(1) Paper read at the International Home Relief Congress, Edinburgh, June, 1904.—(2) It may be explained that there is a parish council for every parish in Scotland, and that it is the duty of this council through its paid officer, the inspector of poor, to provide for the maintenance of every poor person who is unable to maintain himself. As part of this duty it has to provide for the insane poor.—(3) It often happens that the patient belongs to a family which, though unable to maintain him in the asylum, is in sufficiently good circumstances not to require any parochial aid for him during the currency of the probationary period.—(4) Among other means of influencing parish councils there is what is known as the Government grant. This is a contribution towards the cost of maintenance of the insane poor given out of the general taxation of the country, amounting as a rule to about one half of the cost. This money is not paid to a parish council in respect of any patient who is not, in the opinion of the General Board, suitably provided for, and it is withheld in the cases where the instructions of the board are not carried out.

On the Need for Family Care of Persons of Unsound Mind in Ireland. By CONOLLY NORMAN.(1)

THE question of the adoption in Ireland of family care as a method of dealing with mental unsoundness is at once highly academic and highly practical: academic because this mode of treatment has never been hitherto attempted in that country; and practical, because it may be said, with a slight modification of a familiar line, that no nation wants it so much. Perhaps all this is only another way of saying that the question stands exactly in that position in which any earnest and vigorous reformer likes to take a subject up. The crop is ripe, but no sickle has yet swept over the field.

How fresh the topic is in Ireland may be indicated by the remarkable discussions that have been lately going on with reference to the public treatment of the insane in that island. Ireland is probably the poorest country in Europe, and the country in which the great majority of the population live under the least complex and the least highly-developed conditions. Circumstances of various kinds, however, have brought the lunacy problem into extreme prominence—a prominence rarely obtained for it in any other comparatively primitive country. The complete transference of power in respect of matters of local government from one portion of society to another, the latter having been until recently quite unaccustomed to the responsibilities of self-government, has tended to bring prominently before the public mind a number

of social problems that were hitherto hidden more or less below the surface. The comparative accuracy of modern statistics, the effect of the accumulation of patients in asylums under improved management, and a possible real increase in occurring insanity, due to the indirect results of excessive emigration, have together contributed to bring about this curious state of affairs, that the number of insane who are registered is rapidly and largely increasing, while the general population is decreasing. According to the most recent official calculations, there is in Ireland one person of unsound mind to every 178 of the general population. Meanwhile, wealth—at least, such wealth as is represented by the margin available for charitable purposes—is not increasing, while the struggle for existence is daily becoming more keenly felt.

Some counsels that have been suggested in this matter savour of desperation. It has been held, apparently on the authority of an illustrious literary man and distinguished doctrinaire politician, that the asylums themselves are responsible for the increase of insanity, inasmuch as by keeping alive and curing persons of unsound mind they have led to a degeneration of the race. There are even nebulous hints floating in the air that it might be well to render those who have been insane incapable of propagating the species so as to lead to a greater freedom from disease in succeeding generations. There is a pretty general and strong prejudice against asylums conducted on modern lines. Those who do not openly call them nurseries of insanity at least look upon them as places where the mentally affected receive treatment which is unduly costly in proportion to the advantage accruing to the rest of the population. If we had not learned of recent years to regard as entirely too narrow that view of development which looks upon natural selection as being only an instrument to bring about the immediate betterment of the physical condition of the existing generations, we might have some sympathy with the sentiment which would dictate that the insane should be practically left uncared-for, and should be allowed to perish by natural processes. But the more extended and philosophical view which we now see to be the only tenable one forces us to conclude that the care of the unfit subserves some great ulterior developmental end, and is—to take no higher view of it—the necessary step towards the

attaining of a more perfect social state. Indeed, that it should be requisite to discuss this aspect of the matter at all is surprising, and appears to show the chaos of public feeling on such topics in my country.

