

THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association
of Great Britain and Ireland.*]

No. 183. NEW SERIES,
No. 147. OCTOBER, 1897. VOL. XLIII.

PART I.—ORIGINAL ARTICLES.

The Presidential Address delivered at the Fifty-sixth Annual Meeting of the Medico-Psychological Association held at the University of Durham College of Medicine, Newcastle-on-Tyne, 29th July, 1897. By T. W. McDOWALL, M.D. Edin. et Dunelm.

THE INSANE IN INDIA AND THEIR TREATMENT.

Gentlemen,—Four years ago I had the honour of reading an address at the Psychological Section of the British Medical Association, and was thus afforded an opportunity of expressing some of my views relative to a few of the interesting and important subjects which come under our notice as workers in a special branch of medicine. Some of you may remember that the bulk of it was occupied with a consideration of the influences, real and possible, of the recently created County Councils on Asylums. It was a pleasure to find that my views were supported by the experience of those who listened, and that the unanimous conclusion was that County Asylums, their officers and their inmates, had not suffered in any way by the change in administration, and that there was every reason to expect that our efforts to effect improvements in the construction and administration of our asylums, to afford our patients the advantages of genuine advances in scientific medicine, and to forward our knowledge by the prosecution of original research, would receive the cordial support and approval of our new governors; and that it certainly would be our own fault if any check occurred in the present eminently satisfactory state of affairs. For, as long as we retain the confidence of the public and their representatives by applying our best powers to the discharge of our official work, by exhibiting

a judicious energy in the development of our ideas, and by aiming at a high ideal in our private and official lives, we may rest assured that the future has in store for us nothing but good.

It was my original intention to devote my present address to a consideration of the methods most likely to advance our knowledge of mental disease in its scientific aspects. Accident, however, threw in my way a subject which may be more immediately profitable in practical results; and, being new, it may engage your attention for a short time. And yet I do not like entirely to pass over the subject of scientific work in asylums, than which none more important exists, and about the real achievements of which opinions are so hopelessly divided. As really everything that is good and great in this world had a small and humble origin, and became what it is by the application and devotion of many earnest men, so we may hope that our branch of scientific medicine so recently initiated may yet, though we may not live to see it, yield many blessings to suffering humanity. Personal work as an asylum pathologist in early professional life showed me long ago that in addition to what asylum medical officers may be able to do, it would be necessary to have men devoting their attention entirely to psychological investigation, if satisfactory progress is to be made. The subject is so vast, and the difficulties are so overwhelming, that only at long intervals of time can we expect very brilliant results. To my mind it is quite pathetic to think of the devotion, industry, and self-denial exhibited by the many workers at psychological problems, and then to contemplate the scanty additions to real knowledge. Do not imagine that I am so ungenerous as to belittle the work and achievements of genuine workers; my earnest desire is to see many, even more competent and more enthusiastic, enter the field of research. Therefore one hails the appointment of a pathologist by the London County Council as full of possibilities for good; and the same may be said of a similar office recently created in Scotland. But we must not expect too much; we must not be over sanguine. We, members of the medical profession, see but little of the branches of science which are described as "exact," and are perhaps not very familiar with their methods. What little we happen to know appears so wonderfully and delightfully certain, that we long for the time when similar results will be obtained in the various branches of psychological investigation. The so-

called "laws" in chemistry and physics seem to most of us so clear and beyond question that we are apt to scorn the achievements in our own department. But are these "laws" really beyond question? Are they truths founded on absolute facts? Not at all. Even the Newtonian law of gravitation, believed by all ordinarily educated persons to be absolutely and universally true, is not so by any means. So also in regard to Boyle's law as to the compressibility of gases; it is only true within very narrow limits. And so the list could be continued, but I must content myself by referring you to a really valuable essay by Edward Carpenter, entitled "Modern Science—A Criticism." This paper is of special value to us in that it shows clearly that the commonly received claims of modern science cannot be allowed. No doubt the results of investigation are wonderful enough, especially when applied to modern requirements; and fortunately we can utilise natural phenomena without our having a glimmering of an idea of their real nature. Take such a simple case as the solution of a lump of salt in water. No one has any knowledge of the relation of the two substances when solution occurs. It has taken a hundred years to determine approximately the atomic weight of oxygen; the number, carried out to several decimal places, has the appearance of great exactness, but it is only an appearance. I earnestly refer you to the essay named and the writers mentioned by Carpenter, for their careful study will do much to correct that idolatrous regard for the achievements of modern science, and at the same time teach us humility, industry, patience. I have long resented the loud proclamation of the wonderful results of modern science as illustrated in the treatment of mental diseases. It would be well for us and our patients were these wild boastings true. My firm opinion is that they have a most injurious effect by retarding the prosecution of genuine scientific work. They do this by developing the spirit of undue scepticism in asylum physicians. As each reported discovery is announced it is hailed with delight, and then put to the test of extended and critical observation. What the results have mostly been we all know too well. As we go our daily round and study the wonders ever under the eyes of the asylum physician, how ignorant we feel, how helpless to do good by means of the so-called scientific methods, how disappointed at the results of some new line of treatment reported to have been so successful elsewhere. These are

