might be devoid of any soul, and whose only object was to make money. One reason was that the nurses knew they had the support of the institution behind them. Whenever they were placed in any unfortunate position, or their work was unduly hard or more severe than was reasonable, they knew that the authorities of the institution would support them—would withdraw them, or see that things were put right. An institution could make better conditions of service with employers than an association. Another thing, which applied to men, and which was the real reason why men stayed with them for so many years, was that the trustworthy attendant could marry and have a home of his own; and to such, private nursing and constant travelling about were naturally distasteful. He thanked the members for the kind way in which they had listened to and criticised the paper. As to whether the nurses would undertake to stay in a county asylum for three or four years, he thought it very likely that if Dr. Middlemass were to try the experiment he would have little difficulty in carrying it through satisfactorily.

Case-taking in Large Asylums. By DANIEL F. RAMBAUT, M.D.

IN the very large asylums, where the insane are counted by thousands, there will always be a difficulty in keeping an accurate record of the mental and physical condition of the patients, and the changes which occur from week to week in these conditions. Unless some method is adopted in case-taking many records will be omitted and many interesting and important changes will be overlooked.

The assistant medical officer, who proceeds through the wards of an asylum with his note-book in his hand, will doubtless obtain much information of value, but those suffering from acute forms of insanity—the demonstrative, the importunate—will force themselves upon him, to the exclusion of the retiring, the tranquil, and the hard-working. Without some system in note-taking patients will be passed over—will, in fact, be never seen, except by the wide-angled, vague, routine official gaze.

Without a system by which each patient's state is thoroughly investigated at regular stated intervals, and by which notes are made immediately after each examination of a patient, our case-books are bound to become a mass of useless writing, from which no scientific fact can be obtained, which would give no data for a diagnosis or a prognosis, and are wholly valueless to the medical statistician.

I have seen case-books in which cases were written up by fifty at a sitting. Who is there who has not seen such notes

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as, "No change," "He continues in the same mental and physical condition," "His condition remains unaltered"? I have even seen a case-book which contained a three-monthly record of a patient's mental and physical state for a period of one year after his death!

I shall try to explain in as few words as possible the method of case-taking employed in the Richmond Asylum, Dublin—a method which has worked with excellent results during the last five years.

In the first place, it is necessary to keep a small register of patients, which I call the "Register of First Year." In this book is entered merely the name and general asylum register number of each patient on the day of his admission. One page of this book contains the names of all the patients admitted during one month.

The following represents the month of May, 1902:

May, 1902.

1. John Noon, 20,290.
2. ~~Timothy Poole, 20,291.~~*
3.
4.
5.
6.
7.
8.
9.
10. ~~William Smith, 20,294.~~†
11. ~~Thomas Kelly, 20,296.~~ ~~Michael Ryan, 20,297.~~
12.
13. Thomas Toole, 20,299.
14. ~~William Callan, 20,301.~~ William Hay, 20,302.
15. Patrick Murphy, 20,303.
16.
17. Edward Barry, 20,305. ~~Joseph Troy, 20,304.~~
18. Michael Hayden, 20,308. ~~William Brown, 20,307.~~
19.
20.
21.

* Those names through which a line is drawn are discharged or dead.
† The Register numbers are not consecutive, because the list only includes males.

~~22.~~
23. John Byrne, 20,312.
24. ~~Charles O'Neill, 20,313.~~
25.
26.
27.
28.
~~29.~~ Thomas Cook, 20,318. Peter Mullen, 20,319.
30. ~~Edward Bird, 20,320.~~
31. Henry Morris, 20,323. Michael Doyle, 20,324. ~~Edward Jones, 20,328.~~

From this register one can rapidly find, on any given day, the names of those patients who were admitted on the day before the given day, on the same day of the week seven days before, fourteen days before, a month before, two months before, and three, four, six, nine, and twelve months before.

If one makes a list of the names so found, and makes a similar list on each succeeding day, one can be certain that each patient who has been admitted during the past year is on the list for examination and note-taking on the day after his admission, one week after admission, two weeks after admission, one month after admission, two, three, four, six, nine, and twelve months after admission.

In the second place, it is necessary to keep a second small book, which I call the "Chronic Register." In this book one page is allotted to each day of the year of all previous years, and on each day of the year are entered all the cases which were admitted to the asylum on that day of any previous year.

The following represents the entries for one day of the year of any previous year:

May 23rd.

James Smith (15,555). 1891.
~~Thomas Jones (15,557). 1891.*~~
Joseph Shane (16,966). 1894.
~~Bernard Robinson (16,998). 1894.~~
Patrick J. Stowe (17,889). 1896.
Adam Bede (18,240). 1897.
Sherlock Holmes (19,370). 1889.

* The name through which a line is drawn is that of a patient discharged or dead.

For instance, under the date May 23rd you will have the names of all the patients at present resident in the asylum who were admitted on May 23rd of any previous year. In making the list for examination for any given day, besides adding the names of any patients admitted on that day twelve months ago, it is necessary to transfer these names from the "Register of First Year" to the "Chronic Register."