It may be said that these are themes which it is unnecessary to more than hint at in addressing my present audience, and in fact I have merely referred to them as indicating that the question of reform in the treatment of the mentally afflicted is ripe for consideration in Ireland, and that the present is probably a favourable opportunity for ventilating the subject. It is easier to obtain a hearing for the suggestion of humane and advanced methods when the public is interested in the whole question, even though wild doctrines are being hurtled abroad, than in times when the public is apathetic.

Now, the existing state of affairs is this: the local governing bodies have determined to build no more expensive—that is to say, modern—asylums, and yet it is felt that, pending the operation of more drastic measures, some provision must be made for the increasing numbers of the insane. When the Irish Local Government Act was passed in the year 1898, its authors, acting apparently on very insufficient information, and having accepted very hasty and immature views, were unfortunate enough to adopt an enactment whereby a rate-in-aid, amounting to 2s. per head per week, was to be available for insane persons who were chronic and harmless, and who were to be maintained in disused workhouses or other suitable buildings apart from the existing lunatic asylums. The amount of rate-in-aid for these new institutions is just half of that which is available for the existing asylums, and thus the suggestion is made by the Government that a number of asylums should be started in the country at about half the cost of the existing institutions—such new asylums to be filled by the class called chronic and harmless. If some better scheme be not adopted within a few years there can be little doubt that these new cheap and inferior asylums will spring up all over the country, that they will fail to work satisfactorily, and that they will eventually be either suppressed or profoundly modified. There can be no doubt but that in the meantime they will have done an immensity of harm. It is, therefore, the more necessary at present to suggest some other mode of dealing with the existing problems—some mode which will not revolt the public con-

science by insufficient humanity, and will also not prove too great a drain on the public purse in a very poor country.

It would ill become a member of our speciality to encourage in any way the popular prejudice against asylums. In the first place, no one who reflects can fail to see that this prejudice is really to a large degree merely a survival, under slightly modified form, of the old prejudice against the insane themselves. The deep instinctive dread and hatred of insanity and of the insane is at the present day recognised as a thing which cannot be avowed, but those who one hundred years ago would have been loudest in giving expression to these feelings, and must now conceal them, satisfy the primæval instinct by abusing asylums and their directors. Besides, asylums must be accepted as an evil, if you will, but a necessary and inevitable evil in many cases. When all this has been said, the fact remains that there are a great many objections to be made against what we may call asylum life. The natural unit of society is the family. Existence in large institutions, which are not, and cannot, be modelled on family life, is an unnatural one. Such existence is uninteresting, monotonous, and irksome. Its tendency is to drive the mind in upon itself, to produce unhealthy brooding and dreaming, and to deprive the individual of the ordinary interests that belong to his fellow-creatures. The association together of numbers of persons with few interests in common, and who are not bound to each other by the close, and yet elastic, tie of family affection, is irksome, and tends to develop bad feeling and selfishness. Now, these drawbacks are common to all public institutions, and are not entirely peculiar to asylums. They are felt not only by the patients, whom the public charity is intended to benefit, but they are felt by the staffs who administer the charity. Among the latter, petty jealousies, suspicions, and all kinds of rancorous ill-feelings are apt to arise, and are surely fostered by the peculiar conditions of institution life. 'Association without the most perfect harmony engenders an irritability which is hostile to all good feeling. It is proverbial that this condition of affairs springs up even amongst the most high-minded. There is an old Celtic story of how St. Patrick, bestowing a bishopric on a favourite disciple, told him he was sending him to a See so situated that they would not be too far apart to meet occasionally, nor too near to remain friends. It is possible

that our patients often feel the injurious effects of institution life less than might be expected, because their condition is an abnormal one already, but no one can have watched the effects which supervene in old nurses and attendants without being painfully aware that in many cases a marked deterioration of disposition is the consequence of the unnatural, monotonous, and trying nature of their surroundings and of their calling. So much have I myself been struck by this that I have long held that the most perfect way to obtain asylum service at its best would be by the organisation of a short-service system, whereby the great majority of the staff—excepting, of course, those who have shown special aptitude and special staying power—would be young and fresh. I observe that Professor Kräpelin would appear to have arrived at a somewhat similar conclusion, for I have recently seen him quoted as holding that an asylum attendant's period of service should be limited to ten years. I dwell upon this point not only as showing that there is something unhygienic in the moral atmosphere of large institutions, but also because it seems to me to require being pointed out that as our attendants are to a large degree the instruments by which we work upon our patients, if the conditions of asylum life are unhealthy we will find ourselves in the end working with blunted and rusty tools.

