

IRISH DIVISION.

SPECIAL MEETING: MEMORANDUM TO THE CHIEF SECRETARY.

It having come to the knowledge of the Irish Division that the Ministry of Health "Irish Public Health Council," recently appointed, were at present dealing with matters possibly vitally affecting the interests of the insane poor and the future welfare of the Irish Asylum Service, it was decided to hold a special and urgent meeting of the Irish Division, so that a memorandum embodying the views of the members be placed, as soon as possible, before the Public Health Council, who had notified their willingness to receive a deputation from the Irish Division of the Medico-Psychological Association.

The meeting was held on February 14th, at the Royal College of Physicians, Kildare Street, Dublin.

Members present: John M. Colles, LL.D., K.C. (in the chair), Lieut.-Col. W. R. Dawson, Drs. M. J. Nolan, J. O'C. Donelan, Greene, H. Eustace, Irwin, H. R. C. Rutherford, O'Doherty, John Mills, Rainsford, Gavin, Benson, Leeper (Hon. Sec.).

The HON. SECRETARY stated to the meeting that the Parliamentary Sub-Committee of the Irish Division were directed at the autumn meeting to prepare a memorandum in connection with the proposed Public Health Council set up by the Ministry of Health, and present same to the spring meeting of the Irish Division. At the time it was not at all clear that this newly-appointed body intended to deal with the Asylum Service and matters in connection with the treatment of the insane. It having come to our knowledge that the Public Health Council was, however, now actively engaged in dealing with these matters, the Parliamentary Sub-Committee had drawn up a memorandum which they begged to lay before the members for consideration. It seemed to be of the utmost importance that the considered views of the members of the Irish Division should be laid before the Public Health Council before that body attempted to recommend legislation, especially as the Asylum Service had no representative whatsoever upon the Health Council, and had apparently been deliberately denied representation upon it.

Dr. Nolan had kindly drafted a memorandum which was submitted to the meeting and discussed clause by clause and finally adopted as amended by the meeting, and it was decided to accept the invitation of the Public Health Council and send a deputation to lay the important matters dealt with in the memorandum before them.

It was proposed by Dr. MILLS, Ballinasloe, seconded by Dr. H. EUSTACE, and passed unanimously, "That the following be asked to form a deputation and wait on the Public Health Council: Dr. M. J. Nolan, Downpatrick; Dr. J. O'C. Donelan, Richmond Asylum; Dr. Greene, Carlow; Dr. Martin, Letterkenny; Dr. O'Doherty, A.M.O., Omagh District Asylum; Dr. Rainsford, Stewart Asylum; Dr. Gavin, Mullingar Asylum; Dr. Leeper to act as Hon. Secretary."

Dr. O'DOHERTY wished a clause inserted dealing with the compulsory retirement of medical superintendents at an age limit. This was fully discussed, but not generally approved by the meeting.

MEMORANDUM OF THE IRISH DIVISION OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND RELATIVE TO LUNACY ADMINISTRATION IN IRELAND AND OTHER MATTERS AFFECTING THE IMPROVEMENT AND INCREASED EFFICIENCY OF THE IRISH ASYLUM SERVICE.

In connection with the proposed establishment of a Ministry of Health for Ireland, the Irish Division of the Medico-Psychological Association directs attention to the special needs of the Asylum Service in Ireland.

The care and treatment of the insane, as a branch of Public Health service, cannot properly fall within the ordinary scope of local government administration. The proportion of the population of Ireland concerned in this service is very large, the *personnel* of the staff employed very numerous, and the service itself is highly technical and specialised. This Division is convinced that the interests of the insane must suffer unless the Board of Health is in direct touch, through competent representation, with the governing bodies and medical officers of the Asylums.

It is submitted that this specialised service should be under the immediate control of a strong Lunacy Commission in analogy to the Board of Control in England—the Commissioners being associated with the Board of Health in whatever manner seems best calculated to ensure the general unity of control aimed at. The Lunacy Commissioners should be invested with adequate authority, and it would be possible (subject to the approval of the Lord Chancellor of Ireland) to place the Commissioners in such relation with the office of the Registrar in Lunacy that the position of the Commissioners would be fortified by the Lord Chancellor's judicial powers, and that the functions of the Board of Health, the Lunacy Commissioners and the Lord Chancellor's officers would be so co-ordinated that there should be no overlapping.

