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Part I.—Original Articles.

Psychiatry a Hundred Years Ago: with Comments on the Problems of To-day. The Presidential Address at the Annual Meeting of the Medico-Psychological Association of Great Britain and Ireland, held at York, July 22nd, 1919. By BEDFORD PIERCE, M.D., F.R.C.P. Lond., Medical Superintendent, The Retreat, York.

THE theme of the address I am about to give—if anything so discursive can be said to have a theme—is the medical treatment of the insane during the period of transition and reform at the end of the eighteenth and beginning of the nineteenth centuries.

In the latter part of the reign of George III many treatises on insanity were published, most of them possessing a literary grace not common in medical works to-day. They abound in reports of clinical cases and details of the treatment, and the appearances on *post-mortem* examination are frequently recorded. Probably the public interest taken in the king's illness helped to stimulate this remarkable output. The volumes are full of interest, and much that they contain seems wonderfully modern: nevertheless, I have not found it easy to enter into the spirit of the age. Old doctrines still survived, and the new doctrines were as yet young and struggling for recognition.

During the early part of this period medical treatment was based upon the hypothesis that acute insanity was due to inflammation of the brain and its membranes. It was therefore considered essential, by whatever method, to reduce the supply of blood to the head. This can be illustrated by the treatment of George III himself in 1789. His physicians had quarrelled in such an unseemly fashion that the House of Lords appointed a committee to examine them. We learn, however, from the report that they had at least been unanimous on one occasion, namely, when they decided to blister the King's legs to relieve his acute excitement. The result is duly recorded: "The pain undoubtedly

made him more unquiet, and increased the necessity for coercion, but did not appear to increase or diminish the grand malady." (1)

Similarly, the practice of blood-letting was considered of extreme value in insanity. In reference to this, in 1789, Harper writes: "I am fully satisfied of the expediency of this preliminary step, being confident that there never was nor ever will be a mania in which venesection, less or more, would be improper at the beginning." (2) Pinel himself says: "It is a well-established fact that paroxysms of madness thus anticipated are in many cases prevented by copious bleeding." (3) In 1811, Crowther, the surgeon to Bethlem, claimed to have bled 150 patients at one time without untoward result. (4) He also recommended emetics, quoting a case of hypochondriacal melancholia relieved entirely by their use. The patient took sixty-one vomits in the course of six months, and for eighteen nights one every evening, and yet made a perfect recovery! (5) This view of the pathology of insanity was supported by the *post-mortem* findings, which frequently described hæmorrhagic points in the substance of the brain.

We get some idea of the routine practised in Mr. Haslam's evidence to the House of Commons Committee in 1815. "The period of physicking continues from the middle of May, regulated by the season, to the latter end of September, two bleedings according to discretion, half a dozen emetics if there should be no impediment to their exhibition, and for the remainder of the time to Michaelmas a cathartic once a week." (6)

The treatment of insanity was founded on the antiphlogistic theory which at that time was generally held, and we must not hastily pass judgment upon those who conscientiously accepted it, and did the best they could. We may be inclined to think certain practices barbarous, but they were not intentionally cruel, nor were those who prescribed them indifferent to the suffering they caused. In our own times, theoretical considerations have suggested methods of treatment that may be criticised adversely by our successors. For instance, seeing that convalescent patients frequently possess an increased number of white blood-cells, it was suggested that an artificial leucocytosis might produce recovery. Turpentine or other agents have, therefore, been injected in order to produce an abscess—a line of treatment founded upon the gratuitous assumption that the leucocytosis in the two cases was similar in nature. The underlying thought here is akin to that of Dr. Joseph Mason Cox, who recommended inoculation with smallpox or the itch, and the irritation of the skin by tartar emetic, blisters or setons, and who says: "Certain it is that if any considerable commotion, any violent new action can be excited in maniacal complaints by whatever means, the mental derangement is often considerably relieved or permanently improved." (7)

It would be difficult to find the teachings of the old school more concisely expressed than in Dr. Cox's little volume, *Practical Observations on Insanity*, published in 1804. The modern reader is offended from start to finish, and yet the book professes to state rules which will lead to "a more humane and successful method of cure."

The importance of controlling the patient is first mentioned, and we are told that it is of the essence of management to make impressions on the senses, and that the grand object is to procure the confidence of the patient, *or* excite fear! Note the alternatives! "Pious frauds" are recommended. (8) One instance may be recounted—that of a gentleman who thought his housekeeper had tried to kill him by means of poison in his shirt. It was arranged that she should be arrested in his presence, and she was dragged away, making loud protestations of innocence. A bogus analysis of the shirts confirmed his suspicions, and after a solemn consultation antidotes were prescribed, and we are told that he recovered in a few weeks.

