

ship, amusements, occupation, and so forth, which the report despises as "moral" treatment, and which certainly could not be regulated by visiting physicians. Yet are we not agreed that in our consulting-rooms, in our general hospitals, and especially in the out-patient departments most of our prescriptions are but "moral" treatment without the merit of sincerity?

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*The Desirableness of Throwing Open our Asylums for the Post-Graduate Study of Insanity.\** By FRANCIS H. WALMSLEY, M.D., Assistant Medical Officer, Leavesden Asylum.

A distinguished historian well said "Before you attempt to write on any subject, be quite certain that you can say something fresh about it."

The Medico-Psychological Association, in the very practical Report,† just issued, on the Care and Treatment of the Insane, places on record its deliberate opinion "That every public asylum should be available for scientific research."

This plain fact, plainly stated, is worth a world of talk, and though it sweeps away whatever of freshness might have attached to my proposition, nevertheless it materially lightens, not only my task, but also the demand on your patience and forbearance; this expression of opinion, coming from the Medico-Psychological Association at this moment, while it has, for obvious reasons, necessitated an entire recasting of my paper, affords justification—if any were needed—of my action in presenting to you, and through you to the profession at large, this pressing question, in some such form as the title of my paper indicates, and also furnishes evidence that the time had come for the consideration and formulation of some scheme, which, if carried into effect, would render available to the whole body of the profession, the rich and valuable stores of information which our asylums contain.

Only by full and friendly discussion of all possible means of improvement can there be choice of the best. The remarks which I venture to obtrude upon you shall be brief and divested of all superfluous detail.

\* Read at Bournemouth, July, 1891, in conjunction with Dr. T. Clifford Allbutt's paper, "The Proposed Hospitals for the Treatment of the Insane."

† See "Occasional Notes of the Quarter."

The existing asylum system has been lately subjected to numerous adverse criticisms; whether these criticisms be merited or unmerited, I shall not, as Dr. Johnson says, assume the province of determining. "Do not trouble yourself too much about the light on your statue," said Michel Angelo to the young sculptor, "the light of the public square will test its value."

In pursuing our inquiries, it is important that we exclude, so far as possible, whatever emotions the facts are calculated to excite, and attend solely to the interpretation of the facts.

It will, I take it, be generally conceded that one of the disadvantages—and one very far reaching in its influence and effects—against which asylum physicians have to contend, arises from the fact that so many of our asylums are located—doubtless for good reasons—away from the centres of industrial and intellectual activity. There may be some kinds of work of the best quality done in solitude, but most of the world's labour is performed by men and women who stand side by side, and whose efforts afford strong and equitable incentive each to each. Men cannot be isolated. We all of us, as a rule, want to be continually braced up to a high standard for our work. Emerson says:—"The common experience is that the man fits himself as well as he can to the customary details of that work or trade he falls into, and tends it as a dog turns a spit. Then he is a part of the machine he moves. The man is lost. Until he can manage to *communicate* himself to others, so that he may justify his work to their eyes, he does not yet find his vocation. Whatever he knows and thinks, whatever in his apprehension is worth doing, that let him *communicate*, or men will never know and honour him aright."

A distinguished member of our specialty has given utterance to the profound observation, "The constant association with demented alone tends to lower the mental tone of the staffs of asylums by the well-known law of the action of mind on mind." At the risk of being considered hypercritical one might remark, in passing, that here, in the first place, the premises are inaccurate, and in the second, if accurate, we are treated to the simple affirmation of a conclusion which does not follow from the premises; in logic the fallacy known as "*Non causa pro causa*," or the inferring of a connection of cause and effect where there is

only a mere sequence, as in the celebrated instance of the rustic who made Tenterden steeple the cause of Goodwin Sands. However this may be, the lesson it would teach us is valuable, especially so, coming from one of ourselves. Doubtless man must be taken in relation to his environment, in conjunction with all the surrounding circumstances of time, place, and condition. We are all more or less, as Shakespeare's fine line renders it —

Subdued to what we work in, like the dyer's hand,

hence the importance of keeping alive the susceptibility to all the influences which overpower the accidents of a local and special culture, thereby saving ourselves becoming the slaves of the exterior circumstances in which we live.

How profoundly the general practitioner is interested in the question of insanity is shown by an enumeration of the duties which may at any moment devolve upon him, duties of a highly responsible nature, and of great importance to society.

He is concerned with the granting of lunacy certificates depriving a fellow-citizen of personal freedom and of liberty to manage his affairs. These certificates may become at a future time a subject of close and hostile criticism in our courts of law. He will be asked:—Was this man when he made his will in full possession of his faculties? Is this man who squanders his property fit to manage himself and his affairs? Had this man, when he committed this atrocious crime, the ability not only of perceiving the difference between right and wrong—the legal test—but was he capable of choosing between right and wrong—the medical test? He will be consulted on the delicate question of the marriage of those of near kin. There will come under his observation those difficult cases fluctuating between sanity and insanity, and again those pathetic, and often tragic, cases where the individual is harassed by a sense of insufficiency and of inadequacy to the demands of duty; where the patient, though not at this moment positively insane, is what is very nearly the same thing—*unsane*, a nature out of joint, poisoned and racked with pains. Only by prompt recognition and management of such cases is the impending calamity averted and the individual restored to his family and to society.