For very many years the law with regard to the insane in Ireland has remained practically unchanged, and it is only by good will on the part of all concerned that tolerable conditions are made possible in practice, not as the result of law, but in spite of it. It is eminently desirable that the law should be codified and brought up to date, but pending such codification legislation is urgently and particularly needed to deal with the following matters:

- (1) Affecting the patients more directly.
- (2) Bearing on the institutions for the insane.
- (3) Points primarily affecting the asylum officials.
- (4) Auxiliary asylums and "boarding out."

(1) AFFECTING THE PATIENTS MORE DIRECTLY.

Admission—Discharge—Transfer—Deportation—"Voluntary Boarders."

Admission.—It has been pointed out that the insane poor should not be treated as criminals to qualify them for the treatment of their mental disease. The use of the Dangerous Lunatic Form should be abolished, and patients admitted to asylums on an amended Form "D" or on an urgency form which shall be mandatory. In any event the word "destitute" in this Form "D" should be deleted, as it gives rise to many false declarations, and often operates against the interests of the rate-payers. The certification should be uniform. It is anomalous that while one certificate suffices for a pauper, a "paying patient" requires two medical certificates.

Mental Deficiency Act.—That an act on the lines of the Mental Deficiency Act, 1913, be extended to Ireland.

Voluntary boarders.—There seems to be no valid reason why similar facilities for the admission of voluntary boarders to private, county, and district asylums should not be extended to Ireland by legislation on the same lines that operated in England and Scotland.

An alternative legal designation, such as "county" or "borough mental hospital," might be arranged as in England.

Discharge.—Legislation should enable the resident medical superintendent to discharge patients for a prolonged period "on probation," and provide that such patients or their custodians should receive the grant-in-aid until such time as their names would be removed from the asylum register as "discharged."

Transfer.—Subject to an agreement between the committees of management of the asylums concerned, with the concurrence of the next-of-kin (if any), the Commissioners should have the power on the recommendation of the resident medical superintendent to transfer patients from one asylum to another for such a period as may be arranged, and renewed, if necessary, from time to time.

Deportation.—An Act should be introduced to extend to Ireland the provisions of the Act of Settlement in the matter of Deportation of Lunatics.

(2) POINTS BEARING ON THE INSTITUTIONS.

Establishment of Out-clinics—Paying Patients' Department—Affiliation with a Central Laboratory for Research—Affiliation with Special "Out-clinics" (Tuberculosis, Dental and Venereal)—Compulsory Acquisition of Lands for Asylum Farms—Reform as to the Granting and Removal of Licenses to Private Asylums—Need of Increased "Grant-in-Aid."

Out-clinics.—In connection with each asylum, consulting rooms should be provided (arrangements might be made for the use of the existing dispensaries)

where voluntary patients would get free advice from one of the asylum medical officers at certain stated times.

Paying patients' department in district asylums.—The committee of management should be empowered to have in each asylum a ward or division restricted for the use of patients paying *full cost* of maintenance, in which such patients would receive special dietary and clothing when not under treatment in the hospital division. Such a step would be the means of securing larger contributions for many patients than at present, when no differentiation is made between the paying, partially paying and non-paying patients.

The establishment of central laboratory for pathological research in mental and nervous disease.—Pathological research in insanity is lamentably lacking, and the optional clause in the Lunacy (Ireland) Act, 1901, relative to the support of such a laboratory should be made mandatory on county councils and a contribution levied from them, which, in addition to State grant from sums provided for pathological research, would suffice to set up a central laboratory in which the assistant medical officers of asylums should be required to attend during part of their study leave to study under the director's guidance.

Special out-clinics.—If tubercular, dental and venereal out-clinics are set up by the Public Health Acts, these clinics should be made available for the treatment of such patients in district asylums as, in the opinion of the resident medical superintendent, would be suitable cases for investigation and treatment.

