

difficulty is experienced with such affections as progressive paralytic dementia, syphilitic disease of the brain and membranes, alcoholic degeneration and dementia, with paralysis from local lesions, or circumscribed brain lesions, with dementia and paralysis (from softening, from hæmorrhage, embolism, or thrombosis).

In conclusion, gentlemen, I would submit, with all due deference to the various learned authorities upon this intricate subject, two points for consideration, viz. :—

(1.) Whether the term general paralysis is entirely satisfactory, and not merely a term having, at least in some hands, convenience as its chief recommendation. I, for my part, regard the term as applicable theoretically to a certain number of cases only, and possibly its practical application to these cases may still be deemed advisable. If, as an alternative, it may be thought better to adopt such terms as progressive paralytic dementia, and to differentiate the varieties of this affection, my remarks may have been of some slight use. If not, they are premature, and not likely to prove beneficial.

(2.) Whether by viewing general paralysis as an entity, or whether by differentiation and undermining the fort with a view to later storming, we shall be the better able at least to avoid the danger of false prediction as to the course of the disease. Numerous instances occur in which questions of the administration of property are dependent upon the recognition of the probable course and duration of the disorder. I for my part believe that the "glorious uncertainties" of the disease will gradually disappear as we succeed in limiting and defining its numerous contents.

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*On the Increase of Insanity, and the Boarding-out System.*

By DR. J. BRESLER, Freiburg in Silesia.

Public opinion will have it that this is a neurotic age, and that insanity is increasing year by year. The facts which have called forth this opinion, and appear to confirm it, are not by any means flattering to our civilisation or to the resistive power of latter-day humanity. The multiplication of asylums, and the numerical increase of the insane written large on the statistical returns of every civilised country during the past decade, apparently admit of no dubiety in regard to this question. It is necessary, therefore, that we

should scan these facts more closely, and thus endeavour to ascertain if the increase of lunacy is real or assumed.

In England, where the statistics of lunacy have been collected with the greatest accuracy for the last half century, in 1859 there were 18 lunatics per 10,000 inhabitants, a proportion which had risen to 30 per 10,000 in 1892. In 1869 there were four persons admitted to asylums per 10,000, compared with six in 1892. A retrospect of the history of lunacy during the last hundred years enables us to set a proper value on these comparative figures.

Just as the word *crazed* (*verrückt*) still remains a common term of contempt, so, until the beginning of the nineteenth century, there was in regard to insanity a prevalent feeling of horror or scorn, unalleviated by sympathy or the true idea of mental disease. Those of the insane who were not considered dangerous served as a sport to mischievous children or suffered from the thoughtless brutality of their elders. Those who were evidently dangerous were credited with *malice prepense*, were scourged, fettered, and maltreated. In the madhouses they fared even worse than criminals did in the gaols. A new field of activity was opened up for humane effort by the exertions of men who had awakened to a more correct knowledge of what were the underlying truths of insanity. Prejudice has been so far overcome that asylums are now recognised as hospitals for the special treatment of mental diseases, and their population is no longer entirely composed of those whose malady has brought them into conflict with the criminal law. They contain inmates who have been brought for treatment—those who formerly escaped statistical numeration. The increase, therefore, is merely a record of the statistical material brought under review, and by no means a record of the absolute number of insane. Similarly, we note the influence of modern ideas on the guardians of the poor. The guiding principle of treatment in former times was to render the dangerous harmless, now the rule is to protect the helpless. It may be stated generally that 60 per cent. of all lunatics require to be segregated in asylums, because of their constituting a danger to public safety, order, and morality. The remaining 40 per cent. are similarly detained because they would be at serious disadvantage in the outer world. The number of patients committed to asylums has, therefore, increased enormously of late years, and new asylums have become necessary in proportion. This is true of all civilised coun-

tries, although there are notable differences in detail. In England, for instance, 90 per cent. of all lunatics and idiots are cared for in asylums, whereas in East Germany the percentage does not rise to more than 30. A study of the English statistics satisfies me that the figures applicable to recent years show a certain stability in the number of the insane. It could not well be otherwise with such a high percentage under care, and an up-to-date medico-psychology apparently meeting every need.

The diminished mortality of modern asylums also contributes to this apparent increase. The length of residence is greatly prolonged, and it is by no means uncommon to find patients who have lived for 40 or even 50 years in one asylum. What untold conflicts would such patients have to endure if exposed to the fierce battle of life, even if they were able to gain a bare subsistence! How often did they perish in bygone days when uncared for and therefore lost to statistical inquiry!

Another point on which one must lay some stress is the greater care exercised in home life, owing to the recognition of the fact that certain nervous disorders are communicable. To take an instance, chorea or hysteria occurring in one member of a family exposes the others to risks of what has been called "psychical infection." Their segregation is demanded, and although they may be only on the border line of insanity, their maladies bring them under statistical review.

I conclude, then, that experience teaches that there is no increased diffusion of mental diseases, no greater tendency towards insanity, no incipient degeneration of the civilised races. I rather believe that we have evidence in this apparent increase of a higher appreciation of the truth as regards psychical disorders, and a progressive advance in the humane treatment of suffering mankind; and, therefore, a forward stride in the march of civilisation which is by no means to be despised.