That is bad enough; but the next method which Cox strongly recommends is even more objectionable. It is the use of a circular swing, invented, we are told, by Dr. Erasmus Darwin, by means of which a patient firmly strapped in a chair or upon a bed could be made to rotate round a central beam at any desired pace.

The treatment was designedly terrifying, but before passing judgment we should in fairness to Dr. Cox read some of his cases. I will quote two:

"Mr. —, æt 40, of a florid complexion, very muscular, became gradually depressed, then unusually gay and flighty: previous to these symptoms he had been eccentric, ingenious, good-tempered, remarkable for an accurate, retentive memory, and for feats of the palestra. . . .

"For six weeks he had resisted all my attempts to introduce medicines, possessed a voracious appetite, while days and nights were passed in alternations of struggles from coercion and violent vociferation. Judging from all the attendant circumstances no hazard could attach to the employment of the swing, this was determined on, but a strong party was necessary to place him in it. The first five minutes produced no kind of change, and the novelty seemed to amuse, but on increasing the motion the features altered, and the contenance grew pallid, and he complained of sickness and prayed to be released: after a few rapid gyrations more vomiting succeeded, his head fell on his shoulder, and his whole system seemed deprived of vigour and strength: from the swing he was carried to bed by a single attendant, where he immediately fell asleep: slept nine hours without intermission, and awoke calm and refreshed. . . . He soon became convalescent, and advanced to the perfect enjoyment of health and reason." (9)

Another case. Mr. —, æt. 22, naturally grave, reserved, his life a model of probity and virtue, became depressed, seriously mutilated himself, and passed into a state we should call melancholic stupor; forcible feeding with spouting was tried under great resistance, and

finally the rotating swing as a last resource. It caused alarm, then nausea and vomiting; he begged to be liberated, but would not promise to take his food, so the swing was continued more rapidly. He then promised acquiescence, was put to bed and slept some hours. Two or three times the swing was repeated, till at length he became docile, and at last body and mind were perfectly recovered. Dr. Cox concludes: "I am confident he owes his life and reason to the swing." (10).

The swing was recommended by many physicians of experience. Dr. Young, of optical fame, and a member of the Society of Friends, as Sir James Crichton-Browne recently pointed out, advocated its use in 1809 (11); and in the report of the 1815 Committee of the House of Commons it is stated that Mr. Finch at Laverstock near Salisbury, "finds the rotating chair, producing nausea, most useful, as the pain it excites takes the patients off to it rather than the disease." In justice it must be added that the general condition of the patients in this establishment was said to be very good. Every possible amusement was provided: billiards and backgammon indoors, bowls, cricket, coursing and riding out of doors, and Mr. Finch appeared to be "a humane man and a man of sense." (12) It is interesting to note that in Morrison's *Lectures*, published in 1828, an illustration of a swing was given, that every private asylum might become properly equipped. (13) It is difficult to understand how such a cruel method of treatment became so popular, but in particular I should like to know how it happened that the swing was found to be such a powerful hypnotic. Something seems wrong somewhere!

The striking change in the treatment of the insane which began as the eighteenth century was closing can, I think, be traced to three causes.

First there was the great humanitarian movement, which awakened sympathy with all human suffering, even in the despised and degraded —prisoners, slaves, and lunatics. Perhaps this movement reached its high-water mark in our own country, but it was felt throughout western Europe. Secondly, there was the social reform, initiated in France, the demand for liberty, equality, fraternity, which penetrated even to the prison asylums of Paris. Thirdly, there was a gradual enlightenment of medical opinion, which led to the discontinuance of much that was grievous and painful in asylum practice.

It is not my intention to re-tell at any length the story of the reform in the treatment of insanity. This was not the work of one man or of one nation.

So far as I can ascertain, actual priority belongs to Italy. Between the years 1774 and 1788 Vincenzo Chiaruji, assisted by Daquin of Chambéry, introduced new methods at the Hospital Bonifacio in Florence, where chains and fetters were abandoned, and patients were encouraged to work. New regulations, embodying these reforms, were approved by the Grand Duke Piétro Leopoldo.

