

The patient recovered steadily, and was a good and willing worker for several weeks. She was then discharged, but she relapsed at once. She rapidly recovered and some months later she was again discharged.

(*To be continued.*)

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*Some Points in the Early Treatment of Mental and Nervous Cases (with Special Reference to the Poor).*

By A. HELEN BOYLE, M.D., Medical Officer, Lewes Road Dispensary for Women and Children, Brighton.

THE object of the paper is to urge the establishment throughout the country of institutions for the treatment of nervous cases and of early uncertifiable insanity. The fact of certification leads to an erroneous view of insanity, for it does not make a person insane, nor does the absence of it prove sanity. The boundary line of certification is a purely arbitrary one, and, from the nature of the illness and our present ignorance of it, this is bound to be so. Certification does not necessarily mean that at such a moment a person became mentally upset, but rather that at such a time, after observation showing them not to be responsible for their actions, it became advisable, in the interests of themselves or others, to control them, if required, by force.

Treatment, therefore, should begin irrespective of certification. The law, a very valuable one, surely has importance purely in that connection; it merely sees that physical control, when given, is not abused. Certification is only an incident in the course of the insane illness, and not necessarily, nor even often, at the beginning of it.

To use a paradox as a short cut to what I mean, insanity begins before a person is insane, and it is then that recognition and skilled treatment are most valuable.

It is this truth which terribly needs to be driven and hammered into the understanding of the lay public, and even more into that of the general practitioner, who is too apt to associate mental trouble with the striking picture of an acute maniac and to think that psychic disturbance short of delusions,

or shall I say of *expressed* delusions, is what is called "only nervousness" or "hysteria."

Of how many of the frequent suicides is it not true that some psychosis or irresponsibility from which they should have been saved lay at the bottom of their successful attempt? And yet, perhaps, it might have been difficult to satisfy the Commissioners in a certificate, more difficult still to satisfy the magistrate, and most difficult of all to induce the friends to apply for the reception order.

It is these uncertifiable and, I believe, rescuable cases which could be admitted and often cured if there were any institutions which would take them and have a staff acquainted with nervous trouble to deal with them. The East End and equivalent slums to which they drift are not good sanatoria for the mentally and nervously unstable.

To quote an illustrative case: A man, who had been an assistant master at a well-known art school, married young. They struggled along, had three children, and then he got thrown out of work through not being very strong. He did not drink, and was a good husband, but was somewhat nervously weak. They came down to the East End because it was cheap, and he hoped to get unskilled labour, which, of course, run down as he was, he was quite unfit to do. I do not know whether he was an early mental case or a neurasthenic, but in either case, where in England at present could he get the treatment he required to prevent insanity or cure his nervous breakdown? The answer is, Nowhere. No hospital would take him because he had no organic disease, no asylum because he was not certifiable; and so he would be forced into insanity or a nervous condition from which there might be no recovery possible—in the former case to live an incubus upon the rates, in the latter probably to die, in either to leave his family unprovided for, and battling with a nervous heredity amidst poverty and distressing surroundings.

It seems hardly like a civilised nation that this should be possible.

I am not concerned to discuss the question of the increase or not of insanity, for we all agree that there is too much of it, and this is all that is required for the argument, that no stone should be left unturned in dealing with its prophylaxis.

Do we as a nation do all in our power to prevent nervous

breakdown of all sorts, including insanity? Most certainly we do not, and we are behind most of the other civilised nations **in this.**

It is curious and remarkable that England, with her anti-vivisection and anti-vaccination societies, her prevention of cruelty to children and to animals, her homes for lost and sick cats, her nurses for invalid dogs, this same England should allow many of her good workers to be driven into insanity for want of timely and suitable aid.

This year the Council of the Lewes Road Dispensary for Women and Children in Brighton has opened a small hospital, one of its principal features being that all nervous cases are eligible except those requiring restraint and suitable for asylums.

In order to get clear ideas as to what was being done elsewhere in this line, I went to Glasgow and Germany. Dr. Carswell, of Glasgow, is the first in this country to have wards run by public funds for the observation and treatment of early cases of insanity, hysteria, and so on, into which wards he can admit, with little preamble, patients who are unsuitable for certification and yet are in need of treatment. The immense advantage of these wards is in being able to treat those cases which cannot be certified on application, but in whom signs of nervous instability have been sufficiently well marked to induce them or their friends to apply for assistance. They will also, no doubt, lead to much earlier application for help than if asylum treatment or none at all were the only possible results.

In Germany I saw the klinik at Berlin, under Professor Ziehen, in Munich, under Professor Kraepelin, and in Göttingen, under Professor Cramer, and was very much impressed, both by their great courtesy and kindness to a foreigner and by the thorough equipment of their hospitals, both for treatment and for research. Besides these great kliniks, with their grand possibilities for treatment, research and teaching, I saw the two first institutions, such as I hope we may soon have here, for the care of nervous cases in the poor other than certifiable mental disease.

