

other hand, the present translation will provide an excellent and convenient summary of the whole historical development of the subject.

BERNARD HART.

Part III.—Epitome.

Progress of Psychiatry in 1909.

AMERICA.

By Dr. WILLIAM McDONALD, Jun.

It has not always been an easy task—this preparation of the American section of the epitome on psychiatric work. Year after year the writer has paused before that word "*Progress*" with a big "*P*," obsessed by the limitations which it places on the subject-matter, perplexed at his inability to sift the wheat from the chaff, and to delineate clearly in all the activity called psychiatric only those features which surely made for progress.

This year, however, no such doubts assail, for there is evident in this country, as probably in all civilised parts, a reawakening to the needs of the mentally afflicted, while a broad and powerful current of earnest endeavour is bending toward the bettering of the insane and the prevention of insanity.

While there is still the same interest in the scientific problems of abnormal mental action, psycho-analysis, diagnosis and classification, there is a distinct departure from excessive meddling with the more fanciful and finical of pure theoretical considerations, and a corresponding setting out upon work of a practical nature.

Clinics, institutions, reception wards, out-patient work, laws for commitment and protection of the insane, interest in juveniles, alcohol and immorality as causes of insanity, after-care, means of preventing insanity—these and many others are matters which are now occupying the attention of psychiatric workers, and, better still, of a vast army of philanthropic laymen.

The public is awakening to its dangers from, and duties toward, the ever-increasing body of the aberrant.

Strangely enough, the greatest apathy has been met with among the general medical practitioners, whose lack of interest has not only proved a decided hindrance to advancement, but whose unpardonable ignorance of mental diseases has at times led to out-and-out active obstruction to the strivings of those who are alive to the campaign. Many physicians still look upon hospitals for the insane as they were regarded fifty years ago, and, unconscious of their backwardness, consider the commitment of the insane as a matter of abstract justice rather than as concrete opportunities for the application of modern mental healing. And so, in a recent attempt in Rhode Island to divorce the commitment of the insane from the police court, we were astonished to find some of our own brother practitioners loudly proclaiming the sacredness of human

liberty standing in the way of the proposed changes in the law, and even advocating a turning back to the former necessity for a court commitment in every case where treatment in a hospital for the insane is desired.

It were well, therefore, if the American Medico-Psychological Association would follow the lead of the Medico-Psychological Association of Great Britain and Ireland in suggesting a curriculum and diploma in psychological medicine "for the more efficient teaching and training of the coming generation of alienists," and would, moreover, suggest such changes in the ordinary medical curriculum as might prevent the graduation of men ignorant of the rudiments of modern psychiatry.

For any individual to attempt, in an article such as this, to call attention to every movement indicative of psychiatric progress in a land so broad as ours would be presumptuous. Even omitting South America, Mexico, and Central America, whence reports indicate a budding of modern psychiatric ideas (Brazil and Chili leading the advance), to mention the work of every State in the Union is impossible, both from lack of space and lack of knowledge on the part of the writer. A brief reference to the reports from a few States may serve as an index of what is going on throughout the country.

In little Rhode Island we have had our troubles. In a State which, in its proportion of insane persons, ranks second in the United States, the legislature has been grossly negligent in its provision for the insane until, with every available spot occupied in the State Hospital, the conditions have become intolerable. Now, however, we have hope of better things, for \$225,000 has just been appropriated for a new reception ward in connection with the State Hospital for the Insane.

Reference has already been made to the movement on foot in Rhode Island to do away with the required warrant and police court commitment of the indigent insane, together with the barbaric wording of that warrant to which every such patient must listen: "You are charged with being an insane person."

For persons able to pay board a private commitment is available, and the laws in many respects are of the best. We are, however, somewhat anxious lest in the agitation for still further improvement we may have taken from us that which we already possess.

New York State, as usual, is setting the pace in all that is new. *The Survey*, vol. xxiii, No. 14, contains an account of the new Neurological Institute of New York City which was opened November 29th, 1909. I take the liberty of quoting a brief characterisation of the new hospital, written by Adolf Meyer in a private letter in response to my request for the latest news from New York State.

"The latest and best thing out," he writes, "is the Neurological Institute . . . the most active little hospital for nervous and mental cases I have ever seen, with an extensive dispensary and seventy beds filled. It was especially designed for patients with "so-called functional, curable, nervous and mental diseases," and from all accounts it is wonderfully equipped for both study and treatment."

The New York State Charities Aid Association has a bill before the legislature which will permit the treatment of drunkenness as a disease rather than as a crime. The plan is described briefly in *The Survey*

(vol. xxxiii, No. 21) as, "a follow up, progressive treatment of the inebriate, with probation for the first offence, a farm institution for later offences, with an indeterminate sentence which may be imposed by a board of physicians on application of the patient himself, a relative, the commissioners of public charities, or the trustees of Bellevue."