But the premier place undoubtedly belongs to Philippe Pinel. He not only transformed the conditions at the Bicêtre and Saltpêtrière in Paris, but he convinced the world by his writings that the old methods were wrong and futile. Pinel's treatise on *Aliénation Mentale*, published in 1801, takes the highest place in the literature of his time dealing with insanity. It was translated into English by Dr. Davis of Sheffield in 1806.

I should have liked to have referred to many incidents in the life of Pinel, but time forbids. He was first led to study insanity by the mental illness of a friend, for whom all methods of treatment failed, and who finally escaped into the forest and died of inanition. Clasped in his hands and untouched by wolves was found the one of Plato's works discussing the immortality of the soul!

Pinel was the hero of a wonderful chapter in the history of medicine, with which I fancy many of our younger members may be unfamiliar. This was the reform at the Bicêtre, in 1793, during the darkest hours of the French revolution. Pinel was suspected of harbouring aristocrats, and had the utmost difficulty in obtaining permission to liberate his patients from their chains. It was to Couthon, even in the reign of terror a conspicuously repulsive character, that Pinel, during a personal investigation, uttered the words which stand true for all time: "Citizen, I have a conviction that the insane are only intractable because they are deprived of air and liberty." (14) The same day he began the removal of chains from fifty patients, the first of them an English sea-captain, whose history was unknown, but who had been in chains for upwards of forty years.

I need not give many details of the establishment of the Retreat, for the last meeting of the Medico-Psychological Association held at York was at the time of its centenary, and much was then said of its early days.

The project was first raised in March, 1792, the land was purchased two years later, and the Retreat was opened in 1796, long before Pinel's work in Paris was known in York.

Two members of the Society of Friends were chiefly instrumental in its establishment—William Tuke and Lindley Murray.

William Tuke was sixty years of age when he first proposed to build the "retired habitation" subsequently named the Retreat. He was an active, determined man, with liberal ideas on the subject of education, and his portrait, reproduced by his great-great grandson, H. S. Tuke, R.A., shows benevolent, yet strong features.

Lindley Murray, the well-known author of Murray's *Grammar*, was an American friend who had settled in York. He was an invalid, confined entirely to bed, but deeply interested in all philanthropic works. In a quiet way he contributed much to the foundation of the Retreat, but

his energetic and strong-willed friend, William Tuke, actually carried the project through, in spite of much opposition and misunderstanding. Even William Tuke's wife is reported to have said, "Thou hast had many children of thy brain, William, but this last one will be an idiot."

What he accomplished would not have been so widely known had not Samuel Tuke, his grandson, published in 1812 *The Description of the Retreat.* This was a scholarly work and is well worth careful perusal to-day. We possess at the Retreat a copy, formerly the property of the late Sir Arthur Mitchell, the Scotch Commissioner, who wrote at the time of the centenary: "The whole work of my life has been coloured by Samuel Tuke's *Description of the Retreat.* . . . The title misleads. It is much more than a description. It is a presentation of the principles which should guide us in treating and caring for the insane." (15)

The reader who acquaints himself with the writings of Philippe Pinel and Samuel Tuke will realise that a complete change in outlook had been inaugurated. It was not merely the introduction of humane methods, the cessation of cruelty, and abandonment of the brutal system of coercion, but the recognition and fearless application of a new principle. This they called "moral treatment," by which they claimed that more could be done for the insane than by drugs or discipline. They asserted that the psychical environment surrounding a patient was of no less importance than the physical conditions, and that the course of insanity was influenced by mental and moral considerations. I must not follow up the subject, but the assertion was profoundly significant.

It is interesting to read in Tuke's description the account of their attempts to cure insanity by the therapeutical methods of the day.

The following passage seems wonderfully modern: "The physician first appointed to attend the Retreat was a man equally distinguished by medical knowledge and indefatigable perseverance. He possessed too . . . a highly benevolent and unprejudiced mind. . . . He determined to give a full trial of the means which his own judgment might suggest, or which the superior knowledge and experience of others had already recommended. But the sanguine expectations, which he successively formed, of benefit to be derived from various pharmaceutic remedies, were in great measure as successively disappointed; and although the proportion of cures in the early part of the history of the institution was respectable, yet the medical means were so imperfectly connected with the progress of recovery that he could not avoid suspecting them to be rather concomitants than causes. Further experiments and observations confirmed his suspicions, and led him to the painful conclusion (painful alike to our pride and to our

humanity) that medicine as yet possesses very inadequate means to relieve the most grevious of human diseases." I fear that the concluding sentence is still true, although a hundred years have passed since it was written.(16)