To complete the list for examination for any day, say May 23rd, 1902, one takes from the "Chronic Register" the names found on the page allotted to May 23rd for all years, and on the pages allotted to February 23rd, November 23rd, and August 23rd of all previous years. In this way all chronic patients will appear on the list for examination every three months.

On the 30th April, June, September, and November the list for examination will always be a little larger, because the 30th and 31st of other months must on such days be taken as one day. And for a similar reason an enlargement of list must occur on the last day of February; but this increased list occurs on only five days in the year, and it is compensated for by decreased lists on the last day of the remaining seven months, which contain thirty-one days.

As the result, then, of making notes on the patients who are on the list for each day, obtained as I have described above, one knows that each patient has had a note made of him—

1	day	after	admission,
1	week	„	„
2	weeks	„	„
1	month	„	„
2	months	„	„
3	„	„	„
4	„	„	„
6	„	„	„
9	„	„	„
12	„	„	„

and every three months as long as he remains in the asylum.

Each asylum can easily vary the intervals between each note, and thus increase or decrease the number of reports on each patient. The number of names on the list will depend on the number of the patients and the length of the intervals.

In an asylum with 1000 patients the number on the list will vary between ten and twenty.

Any clerk, head attendant, or intelligent hall-porter can easily keep these two small registers, entering each day the names of the patients admitted, crossing out each day the names of those discharged or dead, and transferring each day names from the "First Year Register" to the "Chronic Register." The correction of the two registers and the making of the list for note-taking involve only a few minutes' work each day.

The list obtained, as I have attempted to describe above, is made out for, say, May 23rd, on the afternoon of May 22nd, and is placed in the attendants' dining hall, so that each charge attendant can carefully investigate the history of any of his patients, who may be on the list, during the period which has elapsed since his patients were last entered on the list.

Each charge attendant then writes a report on any patient in his ward who may be on the list, and in this report he enters the dates of each transfer of a patient from ward to ward, and the reason of the transfer, and he states any special events which may have occurred, such as accidents, attempts to escape, refusals of food, seizures and their number by night and by day.

He also gives a short description of the patient's conduct in the ward, of any peculiar habits, and mentions any prominent delusion or hallucination.

He also mentions whether the patient is receiving medicine or extra diet, and adds a note about appetite and sleep.

He reports in what manner the patient is employed during the day, and having weighed the patient he enters the weight in the report on patient.

The charge attendant enters his report on a printed form, and returns it to the office before eight o'clock in the morning.

In making his report on the patient it is necessary for the charge attendant to review each case in turn, and much valuable information is often obtained by the charge attendant which might otherwise have been lost.

Report on patient for period since last examination.

NAME, REG. NO. WARD.

1. Divisions in which the patient has been . . . .
   Date and cause of transference
2. State any special events :—
   Accident, escape, refusal of food, seizures, etc. . .
   Conduct in ward . . .
   Peculiar habits . . .
   Prominent delusions or hallucinations . . . .
3. Medicine
4. Sleep
5. Appetite
6. Extra diet
7. Weight
8. Occupation

Charge attendant, *Date,*

In each ward any patient who may be on the day's list is brought before the medical officer when making the morning round, and they are afterwards brought to the office, where the case-books are kept, for further examination, both mental and physical.

A copy of the list for the day is made in a book for the convenience of the medical officers, and when the medical officer has entered the record of his examination in the case-book he places his initials opposite to the patient's name.

By this periodical examination disease in its incipient stage is often discovered, and patients are afforded an opportunity of having their complaints investigated and their wants attended to, and it in no way interferes with, or takes the place of, the frequent recording of sudden changes and other interesting phenomena observed in the acuter forms of insanity.

The details of such a scheme are necessarily obscure when described in writing, but when put into practice no difficulty presents itself.

DISCUSSION

At the Meeting of the Irish Division, May, 1902.

The CHAIRMAN (Dr. Oscar Woods), in inviting discussion on Dr. Rambaut's paper, said that one knows how easy it is to forget the details of cases, and how

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desirable it is to have accurate notes made at definite times. He considered that if Dr. Rambaut's system proved to be easily worked, it would be a very great assistance.

Dr. NOLAN said that he had adopted this system, and that he found it easily worked and exceedingly useful. He regarded the training that it involved for the attendants as a most desirable feature.