The one, Haus Shoenow, is at Zehlendorf, near Berlin, under Professor Max Laehr. It is a semi-charitable institution, and each patient pays 28s., or more, a week. For the poorer

ones there is a fund to assist. This maintenance rate is high, and is due chiefly, I believe, to the staff, which is large. Work, such as brush-making, carpentering, gardening, book-binding, and so on, is taught to those able to do it, and there are arrangements for lying out, electrical treatment, baths, etc. Both sexes are admitted.

The second institution is the Provincial Sanatorium for Nervous Patients at Rasemühle, near Göttingen, under Professor Cramer. This is maintained by the public funds of the province of Hanover, and is directed by the Professor of Psychiatry and Neurology of the University of Göttingen, who also is superintendent of the pauper lunatic asylum. Here also the class of patients that I have described are taken and both sexes are admitted—sharing the sitting-rooms—while there is one small house reserved for women only.

To return to the hospital in Brighton.

(1) *It is not reserved exclusively for nervous cases*, though largely used for such patients. It seemed better to assert the principle that nervous troubles are just illnesses and can be treated under the same roof as other diseases.

(2) *The patients are not kept in bed unless needful for their health.*—Provision is made for walks, sitting out by the sea, going to church, bicycling, and so on, while having the supervision they require. When able they help in housework and in the garden. Experience teaches that some nervous cases need a considerable amount of exercise, and it is managed partly by outside voluntary help, some of it being done by the private patients in our own house who, when well enough, are very glad to help in dragging another poorer human being out of the ditch they have scrambled up from themselves.

(3) *The medical supervision is done by people who have had some experience of both insanity and neurology.*—It seems an odd thing that these two should ever have been separated in practice, but in England it is the rule and not the exception to have consultants practising as neurologists and alienists respectively. Personally, it appeals to me as about as reasonable as if one man undertook to treat the heart and someone else the blood-vessels, and in practice I believe they find that their patients offer them a fair selection of both.

Perhaps this endeavour to divide up the treatment of the nervous system is to some extent responsible for our lagging

behind other nations in the treatment and teaching of both mental and nervous disease.

(4) *Numerous patients should be treated together.*—They do far better in all but exceptional cases. It is, in fact, depressing to be the only incapable or sick member in a household. The difference between them and the healthy is marked and they get rather left out; they feel worse than they really are; there is no one for them, in their turn, to give way to, no one to whom they are in any particular superior, and this militates very seriously and often unsuspectedly against recovery.

We estimate our own value very much by that of our surrounding average, and it is well for most nervous cases that this should not be too high. In the selfish it fosters egoism, and a demand that all the healthy shall give in cheerfully to them as suffering martyrs, and they become the neurotic vampires we all know. With the unselfish they become oppressed by their incapacity; they feel that they are only a burden. There is many a case of depression which would recover if you could remove the stress of this rather reasonable thought from them, and it is easily done where there are others.

The psychic treatment as apart from the physical is perhaps nowadays somewhat neglected, though Kraepelin maintains that the psychic element is steadily increasing in insanity, and Dr. Weatherly has recently called attention to it too.

It may be a good hypnotic for some cases of insomnia to give the patient the onus of entertaining others by singing or reading in the evening, for the warm glow of satisfaction at success may be more efficacious than a hot pack.

Therefore, while making it possible to keep those who might harm each other apart, it is invaluable to treatment to have a sufficient number of patients together. It is difficult to understand why so much weight is laid on *single* care for the incipient cases under the new Bill.

(5) *There should never be too many patients for the medical staff to know them thoroughly well personally.*—Personal influence is a large and important factor.

(6) *There should be provision for the treatment of women by women.*—Perhaps I may be forgiven for thinking that this is often a help to the patients. It is easier for a woman to understand a woman and the things that she does *not* say than it is for a man to do so; and though no doubt there are

cases where it will be as well not to understand too much, a certain amount of density is easily assumed.

(7) In an institution for such cases there should be an entire absence of red tape, and the type of building which would probably suit best would be cottages something like Dr. Barnardo's Cottage Homes. The cost can never be very low, but should work out somewhere between that of asylums and general hospitals in England. At the little Brighton Hospital, with twelve beds only, it will be probably about 15s. a week per head—possibly less.

In conclusion it is to be hoped that many and better ones will start and flourish in England for the sake of humanity and economy. Even if we have to wait for the slow movements of Parliament for effective kliniks, these hospitals at least we can have at once.

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*The Provision of Suitable Accommodation for the Various Forms of Insanity.* By JOHN MILSOM RHODES, M.D.,  
Chairman of the Chorlton and Manchester Asylum Committee, Alderman for the County Palatine of Lancaster.

"I NEVER saw anything like the English people," remarked a foreign expert to me at an International Congress; "they have the best institutions for public assistance in the world, but they never have a word of praise for their own asylums: on the contrary, they are always criticising them." My reply was: "Is it not because we are always criticising our institutions and trying to remedy their faults that they are the best in the world?" Our friends across the channel appear to be very much of the same opinion as the expert. They praise our asylums as being better and costing less than the French; specially do they praise the administration of them; the character of the attendants in our asylums as compared with their own comes in for warm commendation; even our lunacy law is—*mirable dictu!*—described as *plus simple que chez nous*. If it is, then the French lunacy law is decidedly complex; for it does appear to me monstrous that while under our present law we have only three medical inspectors for