amongst our most miserable experiences, and thus we come in time to place no reliance on reported discoveries, be they in pathology or therapeutics; and in our disappointment we are apt to run to the extreme of renouncing belief in any kind of scientific work. Still we should remember that whilst few men are mentally qualified to do high-class original work, especially in psychological medicine—the highest of all branches in our profession—and that if most of us do not possess the technical knowledge and necessary training which go to constitute the successful original worker, we can yet do much good to our fellow men by diverting our energies in other and more humble practical directions. This naturally leads me to the real subject of my address; for however much we may be accused of apathy in scientific investigation our bitterest critics must admit that our philanthropic efforts on behalf of the insane have borne much good fruit. Whilst at home and in our colonies the treatment of the insane leaves, on the whole, not much that can be considered bad, and what is evil is a steadily diminishing quantity, there yet remains a large portion of the British Empire in which asylums are but little known, and where a population of hundreds of millions is most inadequately provided with assistance for the care of the insane. I refer to India, the greatest of our many noble possessions, in many respects a miracle of successful official administration, and yet lamentably behind as to provision for the care of the mentally afflicted. A very brief paragraph in one of our medical journals first brought the subject under my notice, and since then I have made such enquiry as has been in my power, though it has been impossible for me to proceed to India, and thus to examine for myself the real state of affairs. My correspondence has been very extensive, but positive information has not been in proportion; indeed, except from official documents and a few letters it has been almost impossible to learn anything.

Missionaries, male and female, officers in various branches of the Government service, and many others have been applied to, but with very little result.

Before entering on the consideration of the insane and the administration of asylums in India, perhaps I may be allowed to mention a few figures by which it may be possible to convey some idea of the magnitude of the subject and to bring before the mind some conception of the immense territory included under the term "India,"

and the teeming millions, mostly fellow subjects, who inhabit that most interesting region. The total area may be taken to be 17,000,000 square miles, of which 750,000 are under Native, and the remainder under British administration. In other words, it is as large as Europe, excluding Russia. The population shown by the Census of 1891 was, roughly, 288,000,000; of which 66,750,000 belonged to Native States. Allowing for increase of population since that date the total will be at least 304,000,000. Three-fifths of this great Empire are under the direct rule of the British Government, which is responsible for all branches of administration, including, of course, the care of the insane. The remaining two-fifths are made up of a large number of Native States, whose rulers acknowledge the suzerainty of Her Imperial Majesty, but which, in matters of internal administration, are independent to a greater or less extent.

There is some risk of smothering the interest of a subject in a mass of statistics, and therefore I omit much which caused trouble to collect, and simply state the following in order to bring out an important fact. The last report of the Lunacy Commissioners for England and Wales gives the ratio of three lunatics to every 1,000 of the population. What are the figures for India? With its 304,000,000 of people it has under official care only 4,311; that is a proportion of 1 insane person to 70,000. Only one question can be asked in such circumstances. Where are the others? That there are many others is beyond a doubt. Many wander about the country, kindly treated, it is believed, by the people, who view them as beings specially under the care of Heaven, and willing to share with them their sometimes rather scanty meals. Indian folk-lore makes repeated references to lunatics and imbeciles; and stories written by English people in India contain occasional notices of them. Thus a pathetic tale by Mrs. F. A. Steel introduces an imbecile who plays an important part in the story, and perhaps I may be permitted to reproduce a paragraph or two, as they well illustrate the indifference with which the mentally afflicted are viewed in India, and at the same time the kind and sympathetic manner in which they seem to be treated.

“He had no name. The village folk, it is true, called him Baba; but so they called all such as he. Nor did he ever show that he identified the word as anything more

personal than the rest of the strange sounds to which he listened serenely, as if he had no part or lot in them. Perhaps he was deaf, perhaps he was dumb; perhaps he was neither. Nobody knew, nor for the matter of that cared. He was one of Shah Sujah's mice; no more, no less. In that lay the difference between him and other men. A small difference in some ways, in other illimitable. To the level of the brows as fine a young fellow as you could meet, of middle height, with clean, straight limbs. Above that nothing—nothing but a skull narrowed to the contour of a new-born babe's, conical, repulsive, like a rat's. Hence the name Shah Sujah's mouse.

“The learned among us call such poor creatures microcephalous, and talk glibly of joined sutures and osseous formation. The natives of upper India have a different theory. These mouselike ones belong to Shah Sujah's shrine, because they are the firstlings of barren women made fruitful by the Saint's intercession. Therefore, from their birth they bear the token of the mother's vow, dedicating them to his service. The seal is set on them from the beginning in mute witness of the truth.