Dr. CONOLLY NORMAN said that the form described by Dr. Rambaut had been devised by that gentleman, and had been in use in the Richmond Asylum since 1898. The speaker had formerly experienced the usual difficulties in having case-books kept systematically. In his asylum, as elsewhere, it not seldom used to occur that a chronic patient was lost sight of by the officer whose duty it was to make the notes. The speaker did not allow of notes made *post mortem* from memory or fancy and antedated, neither did he allow the note so dear to the official mind—"No change in this patient." So the case-books now and again presented a bald and barren appearance, and what was no doubt less serious from an official point of view, though in itself of some moment, took place—namely, certain patients were neglected. After much consultation and deliberation on the part of the medical staff, his assistant, Dr. Rambaut, hit upon the plan which was placed before them that day, which the speaker had immediately adopted. Since then no case is to be found in the asylum which has not been noted at the stated periods. Two things are required. The first is a statement of the patient's physical condition. This has frequently led to the detection of chronic diseases which under a less careful system might have escaped detection for long periods. As an example, a case may be mentioned of a tranquil dement who, after some sixteen years' residence in the asylum, was found on one of the periodic examinations to be suffering from early progressive muscular atrophy. Precisely when the disease began it was, of course, impossible to say, but it must have been between the dates of the ultimate and the penultimate examinations. The second matter insisted upon, even in the most "chronic" and "uninteresting" cases, is a definite statement of the mental symptoms found at the period of examination, and at the head of each page is a printed instruction that the note is not to consist of a diagnosis or an opinion, but of facts. Dr. Norman said: I wish to dwell for a moment upon this, because some years ago, when it was enacted in England that every patient should be re-certified every year, it was looked upon by a number of our colleagues as being an insulting and also a superfluous provision, and it was said that insane patients in an asylum no longer required to be certified. It has been found, I believe, to work very usefully, and it has insured that at least once a year in English asylums every patient shall be examined with the view of ascertaining whether he is insane or not, and that his mental symptoms shall be described in some detail. We have arrived at a similar result working from a different point of view, and I think it is a result that is very desirable. Another feature in our system is the note required to be made by the charge attendant of the ward where the patient lives. This note, on a printed form devised for the purpose, must be handed to the medical officer on the day when the patient's case is to be noted. Besides helping to ensure that nothing is forgotten, this procedure is useful by teaching the attendants what they as well as ourselves need to learn, *viz.*, that the "chronic" and "uninteresting" patients must be observed and noted; it keeps alive their interest in their cases; and, finally, from these attendants' notes very valuable information is often obtained.

Dr. MILLS said that the system was a most admirable one, and that the only barrier to its universal adoption would be the difficulty of securing the services of a clerk or hall porter who would be capable of keeping the registers.

Dr. DRAPES said that the system was excellent, and would tend to ensure the detection of the onset of an insidious disease. He, however, feared that in those districts where the people are comparatively illiterate it would be difficult to find attendants of sufficient education to make proper records.

The CHAIRMAN said that he would like to ask Dr. Rambaut how much time an assistant medical officer would take in writing up the notes on 400 cases; also whether there was any classification of the cases at the Richmond Asylum, *e. g.* into acute and chronic, so that one medical officer was responsible for the acute, and another for the chronic cases.

Dr. RAMBAUT, in replying, said: With regard to the first question as to the work of the hall porter or of the clerk, that only takes about three minutes

in the day; in the Richmond Asylum it is done by an intelligent hall porter, but if there was not an intelligent hall porter it could be done by the medical officer. I could make out the list for you now for any given day from these books in about three minutes. As regards keeping registers, it only means striking off those who die, and entering the admissions. I think chronic cases quite as important as the more acute forms of insanity. They may not need note-taking so often, but when notes are made they should be done with much care, and I think in that way locomotor ataxy, phthisis, and other diseases will be discovered very early, and also that cases of recovery will not be overlooked. Dr. Woods has asked how long would it take one medical officer in an asylum with 400 patients to write up the notes. It would take from two to two and a half hours. We have no very definite system of classification in the Richmond Asylum. Some of the wards belong to one medical officer and some to another, and hence each officer has a variety of cases. I thank you very much for the kind way in which you have received my paper.

The CHAIRMAN.—We are all very much indebted to Dr. Rambaut for the trouble that he has taken in bringing this matter forward, as it is very interesting and important.

The Treatment of Phthisis in Asylums by Urea and its Salts.

By J. LOUGHEED BASKIN, L.R.C.P., L.R.C.S.Edin., Assistant Medical Officer, Devon County Asylum.

THERE has been a considerable amount of attention called to the subject of phthisis in asylums lately, and since the publication of the report of the Tuberculosis Committee the subject has appeared in a broader light. Although much is being and has been done for the prevention of phthisis by means of the Sanatorium movement, and the varieties of the technique of hygiene which are included in that treatment, yet there are still many aspects of the disease (both in the sane and insane) which require precise investigation, such as the variations in the composition of the secretions and excretions when the body is in the state of phthisical toxæmia; the relationship of the tuberculous toxæmia to other toxæmias, such as the influenzal (27), gouty, etc.; the accumulation of toxins, and its relations to recurrent forms of disease. The number of deaths from tubercle here during the past year we find to be ten; in 1900 it was nine, and 1899 it was fifteen, so that from a percentage of 1·3 in 1899 it has dropped to 0·85 in 1901. On examining the position of this asylum in the tables drawn up by the Tuberculosis Committee (1) we find it tenth in the asylums in England and Wales which are classified under Division 1, which asylums have a tubercular death-rate of from

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