On all these points his advice will be sought and his

evidence required, and he will be expected to assign satisfactory reasons for his opinion, and will in all probability be met with the inquiry:—Have you observed and studied cases of mental disorder in the wards of a lunatic asylum?

How keen an interest the ratepayer feels in this question is said in saying that our existing asylum system with its 87,000 inmates is maintained at an annual expenditure of upwards of two millions. Lord Rosebery, when laying the coping stone of another Metropolitan asylum, said:—“Lunatics in London are increasing at the rate of 400 a year, thus every five years we shall require to erect a new asylum at the cost of half a million. You have to view this enormous expenditure as one for which I can give no promise of its diminution; it must increase sensibly until some remedy is found which shall strike at the root of insanity itself!”

The community generally is displaying a deeper interest and concern in the welfare of its several organizations, asks that they shall be maintained in a state of active efficiency, and desires to make sure that the work done by them is the best that can be commanded at the time.

The movements lately initiated by the governing bodies of our Poor Law Institutions—organizations allied to our own—are very significant of an altered state of public opinion.

The Metropolitan Asylums Board is affording opportunities to students and qualified medical men to avail themselves, for the purposes of study and scientific research, of the vast resources contained in the infectious hospitals and in the asylums under their control.

The Paddington Board of Guardians have invited physicians from the general hospitals to lecture in their infirmary in connection with the London post-graduate course of medicine.

Dr. Bridges, of the Local Government Board, in giving evidence before the “Hospital Inquiry Committee,” advocates the linking of the poor law infirmaries with the general hospitals.

Were the medical staff of each one of our asylums actively engaged in conducting post-graduate courses of mental medicine, facilities for the study and observation of insanity would be increased, and a better knowledge of the subject diffused throughout the profession at large. Some such

scheme universally adopted would cause our asylums to approximate more and more in character to the hospital type, and would benefit not only the general practitioner, but also the asylum physician, by bringing him more within the sphere of emulation with his confrères outside; he would have to provide all the newest and best knowledge of the time, and convey it in the most useful form; this alone would impart a healthy stimulus to work. He would meet with those engaged in different branches of practice, who view the subject from a different standpoint; practical men would be brought together and would impart all that was singular and of value in their experience.

Locke quaintly says:—"We are all short-sighted, and very often see but one side of a matter, our views are not extended to all that has a connection with it. From this defect I think no man is free; we see but in part and we know but in part, and therefore it is no wonder we conclude not right from our partial views. This might instruct the proudest esteemer of his own parts, how useful it is to talk and consult with others, even such as come short of him, in capacity, quickness, and penetration, for since no one sees all and we generally have different prospects of the same thing according to our different, as I may say, positions to it, it is not incongruous to think, nor beneath any man to try, whether another may not have notions of things which have escaped him, and which his reason would make use of if they came into his mind."

The *Times* says:—"The public seeks in vain for any manifest indication that the speciality which professes the treatment of insanity has kept abreast in the onward march of medical science. Asylum medical officers are, as a rule, too much occupied by duties which might be performed by stewards or clerks to have proper leisure for the scientific study of the patients placed under their care." So often has this been repeated that if we did not know the contrary to be the case by sure warrant we might easily have concluded—so fallible is our reason—that this was the truth of the matter; the necessity for a statement so condemnatory is to be deeply regretted, if justified by the facts; that it has not, at least, a universal application, one has but to call the roll of the distinguished men who have filled the presidential chair of the Medico-Psychological Association, men who have done much to aid the efficient treatment of the insane; again, of those men—their names are known to

all of us—who, while engaged in the arduous work of administration, have yet found time to produce the masterly works we possess on mental disease; men of the highest literary and scientific attainments—men who save and serve their order.

The *British Medical Journal* says:—"Doubtless asylum physicians are expected to do too many things, but we believe the old maxim of further employing the most busy of men holds good with them, as such men always find time for more work."

Thus then there appears to be general agreement that the time has come for urging asylum authorities earnestly to consider the propriety of rendering available to the whole body of the profession the rich and valuable stores of information which our asylums contain; such a course must necessarily lead to an interchange of views between the profession at large and the permanent staffs of our asylums, which manifestly must result in benefit to both, in good to the patients and in profit to the whole community.

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*The Influence of Surroundings on the Production of Insanity.*  
By GEO. H. SAVAGE, M.D. (Lond.), F.R.C.P.\*

The object of this paper is two-fold. First, it is a protest against the widely-spread notion that nearly all insanity is due to direct neurotic heredity; secondly, I wish to point out my belief that as much insanity depends upon surrounding conditions, so the general treatment by conditions rather than by drugs is the more reasonable and more efficacious.

Perhaps the title of the paper is not wide enough, but as it is linked with that of Dr. Wallace on heredity and its influence in the production of insanity, the two papers may be looked upon as mutually complementary.

I shall endeavour to make it clear that insanity may, and frequently does, arise in families in which no neurotic weakness can be detected, and that certain members of otherwise healthy families become insane as a result of the condition in which they live.

We have heard so long and so eloquently of the tyranny of the organization that it appears to me that the time has come

\* Paper read at the Psychology Section, British Medical Association Meeting, held at Bournemouth, August, 1891.