Compulsory acquisition of lands for asylum purposes.—As asylum farms supply the institutions with food, etc., at first cost of production, and are a very great help to economical management and of importance to the well-being and improvement of the patients, it would be desirable that committees of management, subject to the concurrence of the Commissioners, should be empowered to acquire such lands as they may require approximate to or within easy distance of the institutions, under somewhat the same terms as lands can be taken for the purposes of the Labourers (Irel.) Acts. At present committees shrink from competition with the public.

Licence reform in case of private asylums.—The existing procedure has been compared as similar to that of the granting of ordinary publicans' licences, and licences should only be granted or renewed by the Lord Chancellor on the recommendation of the Lunacy Commissioners. Such licences should not be given unless the applicant undertakes to arrange for the insane no less medical care than is expected for the insane poor. No establishment for the insane should be without at least one resident medical practitioner.

Need of a subsidiary "grant-in-aid" from the Consolidated Fund.—The transfer of the 4s. "grant-in-aid" from the Consolidated Fund (under the provisions of the Local Government (Ireland) Act, 1898) eventuated in a considerable loss to the Irish district asylums, as has been repeatedly pointed out by the committees, who feel that they have a very real grievance under that head. As the "grant-in-aid" was originally given as a moiety of relief to the cost of maintenance, which of late years has nearly trebled, it would be but quite equitable to increase the grant proportionately to the existing high cost. A subsidiary grant from a non-fluctuating source should be given to make up such deficiency of the 4s. grant as may arise each year, and at the same time extra grant should be given in relief of the local rates. It is certain that for many years the cost of maintenance will be far in excess of any pre-war cost, and it would not be too much to ask the State to give a grant of 10s. per head weekly, particularly as there are so many senile cases in lunatic asylums, who would be entitled to that extent of State relief under the Old Age Pension Act had they not become insane. It must be remembered also that practically all the patients in district asylums would, if not insane, be the recipients of State relief under other Acts, such as State Insurance, etc.

(3) POINTS PRIMARILY AFFECTING ASYLUM OFFICIALS.

Qualification of Medical Officers—Special Study by Assistant Medical Officers—Training of the Attendant Staff—Amended Terms of Superannuation.

The medical qualifications of medical officers.—The enactments of the Local Government Act of Ireland, 1898, with reference to the qualifications and mode of

election of asylum medical officers (61 and 62 Vic., Cap. 37), should be retained. In the case of assistant medical officers they should be amplified. Newly appointed assistant medical officers should be compelled to take out some recognised special qualification in mental disease. In the interests of the insane the functions of the resident medical superintendents as the chief executive officials should be accurately defined and safeguarded. In the event of legislative changes provision should be introduced for safeguarding the asylum officials.

Study leave and salaries of assistant medical officers.—The assistant medical officers, all of whom in a limited service cannot hope to attain senior rank, should be placed on such terms as would enable them to keep up with general medical progress, and, if they so desire, to retire after a certain term of years, receiving a compounded gratuity estimated on their pensionable service. Meantime their salaries should be such as to enable them to marry, and they should be provided with suitable residence or rent in lieu thereof. The assistant medical officer, or, if more than one, the senior, should be entitled "deputy resident medical superintendent."

In connection with the foregoing suggestions the question of converting the asylum service into a national service might well receive consideration. Weighty arguments have been brought forward in support of this in the cases of the Poor Law service, and on grounds of efficiency might be argued with greater force regarding the asylum service.

Training of attendant staff.—Too much importance cannot be placed on methods to secure efficient attendant staffs, consequently the Commissioners should lay down such rules as to training and examination as would be calculated to secure men and women well fitted for their responsible task. It should be obligatory on committees to see that such rules are carried into effect. The staffs should be divided into two classes—"probationary" and "qualified or trained." Permanent appointments should be made only from the latter class, with due regard to age, health and general character.

Need of amendments to Asylum Officers' Superannuation Act.—In view of the fact that the terms of the Asylum Officers' Superannuation Act, 1909, were framed when the value of money was very considerably higher than the current rates, the Act requires amendment which was sought for even before the war, *vis.* the term of ten years' service, that on which the calculation for pension has to be made under the terms of the Act, should be reduced to five at most. Superannuation on the present terms would in some grades be altogether inadequate to meet the cost of subsistence.

