

OCCASIONAL NOTES OF THE QUARTER.

Proposed Hospital for the Insane of London.

In our last number we referred to the proposed Hospital for the Insane of London, and expressed some misgivings in regard to this movement.

The Report of the Committee is now before us, and we cannot honestly say that these misgivings have been removed. Much of the evidence given is of a purely speculative character as to what might be the therapeutic advantages and the ultimate saving to the ratepayers in consequence of carrying out this scheme. It is true that in some instances many decided opinions are expressed, but they do not appear to be based on sufficient evidence. For example, it was anticipated by one witness that the result of a hospital of this description would increase the proportion of recoveries by 10 per cent. We are sorry that we are unable to find any sufficient ground for expecting so happy an effect from the scientific study and treatment now proposed, and alleged to be absent from existing asylums for the insane. Another witness observed that if a case of chronic insanity is discharged from a general or special hospital, that, as it is unsuited for Bethlem and therefore sent to one of the county asylums, "it is completely lost sight of." Such a case would be sent to the intermediate hospital now proposed, and it is alleged that it would lead to a saving to the community. We think this is highly improbable. As a matter of fact, cases of a very unfavourable character discharged from Bethlem Hospital in consequence of the rules limiting the period of treatment to twelve months, have sometimes recovered after their removal to county asylums.

Some of the observations contained in the Report itself invite criticism. The disquisition on the nature of insanity and on the phrase "diseases of the mind," seems to us to be out of date, as well as out of place. It is much to be regretted that such an extraordinary mis-statement as the following should go forth to the public:—"In considering insanity with reference to preventive or curative treatment, these material changes (those affecting the brain) are all that need be taken into account." The position here taken indicates but too clearly the crude and one-sided view which the Report takes

of the kind of treatment which the insane require. Moral means, and the mental influence of the environment, appear to be overlooked, and "the physics of the animal body" are made the chief consideration. The experienced Superintendent of Prestwich Asylum, Mr. Ley, made just the sensible observations in his written communication to the Committee, which might be expected from him:—

"I do not think that the establishment of such a hospital in London would in any way meet the requirements of the case. Every advantage claimed from such an institution might be more effectively and economically provided by suitable structural additions to existing asylums, supplemented by a sufficiently numerous medical staff, specially selected with a view to pathological and other scientific investigations."

In this single sentence is contained more practical wisdom than in the florid passages in which the Report abounds. The *animus*, and what we must regard as the special pleading of the Report now under consideration, are exhibited in a passage aimed specially at asylum superintendents. "Our asylums contain thousands of persons who, besides being insane, suffer also from some common malady, such as, if they were not insane, would render them fitting patients for a general hospital. It would be difficult to name a single instance in which any important suggestion for the better treatment of any such common malady has proceeded from an asylum medical officer, although such suggestions are proceeding every day from the medical officers of hospitals" (p. 21).

We are not aware that the visiting physicians to asylums, as, for example, in Ireland, have supplied this alleged deficiency on the part of the medical superintendents.

In another paragraph the unhappy medical superintendent is still more severely handled:—

"In plain truth, he is probably seldom a sufficiently skilled clinical physician to be able to recognize either the existence or the importance of what he might perhaps describe as 'small' departures from health, whether originating in the brain or originating in other organs and affecting the brain secondarily; still less he is likely to have attained the practical skill and experience which would be required in order that such departures should be medically treated in the best possible manner. It is certain he does not recognize that the fact of insanity is itself an evidence of bodily disease, of some error in the nutritive processes, an error which it would be the province of the

physician to search out and correct, by any means of examination or of treatment which he might be able to bring to bear upon it" (p. 20).

Dr. Clifford Allbutt proved to be somewhat of a Balaam, and did not bless to quite the extent that was expected, so that his disrespectful reference to "medicine out of a bottle," from which the Committee of the London County Council expects so much—in short, that the patients' "gloom and despondency will vanish as if by enchantment, and the patient, instead of slowly recovering, will quickly be cured," excited no little "surprise," not to say annoyance.