This passage refers to Dr. Thomas Fowler, known to every medical man by the alkaline solution of arsenic which bears his name, and which, by the way, was probably discovered by one Mr. Hughes, in analysing a secret remedy known as Dutch drops (17). But Fowler introduced it to the world, in a striking volume, published in 1786, which dealt with the various uses of arsenic. He was a remarkable man, a keen observer, devoted to experimental research. A citizen of York, he practised there for many years as a chemist. At the age of forty-two he graduated in medicine at Edinburgh, and settled for some years in Stafford. But he returned to York, and in 1796, "without his solicitation and even without his knowledge," was appointed physician to the Retreat. He died in 1801, and it is stated he left in manuscript notes of 6,000 cases. His published works breathe throughout the scientific spirit, and he recites his cases concisely and without bias, failures and successes alike. Any drug or therapeutic agent which he investigated was administered singly, under conditions as similar as possible, and he faithfully recorded the results for all to see and judge for themselves. The Retreat was fortunate in its first physician.

Samuel Tuke explains that Dr. Fowler's successors also tried "various means, suggested either by their own knowledge and ingenuity or recommended by later writers: but their success has not been such as to rescue this branch of medicine from the charge, unjustly exhibited by some against the art of medicine in general, of its being chiefly conjectural." (18)

In connection with this last sentence it may be interesting to note that when it was written the Rev. Sydney Smith was living at Heslington, less than a mile from the Retreat. His scathing remark that medicine is the "art of putting what we know little into bodies of which we know less" may easily have been in Samuel Tuke's thoughts.

Sydney Smith took a great interest in the Retreat, and when the *Description* was published, he drew attention to it in the delightful essay, "Mad Quakers," which appeared in the *Edinburgh Review*. This essay probably did more than anything else to acquaint the general public with the Retreat's existence and the principles for which it stood.

I should not like to convey the impression that the Retreat was the only institution in England conducted on humane and enlightened principles. Mention has already been made of Mr. Finch's House at Laverstock, Salisbury, and, besides this, high praise was given to Bristlington House, Bristol, in the 1815 Report to the House of

Commons. This was opened in 1804 by Dr. Edward Long Fox, who had had long experience in the treatment of insanity. The centenary volume of Brislington House contains many interesting details of its early days, but I have not seen any published accounts of Dr. Fox's medical practice. He was a man of high principle, and it is noteworthy that, although he was a member of the Society of Friends, he appointed a Church of England clergyman as chaplain, and was, I believe, the first to provide regular religious services for the insane.

In estimating the results of treatment we are confronted with the difficulty as to being sure that all the essential facts are known to us. Rarely can we be certain what would have happened if this instead of that had been done. This is also the problem of history.

Suppose, for instance, that Margaret Tudor, on her way to Scotland, instead of riding in state into St. Mary's Abbey, had fallen from her horse as she passed through the gateway which still blocks the traffic outside Bootham Bar, and had never married James IV of Scotland! What would have been the course of history with no Mary Queen of Scots, no Lord Darnley to be murdered, with no James the First of England, and no Stuart line of kings? We can only say we do not know!

The same difficulty meets us in estimating the consequences of our own acts. We find it impossible to measure the issues of a chance meeting or a casual remark; we are bewildered with the complexity of life, and we are tempted to accept the philosophy of the old Persian singer:

> "'Tis all a chequer-board of nights and days
> Where Destiny with men for Pieces plays,
> Hither and thither moves, and mates and slays,
> And one by one back in the closet lays.
>
> "The moving Finger writes, and having writ
> Moves on: nor all thy Piety nor wit
> Shall lure it back to cancel half a line,
> Nor all thy Tears wash out a word of it."

In medicine the problem is similar. There are so many incalculable elements that we can rarely foretell with precision the results of any line of treatment. This fact is very apparent when we consider the question of the use of sedative drugs.

A hundred years ago only three of these were in use—opium, hemlock, and henbane; and opinion was greatly divided with regard to their value. Haslam strongly condemned opium, saying that "many narcotic poisons have been recommended for the care of madness, but my own experience of these remedies is very limited, nor is it my intention to make any further trials." (19) Pinel, referring to the contradictory opinions on this subject, suggested that the experi-

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ments should be repeated with proper attention to the specific distinctions of insanity. (20)

At present I suppose that more than a hundred sedatives are advocated for sleeplessness and mental excitement, and the problem of their use is more complex than ever before, and as yet no clear and well-established principles are available to guide us in their use.