[Of course these sentiments are in no way new. Soon after Dr. S. G. Howe (*clarum et venerabile nomen*) became Chairman of the State Board of Charities for Massachusetts he laid down in one of his reports the following general principles of public charity:

"That it is better to separate and diffuse the dependent classes than to congregate them.

"That we ought to avail ourselves as much as possible of those remedial agencies which exist in society—the family, social influences, industrial occupations, and the like.

"That we should enlist not only the greatest possible amount of popular sympathy, but the greatest number of individuals and of families, in the care and treatment of the dependent.

"That we should build up public institutions (*i. e.*, erect public buildings) only in the last resort.

"That these should be kept as small as is consistent with wise economy, and so arranged as to turn the strength and faculties of the inmates to the best account.

"That we should not retain the inmates any longer than is manifestly for their good, irrespective of their usefulness in the institution."

Dr. Howe at the same time strongly urged the family care of dependent children, and owing to the adoption of his methods Massachusetts now stands second only to Scotland in this department of home relief. With regard to the care of the insane he referred in eloquent language to the example of Gheel.

"Gheel," he tells us, "was not enacted, nor built; it grew. Planted centuries ago, the virtue that was in the seminal idea—*occupation for the insane in company with the sane*—counteracted the false ideas, and kept the whole in vigorous life." "It is," he says, "*by utilising the brain power which remains to lunatics* (and which we waste) that the peasants of Gheel make the wilderness to blossom as the rose."

Speaking again of the dependent classes generally, though more particularly of the deaf and blind, Howe says:

"Out of unsound and abnormal conditions there must, of course, grow certain mental and moral tendencies, which, to say the least, are unwholesome. . . . Each acts upon all; and the characteristics of class, or caste, are rapidly developed. . . . This is seen in those who are gathered in almshouses. Before entering they had, of course, become poor and broken down; but they nevertheless had some individuality of character; they were not yet formed into the complete pauper shape, though they were tending in that direction. But when a man is gathered with others like himself into a general almshouse, he is apt to lose it utterly. If his associates have also lost theirs, they act and react unfavourably upon each other. The evils growing out of their condition are all intensified by close association, and the pauper spirit, strong as that of a caste, soon becomes the pervading spirit of the place. It is at once perceptible to the moral sense in all large institutions, and can hardly be kept down, because it arises from morbid mental and moral conditions." Dr. Howe would not have us separate the blind and the deaf-mute into distinct divisions of humanity. "It is common to regard these as forming special classes, though strictly speaking no such classes exist in nature. The cases spring up sporadically among the people." He saw, however, the fatal tendency to isolation which their inability to com-

municate with their fellow-creatures bestows upon deaf-mutes, and with the penetration of genius he argued that they should learn not sign language, which must always be the language of the few and the dependent, but articulate speech, whereby they would be placed on a level with their fellow-men. The most brilliant results have followed from the adoption of his doctrines in this respect, and the soundness of his views, both in theory and practice, is now universally acknowledged, though he himself did not live to see the perfect triumph of the effort to break down the isolation of the deaf-mute. It is perhaps pathetic to think that this great advocate of freedom and advance never saw even the beginning of family care for the insane in Massachusetts, but he had already done more than one man's work, and although he was able to rouse the interest of his countrymen in various other classes of the dependent he stood practically alone in his views as to the possibility of introducing home relief for the mentally afflicted. The subsequent experiences of the second settlement in Belgium and of France and Germany have amply shown that here too Howe preached not merely a counsel of perfection but of the plainly practical had he but found a sympathetic audience. His early recognition of the baneful influences of institution life is interesting to recall now that these have become more or less a commonplace of this discussion. It is notable also that some of the evils on which he particularly dwells, which can be to some degree avoided by the bustle and movement of population in a wisely conducted large general asylum, would be hideously accentuated under the conditions, to which reference will be presently made, of herding together "incurables" under cheap management without hope or help or chance of change—frozen like perch in a lump of ice, or rather petrified like corals in a block of limestone.]

