

lunacy or even with mental experts whose treatment of the case, or whose management of the institutions to which these soldiers are sent, may justify in the popular mind the painful association that an asylum entails. I have said that the ideal of the alienist is to bring all classes of mental disorder within his purview. The ideal for which a large number of Members of the House of Commons, and many outside the House who are associated with them, stand, is entirely opposed to this. It involves little or no change of treatment. It is a question of administrative policy. In this ideal two domains are recognised in the field of mental disorder, *the Hospital domain and the Asylum domain*. The characteristics of the former are the characteristics of any special department in general hospital practice—voluntary admission, voluntary residence, early and preventive treatment by medical specialists, absence of repugnance to patient or friends, and freedom from all suspicion of stigma. The characteristics of the asylum domain are: the strictest safeguards against unnecessary internment such as are implied in legal certification, compulsory incarceration and detention, and the inevitable and ineradicable stigma associated with the painful facts of compulsory detention and loss of liberty. Now between these two domains, according to this view, there is a great gulf fixed. They should be kept separate and distinct; and rarely, if ever, should an alleged lunatic be committed to an asylum until he has passed through, and not profited by, preventive treatment in the hospital domain.

“A very grave difficulty at present exists in the absence of such a hospital alternative. At present, when a person suspected of mental disorder is being examined, the examining physician must either certify insanity or freedom from insanity. If he certifies insanity and the patient is committed, the doctor accepts the grave responsibility of adding to that person and even to his posterity the stigma of insanity. If, on the other hand, he certifies freedom from insanity, he accepts perhaps a graver responsibility—that of giving a person his liberty who might commit suicide or homicide. It is not uncommon for the doctor to accept the lesser responsibility, and certify a doubtful or difficult case. If a third alternative existed, and a patient could be received into a preventive hospital for diagnostic observation and treatment, there is not the slightest doubt that a large number now certified as insane would be given the advantages which such a scheme would provide. If hospital provision such as I have described existed, the area of certifiability

would be immediately diminished, and a large number would escape detention and escape also the stigma attached to it. Asylums would then be relegated to their proper function of providing for confirmed or dangerous cases, and our best alienists would come into the hospital domain, enjoy the status, and do the very excellent kind of work that is now done by the specialists in our other great hospital departments. For this complete detachment of the hospital sphere from the asylum sphere in the treatment of those suffering from mental disorder many Members of the House of Commons have been contending for some time, and alienists can at this opportune moment serve the purpose of a great and much-needed reform if they lend their aid to a scheme that will protect the most afflicted of our people, and at the same time promote their own status and usefulness.”

### GAS POISONING.

Major Walter Broadbent, M.D., M.R.C.P., R.A.M.C. (T.), writing in the *British Medical Journal* on “Some Results of German Gas Poisoning,” says:—

“Cases of gas poisoning rarely arrive in this country until all the acute symptoms are over, but in the first days of the use of gas two men came under my care who had only been gassed a few days before. Their chests were full of fine moist râles, and there was great dyspnoea. Oxygen they did not like, but compound tincture of benzoin in a steam-kettle gave some relief. The thing, however, which did far and away most good was a big linseed poultice over the whole back. The men constantly asked for the poultice to be repeated.

“On admission neither of these men had any albumin in the urine, but a few days later in one of them albumin appeared and rapidly increased in quantity, the urine becoming very scanty. Epithelial and granular casts were present in abundance. The legs became oedematous and the face puffy. There was no rise of temperature. All the moist sounds in the lungs had in the meantime cleared up. The man was in the hospital for two months with very little improvement in the renal condition, and the oedema was still present. He then wished to be transferred to a hospital near his home.

“Since then I have seen three other cases of nephritis in men who had been gassed. One had uraemic headaches and early albuminuric retinitis. Obviously nephritis is one of the deadly sequelae of this gas poisoning.”

To nurses the care of these cases has been one of their most harrowing duties during the present War, as the agony of the sufferers is so intense. The news of any treatment which affords real relief is most welcome.

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