It is, of course, recognised that chemical restraint is generally harmful, that drug habits are easily acquired, and that sedatives dull the faculties and mask symptoms. Moreover, all physicians in hospitals for the insane know that many newly-admitted patients will not recover until the hypnotics given before admission are withheld. Sedatives, nevertheless, give temporary relief, and it would be cruel to forbid them, unless it can be shown that they are hurtful.

Yet the extreme opinion of Haslam, already quoted, is shared by many present-day physicians. Prominent amongst these is Dr. Hitchcock, late Medical Superintendent of Bootham Park, York, who published in 1900 in the *Journal of Mental Science* a striking article summarising the results of treating 206 cases of acute mania without any sedatives whatever.

I have Dr. Hitchcock's permission to give some interesting details, explaining how he found himself in opposition to the current practice of the day. When he began to practise chloral was much lauded, and at his first asylum appointment he found that this drug was given at the discretion of the nurses. Without telling them, he substituted for it camphor and chloroform water, which proved equally useful. Later, at Bethlem, he found chloral, hyoscyamine, and cannabis indica freely used. But there he obtained valuable help from Smeeth, the head attendant, who had carefully watched the results, and was satisfied that the patients were not benefited by drug sleep. Subsequently he was appointed to another institution, in which the use of chloral was rampant on both sides of the house, and 16-ounce stock-bottles were filled as often as needed, and dispensed by the night staff at their discretion. Dr. Hitchcock first gradually reduced the dose, and then substituted camphor, and later salt solution. When he had fully convinced the staff that the new "sleeping draught" was fully as successful as the old, both for recent and chronic patients, it was possible to "own up," and explain that for some time past no sedatives whatever had been used! For the next twenty-five years he allowed no sleeping-draughts of any kind, yet the recovery-rate at Bootham Park during this period was a high one.

At the Retreat we do not use narcotic drugs in newly admitted cases, and only rarely are they prescribed, when ordinary measures have been persevered with for a long period and failed. It is only fair to say that in some exceptional cases great benefit has seemed to follow. I cannot,

therefore, claim to be a total abstainer, like my friend Dr. Hitchcock; but I support his testimony, and believe that the stand he has taken will make his name memorable in time to come.

Even, however, if it were demonstrated that drugs, in the main, were useless and probably hurtful, it would not follow that they had no place in psychological medicine. There are cases in which the intensity of mental suffering calls for immediate relief, even if only temporary. It is unlikely that all drugs are valueless: the problem is to find out their precise functions and limitations.

I incline to think that members of our Association could investigate this question to good purpose. We have many facilities for such a research. Our patients live under very uniform conditions: in the nursing staff we have trained observers, able to collect and record facts, and the inquiries could be conducted on a sufficiently large scale to eliminate many disturbing factors.

We have to admit at the outset that our present classification of mental disorders is not sufficiently accurate to enable us, in the significant words of Pinel, "to be sure that similar things are being compared." But practical therapeutics cannot wait until the ætiology of disease is fully known, and its pathology is complete. Physicians should really be able to speak with no uncertain voice regarding the use of narcotic drugs. Will not some of our younger members take up this subject for systematic investigation?

The striking success obtained at Guy's Hospital in studying the effect of drugs in the treatment of acute rheumatism justifies the opinion that a somewhat similar inquiry into the value of sedatives might be of great service in psychiatry.

How this should be conducted it would be presumptuous of me to say; but I may perhaps suggest lines on which some inherent difficulties might be avoided. We recognise that though the external conditions of patients may be precisely similar in regard to surroundings, exercise, and daily routine, internal conditions may be utterly diverse. Now, it is useless to accumulate facts concerning 100 or even 1,000 individuals, if in essentials they have little in common. At the outset, therefore, it would seem advisable to limit the inquiry to groups of cases in which psychical factors are of secondary importance—such as acute delirium, the nocturnal excitement in senile insanity, the agitated melancholia of the climacteric, and possibly maniacal excitement in well-marked recurrent cases. Two groups of similar cases might then be compared, one taking no drug, the other any drug that might be selected. I am aware that the risks of drawing wrong conclusions would by no means be eliminated, yet I am sure that results thus obtained would be of greater value than the individual opinions of even the most observant people.

Another problem that confronted physicians at the commencement

of the nineteenth century was the alcohol question, which from the dawn of history has troubled mankind.

Let me give the following extract from a letter written in Egypt nearly 3,500 years ago, now in the British Museum (21): "Whereas it has been told me that thou hast forsaken books and devoted thyself to pleasure: that thou goest from tavern to tavern smelling of beer at the time of the evening. If beer gets into a man it overcomes his mind. . . .

