balance goes hand-in-hand with improving physical health and functional re-establishment, though the last to be restored.

The many forms of youthful neuroses, and those disorders of mind complicating the puerperal states, i.e. pregnancy, labour, and lactation, afford very prominently the best results; and, therefore, guided by the age, duration of the illness, antecedent history and descent, together with the physical condition and the ascertained causation of the mental collapse, it should not prove a difficult matter to decide upon what course to take in the best interests of your patient.

I thank you for your attention, and, in concluding, I would congratulate our Branch upon a successful year, so far as concerns scientific subjects considered and work accomplished. There has been no lack of enthusiasm, and mutually cordial relations have prevailed in our ranks which we all desire to see reinforced. Whilst our experiences of the past twelve months, together with the rumours of great upheavals in the United Kingdom that must inevitably, sooner or later, touch us of the medical profession in Australia also, only go to teach us that if we would remain strong for our own good, and successful in our work, we must, before all, be united and pull together—as a powerful trades union—for our mutual interests.

Spinal Analgesia.

Dr. Bairnbridge, of New York, who recently published 1065 cases of spinal analgesia with one death, asks that the following additional experience be reported:

During the Clinical Congress of Surgeons of North America, held in New York city in November, 1912, a patient, on my service at the New York Polyclinic Hospital, died after a lumbar subarachnoid injection of stovain, preparatory to the performance of an operation for hernia.

"History.—P. H., Irish, male, age given as 50 years, probably 60 or more; chronic alcoholic. Came to my clinic at the New York Polyclinic Medical School and Hospital, October 18, 1912, seeking relief for a condition which proved, upon examination, to be right inguinal hernia, at times irreducible, and causing great suffering. The man gave a history of having felt a sharp, tearing pain in the right groin, while operating a taxicab, about three months previous to coming to the clinic. Since that time he had been to several dispensaries in a vain search for relief. He had used a truss without success. Failing to obtain relief by other measures, he wished to be operated upon at once.

"From the general physical examination the patient was found to be in a very bad condition, as the result of the prolonged excessive use of alcoholic stimulants. The following conditions were present: general atheroma of the arteries; renal insufficiency, due to chronic Bright's disease; marked enlargement of the liver; myocarditis, with systolic murmur at the base; emphysema; rales over the bases of both lungs. A history of chronic gastritis was also elicited.

"The patient's general condition was such that immediate operation was not deemed advisable. He was told, accordingly, to abstain from the use of intoxicants, and to refrain from lifting or straining; he was put upon a diet, tonics, etc., and was kept under observation for about three weeks. Despite the fact that only slight improvement followed this regime, he insisted upon operation. He was then admitted to the hospital, on November 14, and prepared for the operation next day.

"Because of the man's general condition, inhalation anesthesia was considered contraindicated. He was prepared, accordingly, for operation under spinal analgesia. Before the members of the Congress of Surgeons present, I enjected into the cauda equina twenty-six minims of a one per cent. solution of stovain. The patient, who presented no symptoms differing from those of the average subject during the spinal injection, was then sent to another room to be operated upon by Dr. E. M. Foote and Dr. Claude A. Frink, of my staff, while I concluded my lecture before the Congress. The man's mind was perfectly clear, his pulse was good, there was no nausea, no cyanosis, no respiratory embarrassment—in fact, none of the symptoms of stovain poisoning. He suddenly turned pale, said, 'I am dying,' and instantly died."

The case was made a Coroner's case, and an autopsy was performed the next day, with the following findings:

Marked edema of the brain, so-called "wet brain"; myocarditis; atheroma of aorta; aortic insufficiency; emphysema of lungs; chronic interstitial splenitis; chronic gastritis; chronic enteritis; chronic interstitial nephritis. Spinal chord showed no gross lesion.

The Coroner's inquest was held on December 4, 1912. The jury, after listening to the testimony of the above facts and a number of experts as to the indications of death by stovain poisoning, did not find that the man died of stovain poisoning, but that death was caused "by pathological conditions" as above described, and all concerned were exonerated from blame.

Skipping for Constipation.

Herbert French ("Medical Press," Dec. 4, p. 594):

Much chronic constipation and intestinal toxæmia can be traced to the treatment of simple constipation by purgatives without first trying non-medicinal means. The first and most important of the latter is cultivation of the regular habit, the patient trying to have an action each day immediately after breakfast, or at some other time, if more convenient, but, as far as possible, at the same time each day, until the call to stool at this time is established.

A simple means of relieving chronic constipation is the use of the skipping rope for 60 seconds after the bath in the morning, and, if need be, for another 60 seconds at some other period of the day. The vigorous jolting movements given to the whole body, the increased respiratory movements, the increased action of the heart, and the exercise given to the vaso-motor system in controlling the alterations in the blood supply produced by the exercise, are all beneficial, except under exceptional circumstances, such as definite heart disease and the like, but over and above this it seems probable that every time the patient skips over the rope, thus raising his legs off the floor, the sudden sharp contractions of the psoas and iliacus muscles directly influence the colon in front of them and thus assist the activity of the latter, possibly increasing peristalsis, especially in the caecum and sigmoid colon. Frequently the effort of skipping even for so short a time at 60 seconds causes flatus to be passed, showing that the movements have an immediate effect upon the bowel contents. The exercise occupies so short a time that it can be continued daily without inconvenience or without being omitted on account of its complexity or duration. Many sufferers from chronic constipation have found that the use of the skipping rope in this way, in addition to the cultivation of the regular diurnal habit, cures habitual constipation without the need for resorting to purgatives.