“Whatever the truth may be, whether, as some say, the new-born babes brought to be reared, like Samuel in the temple, are born like other babies, and the typical distortion produced by slow pressure—as in lesser degree the coveted bomb-like foreheads of the Sindhi women are produced; or whether, as others hold, a tradition favourable to the wealth of this shrine is kept up, and additional gain assured by the secret exchange, through agents all over India, of the normal babies for that percentage of microcephalous infants which nature makes—this much is certain: all children dedicated to Shah Sujah are his mice. There are hundreds of them growing up at the shrine, dying there, and during the cold months spreading over the length and breadth of India, begging with unvarying success of all women, fruitful and unfruitful; living meanwhile on the broken food given them, but hoarding the money with an odd unconsciousness of all, save that in some mysterious way it belongs to the saint; then, as the heat returns, wandering back like a homing pigeon to the insignificant shrine at Gujrât, which means so much to so many,” and so on. These extracts give a human interest to our subject, but we must proceed to the consideration of topics not quite so elegantly expressed.

A careful perusal of official records leaves a strong impression on the mind that in India, as elsewhere, the lunatic is the last person provided for and considerately treated by the Government. In the Protected or Native States it could scarcely be expected that anything had been done to provide them with shelter or to relieve their sufferings. According to the religious views of the population lunatics are specially favoured of God or possessed by devils—in any case to be avoided and left alone, if at all possible. These States have a population of 75,000,000; vary in size from a country as large as Italy, down to a mere patch; have been in more or less intimate association with western civilisation for many years, and yet there is only one asylum, and this owes its existence to direct British administration. At one time, not so very long ago, for political reasons, Mysore had to be absorbed into the general administration, and one of the results was the establishment of an asylum. When the political reasons disappeared the Government of the State was handed back to the Native Ruler, and thus it has the distinction of being the only Native State with an asylum. In his quinquennial report the Political Agent makes a very brief reference to it. It is situate at Bangalore, and is a small institution. The number resident at the end of 1890 was 189; of these 26·6 per cent. were women. It is reported that a large percentage of those admitted were in very bad general health because of neglect or mismanagement, or both. The usual fortnightly amusements and refreshments were continued, and the majority of the inmates enjoyed them much, and were believed to have been benefited thereby. Work as a means of treatment was not neglected. Of criminal lunatics 24 were admitted during five years. They are dressed differently from the other lunatics, but in other respects they are treated in the same way, and their behaviour and condition are about the same.

These few lines contain nearly all official information to be obtained about the insane in Mysore during five years; not only that, it is the total information as to the insane in the whole of the native States with their 75,000,000 inhabitants. A gentleman who was for long political agent at the court of one of the native rulers assured me that in that State there were plenty of lunatics, male and female, some of them very troublesome. Not unfrequently the authorities took a specially dangerous case to the frontier, and drove him across to the charge of the police who were there ready

to receive him, having got previous notice. Occasionally the State forwarded a lunatic to an asylum under the Indian Government, and paid the cost of maintenance, but this was most unusual.

Let us now turn to the territory under the direct administration of the Government of India. In justice to the rulers of that immense region with its 230,000,000 of people, it must be said that some effort has been made to provide for the insane, but it is not evident that these efforts have been energetic, or that the natives have shown much alacrity to avail themselves to any extent of asylum treatment for the insane.

The following table presents, in a condensed form, information of the highest importance :—

Government.	No. of Asylums.	Patients in Asylums at end of 1895.			Number of Criminals included in the figures.		
		M.	F.	Total.	M.	F.	Total.
Madras	3	475	148	623	142	18	160
Bombay	6	566	141	707	91	10	101
Burmah	1	223	30	253	79	5	84
Central Provinces	2	245	69	314	84	8	92
Punjab	2	269	73	342	71	4	75
Bengal	5	726	197	923	408	55	463
Assam	1	83	22	105	18	1	19
North-Western Provinces and Oudh	4	850(?)	194(?)	1044(?)	142(?)	18(?)	160(?)
	24	3437	874	4311	1035	119	1154

These figures cannot fail to arrest attention. It would appear that in India only one person in 53,000 is confined in an asylum. Estimating the sexes as equal in number, we have 1 man in every 33,460 and 1 woman in every 131,578 detained as a lunatic. Even more striking is the fact that of the 4,311 persons in asylums 1,154 are criminal lunatics. These statistics suggest the opinion that lunatics are not sent to asylums, as a rule, until they have become an unbearable nuisance, or have attracted the attention of the authorities, and are on the point of falling into the hands of