"Thou knowest that wine is an abomination, that thou hast taken an oath that thou wouldst not put liquor into thee. Hast thou forgotten the resolution?"

A twentieth century parent might make a similar appeal, so little have conditions changed.

Within the last hundred years, however, some advance has been made. The habits of the people have improved, drunkenness is no longer respectable, gentlemen are not now carried helpless to bed after dinner, and teetotallers are not considered a menace to society. Nevertheless, the problem is still unsolved, and all who are interested in the welfare of the British people—I fear I must on this occasion say British rather than English—deplore the drinking customs of our countrymen. Physicians, employers, social workers are at one in this respect. The wastage from intemperance is incalculable, and yet we see before us increasing industrial competition with nations such as the States and Japan which are relatively abstemious. I am no pessimist; yet I cannot do otherwise than view the coming industrial conflict with grave anxiety whilst we handicap ourselves so heavily. The social and economic aspects of this problem are not, however, within the scope of this address, and I turn to its medical aspect.

It is impossible to estimate the number of persons who may justly be considered intemperate or addicted to drink. There are no trustworthy data, but probably the number is vastly greater than we are apt to assume. The great majority do not consult any physician and relatively few come under the cognizance of the police. The statistics of police-court convictions, moreover, are apt to vary with the vigilance of the chief constable, or the sentiments of the members of the Watch Committee.

In 1900 the average amount of alcohol consumed per head was calculated to amount to 2·08 gallons yearly. This included everybody —men, women and children. But if children and adult abstainers are excluded, and if we make allowance for the fact that women as a rule drink much less than men, and remember that a large part of the community is strictly abstemious, we are left with a minority whose consumption of alcohol must clearly be excessive.

The word "inebriate" is unfortunate as it suggests actual drunkenness,

whereas there may be dangerous alcoholic addiction without gross signs of intemperance. As Sir William Collins has recently pointed out, the term "addiction" is very appropriate, for the *Addictus* was a debtor who, in Roman law, was handed over to his creditor, and the word implies a limitation of freedom or some degree of slavery.

This morbid condition, of course, is essentially the concern of psychiatry. It is virtually a disease, although, when the exciting cause is removed, no symptoms may be discovered, and although no pathological findings assist in its recognition.

Experience tells us that the potential inebriate should be treated early or there will be little hope of preventing confirmed addiction. But, unfortunately, effective treatment can rarely be obtained, early or late, and the position is not substantially altered since Haslam in 1808 dealt with this question in language which is appropriate to-day:

"Thus a man is permitted slowly to poison and destroy himself; to produce a state of irritation, which disqualifies him from any of the useful purposes of life; to squander his property among the most worthless and abandoned; to communicate a loathsome and disgraceful disease to a virtuous wife; to leave an innocent and helpless family to the meagre protection of the parish. If it be possible the law ought to define the circumstances under which it becomes justifiable to restrain a human being from effecting his own destruction, and involving his family in misery and ruin. When a man suddenly bursts through the barriers of established opinions; if he attempts to strangle himself with a cord, to divide his larger blood-vessels with a knife, or swallow a vial full of laudanum, no one entertains any doubt of his being a proper subject for the superintendence of keepers; but he is allowed, without control, by a gradual progress, to undermine the fabric of his health, and destroy the prosperity of his family." (22)

Unfortunately, to this day, no satisfactory means have been devised to prevent or arrest alcoholic addiction. The Inebriate Acts are practically useless, especially in the early stages of the disorder, and to wait until some offence has been committed before adopting remedial measures generally means disaster. The position, moreover, is one of extreme delicacy. The patient often refuses to admit the necessity for treatment; he or she may be in good health and possess an attractive personality. Hardly anyone knows that indulgence is becoming habitual, and probably those who do know are prejudiced observers.

If early treatment is to be obtained it must clearly be on a voluntary basis and in strict privacy, for no one can afford to be branded as an alcoholic.

Treatment, to be effective, means a long and patient investigation into underlying causes, and this alone makes serious demands upon the physician and his helpers. No one with experience in this depart-

ment of medicine will under-rate the amount of time and trouble needed to help the patient along the difficult uphill road towards recovery. At present such treatment is altogether outside the reach of the majority of those who need it.