The following observations must have been particularly unwelcome to the Committee, especially as they did not proceed from a "specialist":—

"I think that the two classes of institutions (hospital and asylum) should be entirely different, especially in their system of organization, and that it is very important that one should get rid of any idea that such an institution as you are contemplating should be anything like the St. George's Hospital or the London Hospital, or such hospitals for the sick in our towns. I find myself, therefore, at issue, partly with your question, and partly with the witnesses, in thinking as I do, that it would not be desirable to have a visiting staff, unless it be for professional purposes only. I found that opinion upon this consideration. The treatment of lunacy does not appear to me—I am open to correction—to be very much a matter of drugs or pharmaceuticals. I do not think that pharmacy will have a very large place in the treatment of the insane. That medicines may be of the utmost possible importance, and that they may be employed at times with the greatest possible advantage, no one of course would deny; but that they are usually of primary importance, or that they are the treatment of mental disease, is, I think, not true. I think the true treatment is chiefly moral and humane, and not very much in the direction of drugs. I, therefore, think that the management of the place—and under management I include all the amenities of the place, as well as the mere stewarding of the house—the personal qualities of the medical superintendent, the personal qualities of every member of the medical and nursing staff, is really *the cure*. . . . It appears to me that all those things which a visiting physician does in a London hospital you would have very little place for. But what it does appear to me that there is a place for, and what is indeed of cardinal importance, is the intimate personal relation between the superintendent

and his staff and the individual patient—the study of the patient's character and peculiarities, the ascertainment of his fears and his delusions, his dreads, his suspicions, what are his hallucinations, and everything of that kind; and then the dealing, as tender-hearted, open-minded, sympathetic, humane people with those mental conditions, as mind with mind. That system, you see, makes your superintendent everything, and, subject to him, makes your staff everything also. The superintendent is your medicine; the staff is your medicine; the nurses are your medicine; your conservatory and your entertainments, your birds, your garden, and your farm are your medicines; and these things cannot be prescribed by visiting physicians" (p. 15).

The only cause for regret is that this witness, apparently in pity for the feelings of his disconcerted questioners, mercifully added before he left the room his sense of the "inestimable blessing" which the Committee had conferred upon the community by pursuing the course which, if adopted, will inevitably be in direct variance with the excellent counsel which Dr. Allbutt had just given. Perhaps it was not unnatural for the Committee to complain that the witness was "scarcely consistent."

In regard to the important question of affording facilities to medical students for the clinical study of mental disorders, these can have opportunities granted them in the existing asylums in and around the Metropolis. At the present moment a large number of students avail themselves of the rich field of study open to them, and there can be no doubt that there will be a large extension of this practice in the future.

Nothing can be further from our wish than to throw the slightest impediment in the way of encouraging, and, indeed, enforcing the clinical study of insanity, and of extending pathological research. To underrate the importance of these two lines of observation would be altogether foreign to our feelings, and the position uniformly taken by the "Journal of Mental Science."

Let our endeavours be directed to the development of clinical teaching in all asylums within reach of medical students.

Let there be a pathologist appointed to every public asylum.

Let the duties of the medical superintendent be lightened as much as possible in regard to the non-medical department, so as to allow more time being devoted to the scientific treatment of the patients; the authority, however, of this officer remaining supreme.

Let there be, wherever it is desirable, a separate block for those patients who are labouring under acute forms of mental disorder. In some instances existing arrangements in regard to a distinct ward for recent cases are amply sufficient.

Let brain-surgery and any and every form of treatment which modern medical science can suggest be tried in existing institutions.

Whether under all these favourable conditions, the percentage of recoveries will be materially raised we cannot say, but this happy result is much more likely to be reached by retaining the moral and social advantages now in operation, the outcome of years of acquaintance with the requirements of the insane, than by the divorce of the moral and physical treatment of mental alienation with which we are now threatened.

Alleged Increase of Insanity.

An important contribution to the study of this problem has been made by Mr. Noel A. Humphreys in a paper read before the Royal Statistical Society, 18th February, 1890. Considering the unfortunate and egregious mistakes which are made in the matter of statistics by those who either are ignorant of the elementary principles of the science, or who draw conclusions from insufficient data, it is of the first importance to have statisticians with special training, and provided with all the particulars which can be procured from dependable sources. These qualifications Mr. Humphreys possesses, and the result is the most trustworthy article to which men can refer who desire to know the real facts of the case.

Mr. Humphreys lays great stress on the shortcomings of the Lunacy Commissioners. It appears that the census of 1881 gave a return of the number of the insane, which was 11,390 in excess of the registered cases reported in the Lunacy Blue Book for that year.

Neither the Local Government Board nor the Lunacy Board makes any return of the admissions of pauper lunatics into Workhouses, or of the new cases receiving out-door relief.

Hence any return of admissions of the insane is defective to this extent. It is also pointed out that the admissions into asylums from among cases already existing in Workhouses, or residing with relatives, are not distinguished from the really new cases.