the criminal department. It cannot be supposed that more than a mere fraction of existing lunatics come under official notice, but it would be unjust to conclude that indifference and neglect alone account for the present unsatisfactory state of matters. It is impossible for us fully to comprehend the tyranny of caste requirements and religious duties in India. Besides, in the East women are of small moment, and very few men would dream of being at any expense for the sake of an insane wife or sister. A powerful circumstance contributing to the almost total neglect of insane women is the requirements of "purdah." Amongst all the better class, for a woman to be seen by forbidden eyes means not only shameful degradation in this world but complete destruction in the next. In Britain, where political opinions so often embitter social relations, and religious differences go far to turn men into devils, we cannot conceive of anything like the violence of the horror produced and the extremity of revenge excited by real or supposed violation of caste and religious requirements among Indian natives. Thus in many ways there is a great gulf fixed between Indian and British races; yet one is very much at a loss to understand the circumstances which have contributed to the almost complete ignorance exhibited by English residents in India as to the internal and domestic lives of the natives. Especially is this true regarding the insane. Whilst most of my correspondents state that lunatics in India are very rare, others strongly insist that there are crowds of them, and that they are got rid of in a variety of objectionable ways. In the native States, where there is no European control and supervision of internal affairs, anything can be done and no enquiries may be made. Death by poison, starvation, snake bite, drowning, and so on, can be attributed to suicide or some form of accident, and no trouble may be taken to discover the true cause. Yet a pretence might be made that some care was taken of lunatics, and it would be quite in keeping with the internal mismanagement of some of these native States that, on a philanthropic visitor asking to see the asylum or other building where the lunatics are detained, he would be shown a lot of miserable creatures, sane and insane, captured for the occasion and thrust into a room in the gaol, but at once let loose whenever the back of the visitor was turned.

My rather extensive correspondence with missionary and other societies belonging to various religious bodies disclosed

the remarkable fact that the condition of the insane had never been brought under their notice by any of their agents. Communications from missionaries, male and female, contained next to nothing in the shape of definite information or indications of interest. From a few letters I may be allowed to make the following brief extracts—they represent all worth attention. A medical missionary long resident in Rajputana, writes:—"I have met several insane (women) during my work. They have been of the type called 'silly,' and are allowed the amount of freedom that we accord to children and such cases. Practically nothing special is done for them. They wander about at liberty. I sometimes come across them in a frenzy, shouting and gesticulating in the public streets; the public protects itself from such should occasion show itself. I have not heard of them committing any desperate crimes, and the community seems to adapt itself to their presence with a word of pity and the expression that it is their fate. There may be, and I think there are, one or two institutions in the larger presidency towns, but under the existing conditions of life in India such folks can go about with more safety to themselves and neighbours than in our island. Insane men and women have the same treatment—wandering about in an aimless way, and I may add that there are many more than the markedly insane who wander about thus in India. In some of the native States of Rajputana, I cannot say whether in all, there is a building, in the proximity of the gaol generally, set apart for those insane persons who are desired to be placed there by their relatives. This is under medical supervision, so that you will possibly call this a form of treatment. In zenanas and the houses of richer people, in all likelihood provision is made in their own homes." It will be observed that my correspondent does not seem to have visited the buildings said to be set apart for the care of insane women, and it is remarkable that he is my only correspondent who mentions them at all.

A lady engaged in work as a medical missionary is of the belief that, notwithstanding the evils of early marriage and marriages between near blood relations, insanity is much less common in Madras than in the Highlands of Scotland. As to treatment there is nothing done, and it is only the more intelligent of the people who would tolerate European treatment in such cases. The mass of the people consider that a case of insanity is one of demoniacal possession, and

very often the treatment is very inhuman. At best it is a repetition of incantations by a priest. From another source I learn that the practice of exorcism is in great vogue, frequently with a fatal termination. In a case of puerperal mania in a young girl, not only the priest but crowds of friends and neighbours joined in the religious services, which seemed chiefly to consist in the maintenance of incessant noise, the result being that the patient died in a few days, worn out by want of rest and sleep.

Two sisters, who have devoted their energies to medical work in zenanas during the last twenty years, say that they have often been struck by the comparative absence of mental cases in Bengali and Muhammadan women. They strongly suspect that this is due to the women being "put out of the way" either by starvation, neglect, or poison. It is within their knowledge that insane women are left to die, rather than that any expense or trouble, or the disgrace of breaking purdah should be borne. Such crimes can be committed with comparative impunity through the great difficulty in obtaining sufficient proof, even when no moral doubt exists. After recounting the details of an instance of gross neglect, these ladies add that the Government do not make it easy for cases to be put in asylums, lest the relatives should thus ease themselves of the burden of the cost of maintenance.

Perhaps the most valuable communication I received from my Indian correspondents was one from a lady attached to a hospital in Poona. She says:—

"I am very glad to give you any information in my power as it may lead to something being done for the assistance of women lunatics, for this I am sure is greatly wanted. My practice is mostly a hospital one, and I have seen but little of the treatment of insane women in their own homes. From the nature of their houses and the customs of the people, it must be almost impossible to keep them at home with any comfort to the rest of the family, and I think it quite probable that they may be quietly got rid of or so neglected that they die. My hospital patients are many of them of a better class than those in our English hospitals, and amongst them I have in many instances found the need of a better class asylum. Patients have been brought and left by their friends with some illness alleged, in whose case it soon became evident that the main disease was insanity; some have indeed acknowledged this and begged us to take in the patients. This has several times been the case with

respectable native Christian women who were attacked with insanity, and in their one or two-roomed houses it became almost impossible for their husbands to keep them. Of course in most cases it was equally impossible for us to keep them in a general hospital, and it was exceedingly difficult to know what to recommend.

