

## RESPONSIBILITY IN THE CARE OF INEBRIATES.

We have received copies of a New Zealand newspaper (*The Press* of November last), giving an account of the case of *McFarland v. Stewart*, tried before Mr. Justice Denmiston. The defendant had received the plaintiff's husband into his home for inebriates at Opawa, while he was in a state of delirium tremens. Apparently he had made a rapid recovery from his mental troubles, but within a few days of his reception found a pea-rifle in the hall, got a cartridge in the lavatory, and shot himself in the absence of the defendant's son, who had been instructed to look after him. He had previously, while still mentally affected, tried to cut his throat with a knife. The action was brought under the Deaths by Accident Compensation Act, 1880, to recover damages on behalf of the widow, and it was admitted that seven guineas a week was to be paid, as the patient required two attendants. The judge gave his decision in favour of Dr. Stewart, on the ground that no such negligence had been shown as would have entitled the deceased man to recover damages if he had merely wounded himself. As he had so much improved, the defendant was justified in relaxing supervision in the patient's interests. Some of the medical witnesses gave their opinion that the patient was sane when he took his life, and this also influenced the judge. *The Press*, however, expresses the feeling that the state of matters disclosed by the evidence is unsatisfactory. It is not satisfied that inebriates should be placed in private homes not subject to Government inspection, and animadverts on the dangerous nature of the weapons within easy reach, and on the facility with which the patient got whisky when he asked for it. It would appear that the Government has done nothing to provide institutions for the reception of habitual drunkards under their Inebriate Institutions Act of 1898. This is much in accordance with our experience at home, and *The Press*, in urging for the due application of the existing law with reference to the insane in private houses, makes the same demand as we have repeatedly found necessary here. Apparently insane persons are being kept in private houses which are not licensed under the Lunatics Act, and of which the Government has no official cognizance. In a new country special difficulties exist in meeting the wants of the insane of all classes, and for that and other reasons it is desirable that facilities for proper treatment should exist; but while interposing no incapacitating difficulties in the way of developing public and private asylums and suitable houses for single care, the Government should insist on knowing where every person of unsound mind is kept for gain. We firmly believe that the best results for the patients and for the public are to be gained by a system of healthy competition under the inspection of capable physicians. The haphazard methods which permit of acute alcoholic cases having access to sharp knives and loaded firearms constitute a grave scandal. The suicidal tendencies of such patients are well known, and their treatment by whisky as reported, although not unknown in less remote localities, will hardly bear repetition in far Opawa. We sometimes hear of the blessed facility in law-making in new countries, in disparagement of a slower legislative coach elsewhere; but the duties and responsibilities of Parliament do not end with the eruption of brand-new Acts. The more onerous and the more important matter comes later in due enforcement by properly equipped executors.

## ANTI-ALCOHOLIC SERUM.

The Paris Academy of Medicine is responsible for a newspaper sensation. At its meeting on the 26th December last, MM. Broca, Sapelier, and Thiébaud presented a paper on the discovery of an anti-alcoholic serum, and a committee has been appointed to investigate and report. The preliminary principle adopted by the authors is that in alcoholic intoxication, as in morphia intoxication, there is a period of gradual toleration, and of desire for the poison. Certain organic poisons form in the organism antitoxins representing elements of resistance to infection. These antitoxins injected into another organism place it in a position of similar resistance. The observers produced tolerance to alcohol in the horse by giving it by the mouth, and found that the serum of this horse injected into other animals rendered tolerant and fond of alcohol, produced in these animals a pronounced distaste to alcohol. M. Broca declares that the injections caused no

disorder in the patients experimented upon, and that each turned away in disgust from spirits which the stomach could no longer assimilate. The remedy, in addition, possesses powerful qualities of regeneration, due to an unknown substance called "stimulithe." M. Broca proposes that the serum should be named "Antiethylene," and is convinced that the committee will, by continuing the experiments, soon be able to define the new serum clearly. At present it seems to have no effect upon the organic changes consequent on chronic alcoholism; and the Academy has been informed that, while it abrogates the taste for brandy, the taste for wine is preserved unimpaired! Some of us are even yet unfashionable enough to prefer wine.

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#### ASYLUM CONSTRUCTION.

Many new asylums have been built within the last few years, and by an interesting return obtained by the county of Worcester it would appear that great consideration has been given to the problems of construction by local authorities. Comparatively few invited competitive plans. Most of the architects were selected, either on account of their eminence and experience, or on account of their local connections. The general rate of remuneration would appear to have been 5 per cent. Not a few appointed committees of inspection, and it is to be regretted that this course is not more commonly adopted. We are strongly of opinion that the medical superintendent should be appointed in the first instance, and that he should so advise his committee that they would proceed to the formidable task before them in the light of his knowledge of special requirements, and with him to advise as to which of the existing institutions should be visited. Progress in this direction has been mainly on the initiative of the medical superintendents, and each should, in so far as possible, develop ideas in building and construction. We are glad to note that the acreage held by the committees of recently erected asylums is on the whole satisfactory, although there are still too many content with fifty or sixty acres. The cost per head calculated on the number of patients is stated at sums varying from £150 to £420. These calculations and returns, however, must be received with caution, for there are so many considerations entering into the question that economical management in one locality might be the very reverse in another.

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#### COMPLIMENTARY.

##### PRESENTATION TO SIR JOHN SIBBALD.

At a meeting of Sir John Sibbald's friends in February of last year it was resolved to present him with his portrait, painted by the President of the Royal Scottish Academy. On the 22nd of December last the presentation was made in the Royal College of Physicians in Edinburgh. The Master of Polwarth occupied the chair, and before calling on Dr. Yellowlees made complimentary reference to Sir John Sibbald's work in connection with the Lunacy Board.

Dr. YELLOWLEES, who spoke in the unavoidable absence of Sir William Gairdner, in the course of his remarks said—I recall a great many memories in going back over Dr. Sibbald's career. I remember him long ago when he went to be resident physician at Perth Infirmary. Afterwards he went to be resident in Brompton Consumption Hospital. He was nearly settling down as a London practitioner. Happily he did not do so, but took to the line in which he distinguished himself. Of all the memories by far the most vivid are those associated with Morningside. I look back on that as the best period of my life. But if I once began with reminiscences I should not know where to stop, although we have scarcely ever met without recalling reminiscences of these days, and of our honoured chief, Dr. Skae. After that memorable time Dr. Sibbald went to Lochgilphead Asylum. That asylum was opened and organised by him. Sir John Sibbald, I am sure, will be the first to acknowledge and recognise that his experience there was invaluable in future administrative work. I remember him leaving that post to become deputy Commissioner, and the long years of earnest and unobtrusive work he did in that