There are then weighty reasons for avoiding, as far as is possible, the accumulation of patients in asylums, and the multiplication of those edifices. When and where an asylum must be built, it ought to be built and managed and manned in the very best possible manner, bearing in mind that its object should be to form a hospital for the cure of the curable, for the treatment of the sick, for the safeguarding of those who cannot be allowed to be at large, and for the amelioration and thorough study of the condition of such patients as can

eventually, under proper regulations, be restored to family life with a fair measure of safety, though uncured. It is the class to whom I have last referred who mainly tend to accumulate, and taking into account the well-known money saving which can be accomplished by a system of family care, it would appear that such cases can be treated economically, and yet with an avoidance of the peculiar evils that are apt to arise in connection with asylums. It is much to be regretted that in the framing of the Irish Local Government Act this question was not brought before those who were responsible for that statute. The alternative to the ordinary asylum contemplated in the present Irish law is an institution to be run at half price. Economy is to be obtained by diminishing medical supervision to something approaching a vanishing point, and by lessening the staff to such a degree as would probably render efficient care unattainable, and would put nursing out of the question. The housing of the insane in public institutions in Ireland has been described as extravagant, palatial, and so forth. We may yield this point because it is very improbable that any of the new second-rate asylums will be able to work without such modifications in structure as will bring them very near, if not quite up to the majority of the existing asylums whose architectural advantages have been so much exaggerated. But the new second class asylums being deficient in supervising staff, being carefully lopped of every "extravagance," will be places where no occupation and no amusement can be provided for the inmates at the proposed cost. Such places would have every disadvantage belonging to an asylum without any of the safeguards or any of the ameliorating agencies that modern science and modern humanity have found to be required. It is impossible to say precisely what class of the insane were intended for these particular institutions, and it would appear that the framers of recent enactments have themselves the most shadowy ideas on the subject. If the chronic and harmless mean the working population of our asylums it would be a manifest, gross, and intolerable injustice that these poor people should be subjected to all the discomforts of asylum life without any of its ameliorations, as would be the case in a second-rate cheap asylum. If, on the other hand, the chronic and harmless include the old and feeble and bed-ridden, I submit that, from a merely humanitarian point of view, these people require more

care than the more recent and acute cases, who, by their recovery, are apt to give a better result for the money spent.

I feel that in saying so much on the general aspects of this question I am undertaking a task that may seem superfluous to most of my present hearers, but I enter upon these details in order that the position of the question in my country may be thoroughly intelligible. Speaking here, and speaking to you, I need not adduce any arguments as to the feasibility of the family care of the insane. It is probably not too much to say that the family care of a large section of the unsound of mind has proved possible, beneficial, and economical in every country where it has been intelligently and conscientiously attempted. In any place where the endeavour has been made up to the present success has followed when anyone has been found who has taken up the subject, as Dr. Féré has said, "in the way he would take up his own business."

There are in Ireland three practical difficulties, none of which are insuperable, if one can judge from experience elsewhere. The first may be called official *vis inertiæ*. In all public departments there is, of course, a tendency to go on doing in the future what has been done in the past. Irish officials may, perhaps, be forgiven for carrying this tendency further than other people on account of their peculiarly isolated and insecure position. There is, unfortunately, no body of public opinion in the country which is sufficiently intelligent and disinterested to act as a motive force in any particular direction on such subjects as the proper conduct of great public charities.