If the suggestion in an article by my old friend, Mr. Theodore Neild, of Leominster, were adopted, and a consultation bureau were established in every large centre of population, much might be done to give the necessary help. (23) The staff of the bureau would consist of a secretary—preferably a trained lady social worker—with such clerical assistance as might be necessary, and visiting physicians possessing special experience in this subject. It would then become possible for anyone to obtain confidential advice either for himself or for a relative or friend, whilst the bureau would be able to secure the help of other medical services and lay organisations as occasion might demand.

I am sanguine enough to believe that with assistance such as this not a few patients would completely recover. The return to useful work of many who otherwise would be a burden upon society would, even from a financial point of view, justify the expense incurred.

It is, however, important to realise that this malady cannot be considered apart from other forms of mental instability. This Association in 1914, and again this year, urged the establishment of clinics, or hospitals for nervous disorders, in order to provide early treatment of unconfirmed mental trouble; the Board of Control have reported to the same effect, and the Legislature is already taking up the subject. I would submit that the proposed consultation bureaux be affiliated with or become a special department of the new clinics. It is undesirable that alcoholic and drug addiction should be dealt with altogether apart from other neuroses. Moreover, out-patient treatment may often be insufficient, and a residence in a special hospital will often be of the utmost value as a preliminary measure.

So far it has been assumed that the patient has applied for treatment voluntarily or has been persuaded to do so by his friends. Unfortunately many will decline any treatment or refuse to be advised. Others will derive no benefit upon voluntary lines, and some form of compulsory treatment becomes necessary both for their own sakes and that of others.

It will be impossible here to deal with this aspect of the subject in detail; I must only suggest that any new laws relating to inebriety might provide three separate procedures or successive steps in dealing with these patients:

First, a judicial warning, which might be given privately when the justice has satisfied himself that the patient is in danger of alcoholic or drug addiction. This probably would be accompanied by a recommendation to consult a neighbouring clinic, but it would in no way interfere with personal freedom.

Secondly, the appointment of a guardian, who would be legally authorised to stop supplies, and forbid the sale of liquor to the patient, to restrict his liberty within prescribed limits, and to prevent the impoverishment of himself or his family.

Thirdly, internment in a farm colony or other approved home.

It is obvious that such steps could only be taken after independent medical opinion has been obtained, and we cannot complain if the state demands safeguards to prevent any hasty or unjust limitation of freedom. Such safeguards we will welcome if only powers are given to protect the inebriate from himself, and arrest his degradation.

Without fresh legislation, however, it is possible to do much more for persons charged with drunkenness or with offences committed under the influence of drink. Early in this year a report was presented to the Birmingham justices, signed by Mr. Gerald Beesly, the deputy chairman, from which I make a few extracts:

"The minds of many of the Birmingham justices have for a long time been exercised as to the futility and inadequacy of the customary methods of dealing with persons charged with crimes, particularly as to the absence of any consideration of the mental condition of such persons. It has been felt that in many cases some mental instability is the fundamental cause of the commission of the crime, and that 'treatment,' as distinct from 'punishment' (either by fine or imprisonment), is the proper and sane method to adopt. . . ."

"A well-ordered State should clearly make provision for the efficient treatment, and, if possible, cure of those who by their acts or mental weakness are a menace to the community, and thus jeopardise their right to freedom. Hitherto much provision has been made, at enormous expense, for dealing with such persons in their later stages of disability. It is suggested that machinery should be set up which can be put into operation at the early stages."

Among others the following immediately practical methods were advocated:

(1) An expert medical practitioner should be appointed, with whom the justices can confer and take counsel in any particular case. He should attend at the courts from time to time to give evidence when required, and he should interview and report upon cases on remand or adjournment.

(2) The Probation of Offenders Act should be used more widely, and conditions imposed that will ensure the periodic examination of the offender on probation.

It is interesting to note that this report was at once acted upon, and that a medical man with special experience was appointed to assist the justices in dealing with cases of this kind.

Although there are at present no consultation clinics, or farm colonies,

or even proper places of detention for the weak-minded offender, pending a report as to his mental condition, it is gratifying to find that some justices are awake to their responsibilities, and that the scandal of the repeated imprisonment of mental defectives for offences directly due to their deficiency has ceased, at any rate in Birmingham.

I had intended to compare the psychiatry of 120 years ago with that of to-day, but I shrink from the attempt. It would be an easy task to show that progress has been slow and disappointing. No specific treatment of mental disease has been discovered save in the case of that arising from thyroid insufficiency. It is doubtful whether the recovery-rate has improved. Now, as then, patients break down without any assignable cause; now, as then, many recover without our knowing the reason. Making due allowance for altered social circumstances, it is probable that the condition of patients in the more enlightened institutions was not greatly different from that of to-day. In Tuke's description the daily routine so carefully portrayed shows that in the early days of the Retreat the patients received care and attention worthy of our emulation.

