Obituary

DUDLEY W. BUXTON, M.D., M.R.C.P.

Consulting Anaesthetist to University College Hospital and the Royal Dental Hospital

We regret to record the death of Dr. Dudley Buxton, on June 28th, on his seventy-sixth birthday. He will be remembered by many doctors throughout the world for the work he did on anaesthesia, a subject which he made his life's study.

Dudley Wilmot Buxton was the second son of H. Wilmot Buxton, barrister-at-law, and was educated privately and at University College, London, and University College Hospital. He obtained honours in the M.B. and B.S. examinations in 1882, taking the M.D. in 1883 and the M.R.C.P. in the following year. After resident posts at University College Hospital, he worked for a time with Sydney Ringer, who was professor of medicine at University College. Their work was on the action of certain drugs on the heart. At this time he edited the fourth edition of Waring's *Therapeutics*. Starting the practice of anaesthetics in the early 'eighties, he confined himself to this subject from 1885 onwards. His early writings show his desire to investigate the scientific administration of ether and chloroform. His first publication in the *British Medical Journal*

(September, 1885) was entitled "The practice of artificial anaesthesia, local and general, with special reference to the modes of production and their physiological significance." Nitrous oxide, ether, and chloroform attracted his attention in turn, and he made important observations on each. His work on nitrous oxide was largely due to an extensive experience at the Royal Dental Hospital, and in private practice for dental extraction, and to him is due the introduction of "continuous nasal gas." He was a strong advocate of the gas-ether induction for general anaesthesia, but lately employed Shipway's apparatus. His work on colonic ether received little attention, but the recent development of avertin rectal anaesthesia was of great interest to him, and he felt that his early work may have influenced its introduction.

In 1901 the British Medical Association appointed Buxton honorary secretary of the Special Chloroform Committee, which issued an extensive final report in 1910. The particular subject of investigation was "To investigate methods . . . and to determine what is the universal dose of the drug (chloroform) which would secure an adequate anaesthesia for operations and at the same time not endanger life." As the outcome of this report,

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Dudley Buxton advocated the Vernon Harcourt apparatus, particularly for cerebral surgery. He had previously served on the Association's Committee on the Effects of Anaesthetics, appointed in 1891, and was a member of the Metropolitan Counties Branch Council from 1895 to 1898. His *Anaesthetics* reached its sixth edition in 1920, and is better known than the many monographs which he wrote in a literary style too rare amongst medical writers. He was anaesthetist to University College Hospital and the Royal Dental Hospital until his retirement in 1919, and had been anaesthetist to the National Hospital, Queen Square, and the Hospital for Women, Soho Square. During the great war he was anaesthetist to King George V Hospital. He was at one time president of the Society of Anaesthetists, of the Section of Anaesthetics at the Annual Meeting of the British Medical Association at Liverpool in 1912, and of the corresponding section at the International Medical Congress in London in 1913.

As a teacher of anaesthetics Dudley Buxton's influence was considerable, and his great desire was that the doctor going into practice should have a competent knowledge of his subject, the teaching of which was neglected until the latter part of the last century. During his busy years he had a host of friends—surgeons with whom he worked, doctors who came to learn from him, and patients who appreciated his skill and his kindly words before the induction. He was one of the first anaes-

thetists who insisted on visiting a patient on the day before the operation if the case was likely to be a difficult one.

His interests, apart from anaesthesia, were mostly of a literary nature, and he was fond of his country cottage. After his retirement from London he lived in a house he had built in 1903 near Boxmoor. Of late years he took a warm practical interest in the work of the West Herts Hospital, administering anaesthetics and teaching the nursing staff. The welfare of nurses he always considered, and many will remember his parties for nurses from University College Hospital every summer.

He married Louisa, daughter of the Rev. Thomas Grey Clarke, in 1884, and his three sons survive him.

JOHN CARSWELL, F.R.F.P.S.GLAS., L.R.C.P.ED.

Late Medical Commissioner, General Board of Control, Scotland

By the death of Dr. John Carswell, formerly Commissioner of the General Board of Control for Scotland, on June 20th, at the age of 75, a distinguished and well-known figure in the world of psychological medicine has passed away.

John Carswell was born in Glasgow, and came of West

Highland stock. He studied medicine in his native city, and qualified in 1877. His first appointment, which gave a bias to his medical interests in after life, was that of assistant to Dr. James Rutherford, then medical superintendent of the newly erected Glasgow Mental Hospital, Woodilee. Dr. Rutherford was a man of original ideas and of forceful character. He was a pioneer of many movements for the greater freedom and better treatment of those suffering from mental disorder which became recognized features of Scottish procedure, such as the abolition of the "airing-court system" (there have never been any airing courts or padded rooms at Woodilee), the policy of the "open door," and occupation. From him Dr. Carswell obtained much of his inspiration.