The second difficulty arises from the fact that the bodies which now carry on local government in Ireland, being new to their duties and responsibilities, are not very easy to move in the direction of something which they may conceive to be risky and unpopular. Unpopular with the uninstructed bulk of the people such a measure as family care of the insane would surely be at first, and it would, therefore, seem much easier and more popular for the local bodies to go on distributing labour and patronage and constructing or adapting asylums on a more or less economical plan instead of diminishing the occupation of these institutions by the adoption of family care.

The third difficulty which I see in the way is the difficulty of

finding locations suitable for boarding out. The Irish peasants, who form the class from whom most of our patients are drawn, are very poor, and, therefore, would be willing enough to receive the help which the payment for a patient might bring them. They are very kindly and very tolerant of the infirm, and would, therefore, I think, make good hosts for the insane, but they are, unfortunately, themselves probably among the worst-housed—if not the very worst-housed—of the populations of Western Europe. It must be said that things are slowly bettering themselves in this respect, and there is every reason to hope that the betterment will be more material and quicker in the near future. For the present it seems to me that this is the most serious difficulty in the way of family care in Ireland. The other two difficulties, I think, would be more readily overcome. The County Councils could eventually be persuaded that their interests and those of the insane are identical in these matters, and if public opinion favourable to the experiment can be evolved it is to be hoped that the official *vis inertiæ* of which I have spoken would not prove an impassable barrier. One advantage we would have in attempting family care in Ireland —and this no small advantage in beginning anything—namely, that there is nothing to be undone. Sir Arthur Mitchell's book on the *Treatment of the Insane in Private Dwellings in Scotland* has shown us that talent and industry applied in this humane cause were capable, in the hands of the Scotch Commissioners, of drawing family care out of the slough of abuses in which it had nearly been overwhelmed. No such difficulty exists in Ireland. Some foresight and prudence will, no doubt, be required in the inauguration of such a system. Care must be taken not to let the zeal of beginners outrun all support from popular opinion, and every endeavour should be adopted to avoid the occurrence of any scandals or risks in the earliest stages of the experiment. These precautions are, of course, easier to talk about in an abstract way than to carry out practically, but they are only such things as are necessary at the beginning of every fresh enterprise.

In my opinion, family care of the insane in Ireland should be organised in connection with the district asylums. [Perhaps it could most safely and judiciously be begun by placing patients in attendants' cottages on the asylum estate, or in the cottages of ex-attendants in the proximity of the asylum. These methods

have been adopted extensively and successfully in Germany, Holland, and Italy.] Only cases that have been studied in an asylum, and are thoroughly well known to the medical staff, should be sent out to family care. I am not one of those whose believe that a perfectly ignorant person is likely to form as intelligent a judgment on a difficult and risky subject as one who has devoted his time and attention to that subject. Whatever we do there is an element of risk in the family care of the insane, just as there is an element of risk in the asylum care of the insane, and in either case the chief responsibility will best rest upon the person who is best acquainted with the peculiarities of his patient. Provision should be made for the power of returning the patient to the asylum whence he has come, should his physical or mental state demand such a course, or should his location prove, in the opinion of the authorities, to be in any way unsuitable. Provision should be made that the patients be visited by the Medical Superintendent in the homes of their hosts at such intervals as may be deemed suitable, and also occasionally irregularly. Provision should also be made by which the patient should visit the asylum and report himself if required to do so at stated intervals, following therein the example of the Berlin system.

An arrangement of this kind could be effected with the least alteration in the existing law. There is an enactment in Ireland at present, whereby a patient can be discharged from a district asylum on trial, while his maintenance is met from the asylum funds for the period of one month. Of this enactment I myself made frequent use, but it is manifestly insufficient even for its present purpose—the period of one month's trial being mostly quite inadequate. An extension of this provision with an arrangement that the period of trial could be from time to time renewed after expiration should the patient still remain insane, would enable patients to be, practically speaking, boarded out in family care. Of course, further and remoter supervision of patients in family care, together with supervision of their physicians, would be called for, just as is the case with patients in asylums. No doubt an addition would be requisite to the staff of commissioners, or, as they are called in Ireland, inspectors, but that would probably be desirable in any case, since those officers are numerically inadequate