“There is a Government Asylum in this station to which patients are admitted on the certificate of the Civil Surgeon, but I do not find that respectable people feel willing to place their women there, and I think that in the present state of things in India such a place to command confidence should be in charge of a woman doctor, being limited, of course, to women only. The asylum here is in charge of a native doctor supervised by the Civil Surgeon. Quite recently I had an application from a native gentleman high up in Government employment who was most anxious that I should take charge in the hospital of his wife who was insane. He had tried treating her at home with a nurse, but her state had become such that it was most desirable that she should be separated from her children; and he wished me to give her a room and attendance here, being willing to pay all expenses. I was quite unable to do so, being without the means of isolation or the necessary trained nurses. If there could be a few asylums established at healthy centres, officered by medical women, and containing accommodation both for paying and non-paying patients, it would be a great boon to a large and suffering class. At the same time, such a thing could not pay; only a few more enlightened of even the rich men would be willing to pay reasonable rates for their women. Still as a philanthropic work it would be well worth doing.”

Now let us pass to a consideration of the condition and administration of Indian Asylums. As has been already stated, they number only 24, and as they contain but 4,311 patients, it is evident that they are small institutions. The largest is at Madras and contains 623 patients; but the one at Vizagapatam has only 52, the one at Dharwar only 39, and that at Cuttack only 19. The whole system of administration is of the severest official type; the minuteness with which the reports and returns are examined and criticised is phenomenal and would greatly disconcert the majority of Medical Superintendents at home; and the attention devoted to the financial department must be irksome to a degree to the unfortunate heads of asylums. In only two instances

is the chief medical officer resident ; and therefore the real administration falls into the hands of subordinates—a most vicious system. All the Medical Superintendents are army medical officers in civil employ, and this, as we shall see, leads to many evils. As one reads the official reports one cannot avoid feeling that all the officers, from the Chief Commissioner or Lieutenant Governor downwards, are dealing with a subject with which they have no thorough practical experience. There is no Lunacy Board, and not a man in India has devoted such attention to mental disease and asylum administration as to deserve the name of a specialist. Another obvious cause of serious administrative defects is the poverty of the Government. Admittedly necessary structural and other improvements are indefinitely delayed for want of money ; the staff in the asylums is numerically deficient ; the pay is so poor that reliable attendants and servants cannot be obtained ; and deserving officers are refused an increase of salary. A few examples will illustrate these points. At Rangoon the attendants were insufficient and discontented. The Surgeon General for Bengal reports that the discipline among the warders is capable of improvement, but they are poorly paid and apt to leave on small provocation. The same fault is noticed elsewhere, especially at Lahore and Delhi, where they are described as very unsatisfactory and quite unfit to be put in charge of lunatics. The discipline seems to be vexatious, and heavy fines are frequently inflicted. In two cases a patient was killed by violence used to him by attendants ; in one instance the attendants were convicted and condemned to rigorous imprisonment ; in the other they unfortunately escaped the due reward of their villany. But the attendants are not the only officers proved to be unfit for their duties ; in one case it was necessary to remove the Burmese Deputy Superintendent for carelessness, negligence, and finally for corruption.

As sanitary arrangements in India are of the highest importance to health, and present difficulties and peculiarities due to the climate, it is unsatisfactory to find that defects are not always attended to with alacrity and vigour. In some asylums the sweepers are underpaid, are unsatisfactory, and embarrass the whole administration by strikes. At Rangoon the disposal of night soil gave rise to great difficulties and led to an arrangement that was by no means creditable to the authorities. The question of whether the

conservancy of the asylum should be carried out, as heretofore, by the lunatics or by hired labourers, became the subject of protracted discussion by the Committee of Visitors. It was pointed out that the Burmese, as a race, were not free from repugnancies to certain occupations; that, for instance, they have an almost universal objection to touch night-soil; also that they would not eat with midwives, whom they consider a degraded order of beings. By desire of the Committee the sane criminals in confinement in the asylum were invited, under promise of a gratuity of Rs. 3 per mensem, to undertake the asylum conservancy, but not a single volunteer was forthcoming. Some members of the Committee were of opinion that it was not right to impose duties on lunatics which, if they were sane men, they would not, except on compulsion, perform. It was, however, finally resolved that the lunatics should not be employed for collecting and burying the night-soil, but that paid sweepers should be entertained for carrying out the conservancy of the asylum. Two warders of the sweeper class were therefore engaged. And thus a satisfactory conclusion was arrived at, though the difficulty should never have arisen.