Leaving Woodilee, Dr. Carswell was appointed a medical officer, first of the Barony and then of the Glasgow Parish Council. This office provided him with exceptional opportunities for the study of social questions, in which he took a deep personal interest. He devoted special attention to the condition of the homeless poor, to the question of the control of inebriates, and to the simplification of the procedure for dealing with mental disorder. He next induced the Glasgow Parish Council to place under his sole charge the certification of all alleged insane persons in a parish with a population of 600,000. This gave him a position and an experience unique in Great Britain, and he at once found grave anomalies, against which his rational and independent spirit rebelled. He found that cases of delirium tremens among the poor could only receive adequate treatment if certified insane and sent to the mental hospital, although they might be ill for only a week or two, and that cases of mild and incipient mental disorder, which from his personal experience he knew would also recover soon, had to submit to the same stigma of certification. The legal aspect of these cases, not their medical treatment, was evidently the paramount consideration. Further, he found that legal certification stood in the way of every attempt at early treatment, for the friends of those suffering from mild and early forms of mental disorder would not allow them to be certified.

Glasgow solved these problems by providing wards for the treatment of such cases in a new general hospital at Duke Street, and by placing these under the care of Dr. Carswell. There was thus initiated in 1890, by the inspiration of Dr. Carswell, the practice of treating early and recoverable cases of mental disorder without legal procedure or certification in the wards of a general hospital, but under the care of an experienced psychiatrist, assisted by trained mental nurses—a method of dealing with such cases now made permissible in England, and advocated under the provisions of the new Mental Treatment Act. The idea that the treatment of mental derangement without certification and legal intervention is a menace to the community in these days is a relic of the past, the bogey of a Victorian novelist (Charles Reade), from whose writings (*Hard Cash*) the public still accepts its information on mental treatment, in spite of the investigations of a parliamentary committee and of a Royal Commission; neither of which found a single sane person detained in any mental hospital.

In contemplating these developments one cannot avoid being struck by the great influence that Dr. Carswell must have exercised over the Glasgow Parish Council, and the confidence it must have reposed in him. He was loyally seconded by Mr. Motion, the inspector of poor. By careful study as a young man Dr. Carswell had developed into a very ready speaker. He was gifted with a logical and argumentative mind, and marshalled his facts in the most effective manner. His choice of words also was accurate, exact, and most appropriate. It is therefore not surprising to know that in 1896 he became a member

of the Town Council of Glasgow, and he was able to make his influence felt over lay circles in a way that is seldom possessed by a medical man. All this was for the public good, because no one had a deeper or a fuller insight into the sufferings of the poor in sickness and in domestic difficulties than Dr. Carswell, from his personal experiences, and no one approached the solution of these with a clearer or more sympathetic mind.

Dr. Carswell, owing to his definite opinions and to the clearness with which he expressed them, was often employed in medico-legal cases, but the most interesting and dramatic case in his career was one in which he was involved himself. A Clyde pilot brought an action against Dr. Carswell and another physician for wrongous and careless certification. The pilot lost his case and appealed to a higher court, where the case was again given against him. It is interesting to record as evidence of the satisfactory methods employed in Scotland that this is the only action against a physician who has certified a patient ever brought into court since the Scottish Lunacy Act was passed in 1887, and, as is recorded, it was lost. The Clyde pilot was not satisfied with the result of his lawsuits, and determined to bring Dr. Carswell into court again, where he would be compelled to admit that the pilot had always been a sane man. He bought a revolver and fired three shots at Dr. Carswell, wounding him in the thigh. At the trial the Crown alleged that the prisoner was insane; but, for the defence, two physicians were prepared to say that he was not insane. The jury took the latter view, and found that he was not insane, and was guilty of an assault. The judge, Lord MacLaren, said that in effect the finding was one of common assault, but he would not take it from any jury that a man could buy a pistol fit to kill, and fire it three times into the body of another man, with the idea of inflicting only slight injury upon him, and he therefore sentenced him to penal servitude for ten years. As a matter of fact, one of the bullets passed within an eighth of an inch of the femoral artery. The prisoner was first sent to Peterhead, there found to be insane, and then placed in the criminal lunatic wards of Perth Prison, where he died insane.

Dr. Carswell was lecturer on mental diseases at the Anderson College Medical School. In 1924 he was appointed Maudsley lecturer of the Royal Medico-Psychological Association, and in 1928 Morison lecturer to the Royal College of Physicians, Edinburgh. He was interested in the problems connected with inebriety, in the views upon uncontrollable impulse and responsibility for crime, and in the physiological aspects of the causation of mental disorder, but he had little sympathy with psycho-analytic theories. In 1914 he was appointed a Commissioner of the General Board of Control, and retired about ten years ago.

Dr. Carswell's name will be remembered in the history of psychiatry for the practical measures he induced the parish of Glasgow to take to simplify and improve the early treatment of the mild and recoverable forms of mental disorder. These measures were afterwards adopted in other cities, and they played an important part in effecting changes in our laws, especially those of England. Every reformer will understand the amount of inertia that had to be overcome by him, some of it due to apathy, some to ignorance, and much more to the conservatism of human nature, and will ever hold Dr. Carswell's labours in very high honour. His home life was a happy one, and he was ably supported by Mrs. Carswell in all his difficulties. The one great blow in their lives, from which they never completely recovered, was the loss of a son in the war. He also leaves a son—a barrister—and a daughter, both of whom have literary tastes.

GEORGE M. ROBERTSON.