to the duties they are now called upon to perform, although, perhaps, not so preposterously inadequate as their colleagues in England. The proposal to send out patients from the district asylums into family care, and retain them under the general supervision of the medical staff of the asylum, would also probably involve in most cases some increase of that staff. The economy which could be effected in maintenance by family care would probably be sufficient to cover the additional cost of inspection that would be involved, and also to leave a not inconsiderable margin. With regard to the total saving, however, I am not inclined to encourage a hope of a favourable balance on the maintenance account, although I believe that there will not be a deficit. My reason is that it seems to me that a great number of the patients whom we could send out into family care, and to whom we would give the pleasures of modified liberty and of family life in lieu of the supposed luxuries of an asylum, would be those very patients who would be most useful to us in the internal working of the institution. The loss of their services would either involve the employment of more paid attendants, or the purchase of more ready-made goods, or both, and a certain increase of the asylum maintenance account on this head must be expected. (2)

I have not said anything of the supervision or visitation of the patients in family care by Poor Law medical officers. I am doubtful as to how far it is safe anywhere to depend to any degree on what I fear must be a very perfunctory duty, and I am confident that such dependence must necessarily limit very greatly the cases in which family care might be utilised. However this may be elsewhere, and under other conditions, no one who knows what the Irish Poor Law service is, and how entirely overworked its medical men are at present, can imagine that any supervision it would be in their power to bestow on the insane in family care would be sufficient. There is also another reason why it is undesirable to associate the Poor Law service with this work. [Happily the institution of district asylums for the relief of the destitute insane preceded in Ireland the passing of the Poor Laws, and accordingly mental unsoundness occurring in the poorest person is regarded primarily as a disease to be cured or cared for and not merely as a phase of pauperism. This humane view was early adopted by the Irish law, and although the class of people above referred to who

hate the insane and all that tend upon them, and who love to shower upon them opprobrious epithets, mouth from time to time about the money that is wasted upon "pauper lunatics," the phrase remains as incorrect in fact as it is inhuman in spirit, and in Ireland our public patients are not paupers. They are not brought to the asylum by relieving officers. They are only sent to us from the workhouse if they happen to have for some other reason obtained admission to the workhouse.] The service of lunacy in Ireland is not a branch of the Poor Law service, and it is very desirable in the interests of our patients that it should never be. It is true, unfortunately, that insanity is the most pauperising of diseases, but as we have been able hitherto to manage our insane, both with regard to fiscal requirements and otherwise, without stigmatising them with the quite unnecessary brand of legal pauperism, it is very desirable that we should continue to do so. This was clearly seen by Sir Arthur Mitchell and his Commission who, reporting some years ago on the reforms required in relation to Irish lunacy, strongly deprecated the amalgamation of the two services. To endeavour now to associate pauperism and mental unsoundness would be a distinctly retrograde step.

(1) An abstract of this paper was read at a meeting of the Fourth International Home Relief Congress at Edinburgh, June 8th, 1904. Certain clauses added as the paper passes through the press are distinguished by inclusion in square brackets.

(2) More than one speaker at the Congress observed on this aspect of the question, notably Dr. Parker of Gartloch, who pointed out that there is a fallacy in comparing the cost in district asylums, minus the best working patients, with the cost of the boarded out, many of whom are virtually wage earners. That family care may prove palatable to local authorities it is necessary to show that it is not unduly costly, but the true ground on which it should be advocated is that it is the best, and not that it is the cheapest mode of treatment. As Howe tells us above, the good of the inmates and not of the institution should be paramount.

Need of Care of the Weak-minded in Infancy and Childhood.(1)—By HENRY RAYNER, M.D., Physican to the Out-patient Department for Mental Diseases at St. Thomas's Hospital.

THE necessity for special care of infants and young children afflicted with defective brain development has been increasingly recognised in recent years, but the modes for providing this care are as yet little developed.