In some asylums the accommodation seems to be very bare and miserable; there is also occasional overcrowding, and consequently phthisis prevails. Several examples could be given where the accommodation for the sick is very limited and means of treatment most inadequate, indeed, non-existent. The Medical Superintendent at Madras reports that, considering the number of insane patients requiring treatment for mental and physical ailments in hospital, the accommodation is utterly inadequate for men. The hospital blocks are but ill-adapted for their purpose, being without separate accommodation for isolating superior patients or others requiring individually special treatment. There are no baths, no hot water laid on or the means of obtaining it except by boiling in a pot in the open; no ward at all for Europeans, and the whole arrangements are described as a makeshift. It is a fact requiring explanation that no fewer than 114 cases of itch occurred during one year in a population slightly over 600.

Perhaps the greatest blot upon the efficiency of asylum administration in India arises from the manner in which the Medical Superintendent holds office. He is almost invariably non-resident, is engaged in private practice, and has other important and exacting official duties. Besides, the pay is

small, the duties harassing, and the work under present circumstances highly unsatisfactory. The Deputy Superintendents, where they exist, also dislike the service, and petition to be employed elsewhere. At Jubbulpore there were two changes of Superintendent during the year. At Dallunda one acted from January to May; another from May to September; the same from November to end of December; and another from September to November. At Dacca three men held office within the year; at Putna there were four changes; at Berhampore there were three. During various periods, amounting to sixteen weeks, the Medical Superintendent at Calicut was away at camp. At Madras there were three Medical Superintendents during the year: during the past ten years there have been eleven. What can be expected of such a system? Nothing but evil and mismanagement. It is satisfactory to find that the Medical Superintendent at Madras has had the courage to expose to his official superiors and to protest against the manifold and manifest abuses and inconveniences which flow from such a deplorable method of administration. His remarks are so sound and his expressions so clear and forcible that I quote a paragraph or two from his report. His criticisms have this advantage, that they apply more or less to all Indian Asylums.

He says:—"The great difficulty in adequate superintendence of the Madras Lunatic Asylum that I have experienced, comes (*a*) from the large area (67·89 acres), and (*b*) from the varied nature of details of the superintendence, which occupy too much time and should not come before the Superintendent at all in my opinion.

"The difficulties of (*a*) are inseparable from any large establishment, but I consider the Superintendent is far too much of a steward and clerk and far too little of a doctor to insane patients. If his professional work is to be adequately done, he must devote four-fifths of his time to the patients, observing them, their habits, peculiarities, histories, ailments, and all the characteristics of insanity in the native mind. This must be the main work of his superintendence, but, as a fact, four-fifths of his time are taken up with steward's office work, large and petty contracts over grains and other food, looking into accounts, examining clothing details, how the cooks do their work, whether the toties cleaned the rooms or not, and such like details. If, therefore, the two are to be combined and done efficiently, his time is far too much occupied, and as his responsibility is

equally great, both in the professional and steward-like side, and the two aspects are from their size and amplitude of details enough to crowd one another out, I think his work should be lightened considerably in the steward's department, leaving him real leisure, where he has not now any, to follow up his professional work. If his responsibility is not lightened his work cannot be delegated with safety; and if much of his work can be delegated, and as I firmly maintain ought to be, his responsibility should be altogether removed. He should not be called upon to buy dhol and rice, to examine vouchers for the supply of blankets, and to trace out where a pair of slippers has gone; but if his responsibility is not removed over details such as those, his duty will be to constantly scrutinise innumerable petty details, find out and correct petty errors, until what I may call the distinctive characteristics of his mind from the medical side, are put aside more or less completely to take up those of a clerk, store-keeper, and jail warder. This will always make the work of superintendence in the Madras Asylum so irksome, and with its present size so unmanageable, that unless the whole system be altered I cannot believe that any Medical Officer can either be happy or properly useful, considering his mental training and qualifications, while so over-harassed with such innumerable petty vexations." And so on for several pages. All the officers seem to be overworked, probably because their duties are badly arranged and frequently overlap. The European attendants perform their duties well on the whole, but they have no holiday, there is no available reserve, and in cases of emergency untrained outsiders have to be employed to do highly skilled work. The native attendants are most unsatisfactory. They are deficient in number, recruited from a low class, they have neither the will nor the intelligence nor education to qualify them for their work; they look upon the patients as human beasts. Hence arises the constant lapse into perfunctoriness, the tendency to roughness, to the neglect of the watchfulness on which so much depends, and to feel that whether the work is well or ill done, the result, except in the long run, will not show much difference.

As already noticed, about a quarter of the patients in Indian Asylums are criminals. Their introduction seems to be a recent arrangement; formerly they were kept in jails. That was no doubt bad, but now the state of affairs seems to be worse. For the sake of compactness of administration, a

criminal element has been introduced into institutions from which they should have been kept separate. The Medical Superintendent at Madras very properly points out that the proximity of the criminal to the civil element has a tendency to cause a too marked centralisation of system, to consider the lunatic side of the question too little and the jail side too much ; and he believes it would be better to completely divide the two. The warders should not be the same ; the whole establishment should be disconnected, and the system of accounts simplified. To bring the prison element into a lunatic asylum is an incompatibility, and should be as carefully avoided as the addition of a jail to a charitable hospital for the sick poor.