There is also on foot in New York State another plan which seems to promise further advancement toward the ideal humane treatment of the insane for which we are all looking and longing. This plan proposes to transfer, from the poor-master, the constable and the police to the health officers, the duties and responsibilities relating to the care and commitment of insane persons.

The change is suggested because of the unnecessary aggravation of symptoms which arises from the methods of the constable and poor-master in cases where the attention of physicians and nurses is required.

Without criticising the care of the patient after commitment, Dr. William L. Russell (*New York Medical Record*, January 22nd, 1910) calls attention to two special reports issued by the Commission in Lunacy, which show that "even in the Borough of Manhattan in New York City, where the work is in most respects managed well, 55 *per cent.* of the cases obtain hospital care only through police channels," and that "altogether in the whole State, exclusive of Greater New York, about 35 *per cent.* of the cases admitted to the State hospitals in a year, or about 1000 insane persons, had, previous to their admission, been confined in gaols or lock-ups, or subjected to gross neglect or ill-treatment at home."

In Massachusetts a purpose somewhat similar to the above, but with quite a different proposed method of accomplishment, is exhibited by a Bill before the Legislature—"Relative to persons suffering from certain mental and other disorders or diseases in the city of Boston."

The Act orders that "all persons suffering from the disorders hereinafter referred to, now under arrest or who may come under the care and protection of the police of the city of Boston, and who, owing to the lack of suitable building or wards, are at present placed in the city prison, the house of detention or the house of correction at Deer Island, pending a medical examination and transference, shall be taken directly to the Psychopathic Hospital for examination when said hospital has been completed, etc. . . . If after examination the physician in charge of the Psychopathic Hospital decides the case to be one of delirium tremens, he shall not be obliged to admit patient to said hospital, but otherwise said hospital shall admit and observe or care for all persons suffering from delirium, mental confusion or delusions and hallucinations until such persons can be transferred to the hospitals or institutions appropriate in each particular case, etc."

Dr. Adolf Meyer writes that the plans for the Phipps Psychiatric Clinic to be erected in Baltimore, Md., are about being accepted, and that construction should now begin.

On February 1st, 1910, Dr. August Hoch succeeded to Dr. Adolph Meyer's position as Director of the Pathological Institute of New York State at Ward's Island.

Dr. E. E. Southard was appointed on May 1st, 1909, pathologist to

the State Board of Insanity, Massachusetts, with the duty of supervision of the clinical, pathological, and research work of the institutions for the insane, feeble-minded, epileptics, and inebriates under the general charge of the State Board of Insanity. This position carries with it no direct control of the medical work of the institutions, but grants the right of visiting the institutions, investigation, and recommendation under the Board of Insanity.

Dr. E. E. Southard was appointed Bullard Professor of Neuro-pathology in the Harvard Medical School, September 1st, 1909. The terms of this professorship are as follows :

“This professorship shall embrace study, research, investigation, and teaching in relation to disease of the nervous system, whether functional or organic, and shall include not only the affections ordinarily classed under neurology, but all diseases and disturbances, both those classed under psychiatry and any others that may exist. The methods and detail of work under this professorship are not restricted. It should include any form of research and investigation which may lead to the increase of knowledge of nervous and mental disease. It comprises the comparative study of these diseases in animals and all other living forms.”

BELGIUM.

By Dr. JUL. MOREL.

The asylums for the insane, since their transformation, have become veritable hospitals; and the medical work, especially as regards the curable and improvable cases, approaches that of the ordinary hospital. The result is that the insane in all modern asylums are cared for and observed day and night, as in a hospital, and assiduous nursing is given alike to the excited, agitated, degraded, paralytic, turbulent, destructive, suicidal, etc.

Great Britain has been closely associated with this movement in both its humanitarian and reformatory aspects. Patients are not detained for the profit and benefit of the medical staff, but, on the contrary, to obtain the maximum of care and treatment with a view to their return home.

In both England, Ireland and Scotland, an increase in night supervision has resulted in immense advantages to the patient. Observation at night is necessarily restricted to those patients whose condition calls for constant supervision. In all asylums the greater part of the patients do not belong to this class. The proportion of night staff to patients varies, and depends upon the classes and the numbers in each class. Generally, those who need most attention during the day require the most observation at night.

In Belgium the tendency of most of the proprietors of asylums is still to imitate what formerly was the practice in Ireland, namely, to have a single night watch, who was not always a trained attendant, who patrolled the different sleeping apartments, and whose duty was to summon the regular attendants, who slept in rooms in close proximity to the dormi-