While this is generally true, we are, unfortunately, not arrived at such a pitch of perfection as is eminently desirable. The scandals connected with the treatment of patients in the Marienberg Monastery demand, and have received, public attention. A stern demand for reform has been made, and it is only too evident that reform is still urgently required in such an institution. The manner in which insane patients are treated is an affair for their sane fellow creatures. It is

a plain duty to render their unfortunate lot as endurable as possible. It is now generally admitted, notwithstanding the stigma of the Mariaberg affair, that a benefit has been conferred on an insane patient when he is placed in a properly conducted asylum, although thereby he is robbed of freedom, his dearest possession. To restore this freedom is the ideal of modern psychiatry. We are desirous of leading back to a life of freedom even those whom medical science has deemed incurable, still more those who may yet be restored to health.

Man accomplishes most in a state of freedom. An insane patient thus regains his social feeling of responsibility, the feeling that as a member of the human family he has rights and duties. During long residence within an asylum his self-consciousness, which may have become weaker owing to contact with degraded patients, or to a condition of anxious excitement, assumes its proper condition once more when he is restored to the cheerful stream of sane life. The monotonous surroundings of an institution are exchanged for a more natural *entourage*, and there may be a joyful re-awakening of early memories, sensations and inclinations. Employment and the feeling of usefulness encourages an interest in the proceedings of the outer world. The endeavour to restore all this to insane patients found its realisation when it was resolved to place them in family care under conscientious and responsible guardians and efficient medical control.

The oldest colony of the insane is at Gheel, in Belgium, where tradition relates that for many hundred years St. Dymphna conferred recovery on the insane brought to her shrine. In the year 1850 this colony was placed under medical supervision, and now receives some 1,900 patients. It must be allowed that the aggregation of so many patients is a serious defect in a system which otherwise presents many features of excellence.

In Scotland *family nursing* of insane patients, in the best sense of the term, deserves its name. The General Board of Lunacy is charged with the supervision of the insane, whether they are placed within or beyond asylums, and relative statistics have been accurately presented for a period of nearly 40 years. On the 1st January, 1894, the total number of lunatics thus reported upon in Scotland was 11,041, and of these 2,565 were boarded out in families, not including 122 on probation.

In Germany a similar system of administration has been in force for some decades, but only in localities where it has been reserved for those discharged from asylum care as not requiring such treatment any longer, and for certain cases never subjected to asylum control. Nearly all such cases are under the observation of asylum physicians, are always in contact with the asylum, and are generally lodged within the shadow of its walls.

Bremen first led the way, and imitates the Scottish system in so far that insane patients may be boarded out if they have passed a period of 14 days' observation within the local asylum. The cost amounts to 12s. to 28s. a month, as may be found appropriate in view of the mental state of each patient. There is a quadruple system of supervision; the officials of the Bremen Poor Law Authority and a medical man make frequent visits, even weekly. In this case the treatment is entrusted to the medical principal of a private retreat, and not to the asylum physician. In the neighbouring villages 47 women and 28 men were boarded out in the year 1892. The good-natured character of the simple and far from wealthy peasantry is peculiarly well adapted for the care of the insane; but there is one serious fault in the Bremen system, viz., the choice of suitable patients is made by the Poor Law Authorities and not by the physician, so that it often happens that the wrong patients are selected.

In Hanover the results of boarding out are decidedly encouraging. The Provincial Council have made it a custom to hand over suitable patients to Dr. Wahrendorf, the proprietor of the Private Asylum at Ilten, whose professional position merits the fullest confidence, who has an intimate acquaintance with the rural population about his doors. He observes the case in the asylum wards, selects a suitable guardian, superintends the subsequent treatment and the eventual discharge or re-admission of the patient. There are about 120 male patients now boarded out in the parish of Ilten, at £13 10s. per annum each. The sane population are comfortably well off and maintain an intelligent interest in the work.

Berlin introduced this method of dealing with the insane in 1885,\* and there is a general consensus of opinion that, in spite of some mishaps, there is every reason to be satisfied

\* See "Journal of Mental Science," Jan., 1895, article by Dr. Sibbald.

with the new departure, and to enlarge the area of its operations.

In Silesia this system has been in operation in connection with the Provincial Asylum at Bunzlau since 1886. In a neighbouring village there are 25 patients so maintained at a cost of 9½d. a day, a charge considerably less than is required for the asylum. The patients are visited every week by the physician and head attendant, their rooms are inspected, their food is weighed once a month. The results are reassuring and testify to the vitality of the boarding-out system.

In East Prussia the asylums of Allenberg and Kortau have adopted a similar plan, and have boarded out 37 and 15 patients respectively. The number of suitable cases has proved to be very small in that locality, but the system has abundantly vindicated its *raison d'être*.

I believe that there are not more than five or six patients in every hundred at present detained in German Asylums suitable for this mode of care. But although from this point of view it is not an important numerical factor, it must be observed that experience in Scotland and in Bremen shows that eventually it will assume large proportions. It must be kept in mind that the primary intention is not to relieve asylums or to attain a parsimonious economy, but rather to ensure the welfare of the patient and to advance humane principles of action. So it will remain. No doubt the wider application of this system will increase the number of lunatics reported upon by State authorities, and the cry will be raised that insanity is increasing as care and treatment improves. Just as the asylum physician is often harassed by being obliged to isolate excited patients—a system which can never be altogether departed from, although rest in bed may possibly be sometimes sufficient—so now it is the endeavour of our foremost men to extend medico-psychology across the narrow boundary of the asylum walls, and to open up the treatment of insanity to the world of humanity. To which end, indeed, a wise organisation is the first necessity.

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