There are still many, many points in the administration of Indian Asylums to which I might direct your attention, and about which it would be easy to say hard things. That is not at all my immediate object ; besides it is but justice to say that there are many indications, in the mass of official reports I have perused, that the present highly unsatisfactory state of affairs is not entirely and primarily due to disgraceful indifference and shameful neglect. Some efforts, perhaps not very vigorous ones, are made to administer the asylums successfully, but the system pursued defeats the best intentions and kills the enthusiasm of the best officer. For a person like myself, entirely ignorant of the requirements of the climate, the peculiarities of local circumstances, and the terrible difficulties created by racial and caste prejudices, minutely to discuss the many curious and highly interesting facts brought out in official documents, would be unwise. But I am able to submit to you a very important and instructive report submitted by the medical members of the Hemp Drugs Commission. Those two officers visited every asylum in India for a special purpose, but at the same time they made enquiries about asylums and lunatics, and put down what they saw and their views thereon.

The Commissioners were very unfavourably impressed with the manner in which the work of the asylums is done. Everywhere there was evidence of want of care and attention. In the Presidency Asylums there was less evidence of this, and in them, at least two of them, the state of things was very different from what was generally found in the smaller asylums. But even in the Presidency Asylums there was not that evidence of real interest in the work that might have been expected. The Commissioners think that this

want of interest and of systematic supervision everywhere was due rather to defects of system than to fault of the officers in charge. Concerning the worthlessness of the annual statistics, enquiry showed that this part of the work was left entirely to subordinates without even ordinary supervision. The Commissioners regret that this matter of negligence about statistics cannot be taken alone, but must be regarded as an indication of the general tendency of Superintendents to relegate their asylum work to subordinates and to fail to appreciate its importance. In his evidence Surgeon-Major — very bluntly said: "My position as Superintendent of the lunatic asylum requires me to take charge of insanes when they are sent in, and retain them until they are fit for discharge. I am simply keeper and incidentally medical attendant." There was evidence that this very imperfect view of the professional work of the Superintendent was very general. A few facts may be stated in illustration of this. It must be distinctly noted that these facts are by no means an exhaustive list of what was observed, but are merely illustrations of generally prevailing defects of administration.

In his evidence, Brigade-Surgeon Lieutenant-Colonel — said: "I do not consider that the question of cause is one which affects the treatment of cases. My enquiries therefore into cause are of a statistical, not practical, character. The result will not affect my treatment of the case." The case books contained no clinical history worthy of the name. As a rule the entries would be laughable but for the fact that they indicate a lamentable absence of anything like systematic treatment of mental disease by the Superintendents.

In the management of the asylums the Commissioners found such flagrant abuses as the following:—

(1) A patient suffering from acute mania was grinding corn in an open shed, in a glaring light, and in the midst of the other patients. This patient was shouting and singing and raving in wild delirium.

(2) One patient, raving and furious in acute mania, was chained to a tree in the middle of an open court occupied by other patients.

(3) As a rule there is not the slightest attempt at separating patients according to their mental condition. Convalescents are thrown together with lunatics in the most acute stages of mental disease.

(4) Worse than this, sane men, some of them recovered lunatics, others men who had never been insane at all since they were received into the asylum, were herded with lunatics in all stages of mental disease. Dr. — (Superintendent of the — Asylum) said before the Commission: "It is not my opinion from experience that it is either dreadful in itself or possibly disastrous to a man's mind to have to herd for years with lunatics though sane." This statement is quite contrary to the experience of the Commissioners; for they were addressed in the strongest terms by sane men thus situated whom they met in visiting the asylums.

(5) The Commissioners saw a post-mortem examination being conducted in an open verandah in view of lunatics who were wandering about all round. They were allowed freely to look on at the dissection of the dead body of a fellow patient, although they all seemed inclined to keep away from the gruesome spectacle.

These are cases of abuse which indicate the general defective character of the asylum administration; and the Commissioners consider it unnecessary to touch on exceptional cases of gross neglect, such as male and female lunatics being found together, which they saw.

It is noticed that some attempts have recently been made to introduce reforms. More attention is given in some parts of the country to arrangements for amusing and employing the patients, and to similar matters. In one or two asylums the results in this respect specially attracted attention and evoked warm commendation. But even in these cases reform seemed to have touched only the surface of the question. The systematic treatment of mental disease was practically absent; and the Superintendents admitted frankly that they have little satisfaction in their work.

Time will not permit me to continue, but I hope on some future occasion to resume this important subject. It was originally investigated by me as affecting the condition and treatment of native women, and it is this aspect which I specially wish to bring under your notice. From what you have already heard you will have no difficulty in observing that a few obvious suggestions at once present themselves.

(1) If the women in India are to be enabled to avail themselves of asylum treatment, institutions entirely officered by women must be opened at convenient places.