(4) "AUXILIARY ASYLUMS" AND "BOARDING OUT."

Auxiliary asylums.—In the event of any other system for dealing with the so-called "harmless insane" being considered necessary, as, for example, in "auxiliary asylums" as proposed in the Local Government (Ireland) Act, the Irish Division of the Medico-Psychological Association is of opinion that any measure of success likely to be met with would be in the direction of creating such auxiliaries as special "departments" of the existing "district asylums." The combination of the establishment charges, the facilities for the more specialised treatment of the insane and the utilisation of an experienced resident medical staff would secure the most efficient and economical results. In many places the necessary accommodation would be secured by the adaptation of buildings in the neighbourhood of the asylum; many country mansions are now in the market.

"Boarding out."—The legislation necessary to permit of a trial of "family care" should certainly be enacted. Though there is much against its general success at the moment, yet at a time when domestic service is an acute problem, many patients might be located in suitable surroundings with advantage to themselves and their custodians. This applies more particularly to the agricultural class, which comprises the vast majority of district asylum patients. The wave of moral degradation which at present sweeps industrial centres renders the application of the scheme unsuited to them for the time being.

In conclusion the Irish Division of the Medico-Psychological Association desire

to reiterate in the strongest terms their conviction that a strong Lunacy Commission is essential to the efficient administration of everything connected with the care and treatment of the insane. They urge the constitution of such a Commission, and the enactment of legislation on the matters dealt with in this memorandum, giving the necessary legal machinery to initiate the many urgent reforms so long needed for the betterment of the insane and the general well-being of the community at large.

MENTAL DISORDERS: STUDY AND TREATMENT IN EARLY STAGES.

PSYCHIATRIC CLINICS.

To the Editor of the Times.

SIR,—Permit us through the medium of your columns to draw attention to the urgent need of reform in the methods of dealing with disorders of the mind in this country. The insane are still dealt with under the provisions of the Lunacy Act, 1890. In 1914 the Medico-Psychological Association of Great Britain and Ireland, after careful inquiry into the status of British Psychiatry, urged reforms in the methods of treatment of incipient mental disease, and the provision of facilities for study and research. In November, 1918, this Association adopted a report of a sub-committee appointed to consider the amendment of the existing lunacy laws. This report states that there are very few facilities for patients who are threatened with mental breakdown to obtain skilled treatment until they are placed under certificates under the Act, whereas the early symptoms of disorder often occur long before certification is possible; that, owing to treatment being delayed, the most valuable time for adopting measures to secure early recovery is lost; that the public, which is alive to the material and moral damage which certification often inflicts on the patient and his relatives, refuse to resort to it, even when it has become possible, and thus still further postpone the adoption of efficient treatment; that where certification has to be resorted to, the subsequent course of events often shows that this might have been avoided had there been facilities for treatment under other conditions; that many medical practitioners, having had no opportunity of gaining knowledge of the manifestations and treatment of mental disorders in their early stages, fail to recognise the seriousness of the condition, and are, further, deterred by the necessity of certifying the patient from advising suitable treatment.

The existing Lunacy Act, protecting, as it does, society, and safeguarding the liberty of the subject, allows insufficient scope for the treatment and cure of the patient.

The position—and we cannot believe that the public can be aware of it—is that a very large class of the community is debarred from obtaining advice and treatment (except such as can be given in an out-patient department, and even this provision is extremely rare), in the early stages of disease, and this owing to the operation of laws designed mainly with a view to protecting the interests of that class.

The proposals made by the experts composing this sub-committee to remedy the defects summarised correctly represent the view of all with practical knowledge of the subject. These aim at the provision of treatment in the early and curable stages of mental disorder without certification, which provision would be rendered possible by a short amending Bill to the Lunacy Act, embodying the reforms most urgently needed. The proposals are, in brief, as follows: The provision of clinics—the so-called psychiatric clinics—in large centres of population, and especially in connection with the general hospitals, and where schools of medicine exist; the extension of the system of voluntary admission (which now obtains in respect of licensed houses and registered hospitals for the insane), so that patients, whether of the private or rate-aided class, may place themselves for treatment in county borough mental hospitals; or further provision for the private patient class, so that, with the approval of the Board of Control, such may be