The medical literature of that period, moreover, contains much that anticipates modern teaching. In Haslam's observations we find a vivid description of dementia præcox. (24) It certainly is not divided into eight elaborate and confusing subdivisions, but the clinical picture, drawn in fewer and stronger lines, is all the more convincing. Haslam also described general paralysis (25), and his discussion of the hereditary problem, and of the relation of mental and physical factors in ætiology, carries us nearly as far as we can travel to-day. The essential mystery of mental disease baffles us now as it did then.

Still, it would be a mistake to measure the success of medical research by considerations such as these. There is a great deal of unseen work in a building before its walls appear above ground. It is quite unnecessary for me to mention the vast amount of progress made in the anatomy and physiology of the nervous system, in pathology and in biochemistry, and in many departments of science which intimately affect our subject, and which were unheard of a hundred or even twenty-five years ago.

Any attempt to foretell the direction of further progress is quite beyond my powers. It is probable that new clinical methods of examination will be discovered. If, for instance, it became possible to measure degrees of pain, or ascertain with precision the extent to which palsy or some other disability depended upon structural defect, or if we could calculate in advance the breaking-point of mental strain, a new situation would be created.

The war has thrown some light upon one aspect of our subject. We have learnt that symptoms formerly termed hysterical or functional are

not peculiar to the frail or sensitive, but occur in strong men. We find that they continue long after any recognised exciting cause has ceased to operate, and that they frequently disappear suddenly, as if charmed away. Unfortunately we cannot analyse the causes of this recovery, which is ascribed to multifarious agencies: suggestion, hypnotism, psycho-analysis, faith-healing, and sudden emotion, besides ordinary hygienic measures. There is obviously no organic lesion, and though the illness is usually characterised by some manifest physical disability, it is clearly a disorder of the mind rather than of the body. There is urgent need for careful research in order to establish a scientific therapy, so that appropriate treatment can be selected with confidence. Only too frequently such treatment is not forthcoming, and consequently our pension-board rooms are thronged with nervous invalids.

In addition to this, the functional element in definite organic maladies must not be overlooked. Patients with diseases such as disseminated sclerosis and locomotor ataxy frequently present symptoms that bear little relation to the extent of the organic lesion. Even in these cases the disability may in large measure be functional.

Do not these observations throw light on some of the problems of psychiatry, and may we not conclude that sometimes the symptoms of insanity bear little relation to the assigned cause? It seems reasonable, moreover, to assume that such symptoms may continue for long periods of time independently of the original disturbance.

Do not some of our sudden recoveries correspond to the recoveries in the psycho-neuroses? On the other hand, are not some of our chronic cases akin to that of the confirmed neurotic, with this difference, that in the one the disordered function affects intelligence and emotion, and in the other some lower nervous mechanism such as vision or muscular co-ordination?

This thought, of course, does not carry us far; but it suggests that the study of hysterical phenomena may help us greatly. Further, it reminds us to lay due stress on the psychical as well as upon the physical factors in ætiology. The attempt to separate mental and bodily factors must inevitably lead to error, since they constantly react on each other. It is well known that emotional disturbance produces changes in the endocrine organs, and that degeneration of those organs leads to emotional dulness and apathy.

Be this as it may, we have at any rate left behind the doctrine expressed in the dictum, "All insanity is either toxic or traumatic." (26) Just as Tuke and Pinel considered moral treatment of paramount importance in promoting recovery, so we recognise the profound importance of mental strain in the causation and development of certain forms of mental disorder.

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Goitre and the Psychoses. By NORMAN ROUTH PHILLIPS, M.D.Brux., M.R.C.S., L.R.C.P.Lond., St. Andrew's Hospital, Northampton. Awarded Second Prize in the Bronze Medal Competition.

THAT there is some relationship between goitre and the psychoses is beyond all question. We have only to recall the mental syndromes of Graves' disease and endemic cretinism—goitre occurs in all but a few exceptional cases of the former, and in about 50 *per cent.* of the latter. Moreover it is by no means uncommon to find goitre in adult myxœdema.

In this article I propose to show that the *rôle* played by goitre in the psychoses is more extended than is indicated by the examples just mentioned. I shall also endeavour to explain the nature of this