(2) The criminal element should be entirely removed from

existing asylums, and such patients cared for in places similar to Broadmoor.

(3) Army medical officers should no longer be placed at the head of Indian Asylums, as the requirements of the military service entirely prevent them from becoming efficient Superintendents.

(4) Flowing from these reforms would be many changes which need not at present be discussed; but in conclusion I would like to point out how indirectly medical women in England would be benefited. So far they have found comparatively few outlets for the employment of their undoubted qualifications for medical work, and it is abundantly evident that they have no career in asylum practice in this country. They might, however, gain the necessary experience in asylum administration here and then proceed to India, where they could carry out at least some of the many necessary reforms. Thus to open Indian asylum appointments to medical women would carry a double blessing.

Should this address lead to an interest being excited in the treatment of the insane in India, and especially as to the condition of insane women both in and out of asylums, a new and important branch of medical and philanthropic work will have been entered on, and the good and kindly souls who go on this errand of mercy will find themselves blessed in many ways and prove themselves faithful servants of the true God.

Discussion.

Sir JAMES CRICHTON BROWNE moved a vote of thanks to the President for his address, and said he was quite sure that no persuasion would be necessary to induce them to join in the vote. The President had gone a great distance for his subject, but he had brought it home to them in an exceedingly interesting manner. Everything must be interesting to them at that moment which related to their great Indian dependency. They saw how that great dependency had been stricken by plague and famine, and there could be no doubt that these things, by the degenerative changes they would leave behind them, as well as the terror and alarm they would surely have brought about amongst an excited and superstitious population, would add to that great mass of lunacy already existing in India which Dr. McDowall had described to them. The President's figures they would admit were perfectly startling. The official statistics concerning the treatment of the insane were conspicuous by their absence. Private treatment seemed to be carried out to an enormous extent, and murders and outrages followed. Dr. McDowall's address had suggested to him the regret that part of the enormous sum of money that was expended upon the Opium Commission was not devoted to sending out a small Medical and Lunacy Commission to report on the state of the lunatics in India and the condition of the asylums there. He did not want in any way to reflect upon the Opium Commission, which did valuable work, yet

after all only arrived at a foregone conclusion, about which everybody, excepting a few faddists, were satisfied before the inquiry was commenced. He hoped and trusted that Dr. McDowall's interesting address, which involved great research, would attract attention beyond the Medico-Psychological Association, and that it would be considered by those responsible for the government of India. He would suggest further that it might be even the duty of the Association to press upon the Government the necessity of some inquiry into the state of lunacy in India and the condition of asylums there. It gave him a great deal of pleasure to move that vote of thanks to Dr. McDowall. He wished him every success during his year of office. It was very fitting that one of such experience and scholastic attainments should be elevated to that chair, which had been occupied by the highest thinking men engaged in their own department of medical science and usefulness. His acquaintance with the President extended over a very long period. He was a valued assistant of his at Wakefield, and he brought with him an excellent reputation; and he could recall the loyal and indefatigable assistance which was rendered by him in times when asylum work was indeed hard and not nearly so well paid. Their official introduction ripened into personal friendship, which had had an unbroken continuity right down to that day. From Wakefield he went to take chief charge at Northumberland County Asylum at Morpeth, and they knew how that asylum had grown and kept abreast with the requirements of modern science under his fostering care. He had been an able and devoted medical superintendent, and he was pleased to testify to the value of his work. Sir James concluded by wishing Dr. McDowall a successful tenure of his presidentship.

Dr. YELLOWLEES seconded the motion. The paper of the President was quite characteristic of him; and whether from personal appreciation, or admiration of his address, they were bound to admire him. They heard a great deal about Imperial Federation, but theirs was a greater federation still—it was a federation of humanity, and usefulness for human good. He was very much interested indeed in this paper, especially as regarded the treatment of the natives of India. At that moment he was in correspondence with an Indian graduate of a medical mission regarding a relative of his own, who complained that patients there had nothing like the care and treatment they should have. He thought Dr. McDowall had done well, and that his paper must be fruitful of good results. The direction in which he had indicated reforms was a wise and right one. It was a misfortune that military medical officers should be held to be efficient superintendents, but, of course, it was no blame of theirs, because as efficient superintendents they had had no training. Even if a European medical officer were efficient, he had not the assistance of efficient stewards, as was the case in the home asylums. The President had spoken wisely and worthily of women as superintendents for female asylums in India. He had great pleasure in seconding the motion.

The motion was carried unanimously.

The PRESIDENT, in responding, said they could not do too much for the Indian lunatics, and towards securing efficient supervision and care. After dwelling at some length on his association with Sir C. Browne at Wakefield, he concluded by thanking the meeting for the reception given to his paper.

Dr. EASTWOOD suggested that they should pass a resolution in favour of the subject of Indian Lunacy being investigated by a Committee of the House of Commons.

The PRESIDENT explained that such a motion would not be in order.