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Part I.—Original Articles.

*Medico-Psychological Association of Great Britain and
Ireland. Presidential Address, delivered July 25th,
1907. By P. W. MACDONALD, M.D., Resident Physi-
cian and Superintendent, County Asylum, Dorchester.*

THE honourable position, which, through your kindness, I am privileged to occupy to-day, associates the occupant of this chair with a long roll of distinguished predecessors, and unites him as it were to a confraternity of honour which oversteps time and unites generations. But whether the initial duty of having to deliver an inaugural address is a wise one, I will not venture to say; yet I do know that the consciousness of this time-honoured custom neither tends to produce peaceful repose, nor happy thoughts during the year of probation. My immediate predecessor, Dr. Robert Jones, having so diligently covered the field of evolution, from the time of King Saul to the latest conceptions of the London County Council, I have experienced no little difficulty in finding a resting-place in any of the ordinary fields of inquiry. Assuming that the members of this Association would not expect anything new in what I might say, I have speculated whether, perhaps in directions which are not new, I might say anything which would suggest useful thought to those interested in the aims and work of our Association. On the very threshold of my task I was, as if by chance, suddenly pulled up, and found written across my path these words: "I look into my glass." Such is the title

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of the short address with which I purpose troubling you this afternoon. Would that this glass were the simple artificial mirror from off the reverse side of which you and I could remove the silver coating and look into the fathomless abyss beyond ; but no, the glass is the human mental mirror of which all are possessed, some more, others less. If I propose to you to look with me into this glass at the question of the social aspect of insanity in a purely rural district, "far from the madding crowd," and which has remained untouched from the influence of large communities, it is not as a mere theoretical exercise in race evolution, but because it contains within, a further inquiry, which even in this the early part of the twentieth century may be turned to profitable account in an Association like this.

Allow me to digress for one moment while I recall to your memories the blanks which have occurred in our ranks since last annual meeting. I grieve to say the list is a heavy one, and the profession and our Association are the poorer thereby. From among our ordinary members we have lost a former President, Oscar Woods, of Cork, whose geniality and sympathetic disposition were as true a part of his sterling qualities as were his large-heartedness and steadfast friendship. In England we have to deplore the loss of three Medical Superintendents. Frederick Hurst Craddock, of Gloucester ; John Creig MacDowall, of Menston, and Robert Sloss Stewart, of Glamorgan, and in Scotland, Charles Angus, of Kingseat, each one of whom has left indelible marks of devoted and honourable services in their respective spheres of work. Dr. Dixon, of Wye House, Buxton, was not only a successful director of a private house, but an influential public man. In other branches we have lost William Lloyd Andriezen and Robert A. L. Graham, the former, one of our most distinguished workers, and the latter, a promising son of an able father. We have also lost three honorary members, who were not only distinguished alienists and physicians in their own countries, but honoured and revered members of our Association. I mean the late Dr. A. E. MacDonald, of New York, Dr. Charles Féré, of Paris, and only a few weeks ago, Sir W. T. Gairdner, of Glasgow, a past President of our Association, and of whom any appreciation in words must fail which does not convey some impression of the high moral dignity which was in Sir W. T. Gairdner

associated with an intellectual power that placed him at the head of his profession. The names of three former members of this Association I may fittingly add to the already too long list—the late Dr. Huxley, of Kent Asylum, the late Dr. Toller, of Gloucester, and the late Dr. Schofield, of Camberwell House. I think it was at the annual meeting of 1903 that a distinguished member of our Association proposed a motion of congratulation to a former Visiting Commissioner, on whom His Majesty had conferred a distinguished honour, and I am sure it will be with your concurrence that I should to-day express from this chair the deep and great regret of the whole Association on the death of the late Sir Charles Bagot, who was one of our truest and best friends. Knowing, as I do, that votes of sympathy and condolence have already been sent to the sorrowing friends of our departed members, I will only now say that in this long list there were gifted brains and great reputations, and on behalf of this Association I express the regret and grief with which we part with able, kind, and noble associates.

Ratio of Insane to Population.

For the purposes of this address I have taken a period of half-a-century in the history of the county of Dorset, during one-half of which I have been entrusted with the supervision and administration of the county Asylum, and therefore have had full opportunities of following and watching the changes or otherwise occurring in the county and incidental to the work of my life, and thus it is I am led to address you on the subject of which I venture to think I know most. In order the better to preserve continuity and to save you from the infliction of an array of tabulated statistics, often so fallacious, I have looked at the subject, I trust, without prejudice, and hope to show how the swing of the pendulum has often been affected, not in accordance with the teaching of Mother Science, or the conclusions of those whose profound ignorance of the disease led to the theory of its supernatural origin, but by the hand of time and change and men and ways. Scientific findings afford no data by which many of the variations of this swing may be determined. At the commencement of the period of this inquiry there was, according to authorised

statistics (I do not mean lunacy blue books, but the statutory registers), a ratio of 1 insane and defective person to every 307 of the population. Now if I were to argue from these figures alone, and draw conclusions from a comparison with the position of things at the present time, when on the same basis there is a ratio of 1 to every 207 of the population in the county, the outlook would indeed appear extremely black. Let us look into this for one moment. In the fifties there were in the county of Dorset scores and scores of feeble-minded persons of all ages, living free and simple existences in the villages, unknown to blue-book statistics, and unknown to the lunacy laws. It may be that a percentage of these—I do not mean the typical village “fool,” for he exists now—were not at all times kindly cared for, still they were not reckoned or taken into account in working out the ratio of the insane to the population. How then can arguments be built or conclusions drawn from such a fallacious method of preparing statistics. It is both wrong and misleading.

Since the seventies, and for reasons well known to all, the weak, the defective, and the wreckage of human ruin and decay have been gathered into the institutions of this country, until the public have become alarmed, nay more, staggered, at the annual cost or up-keep of these hordes of human beings, and the perennial balloons of race degeneracy have been flying high and far. We have recently been warned against hasty conclusions based on general statistics, and a pious hope has been expressed that local attempts would be made to deal with one of the gravest problems for the future of this country. If we take the period since 1875 we are on surer ground, not that I wish you to believe or to think that I have pinned my faith on this or any other source of information, based on figures alone. In the last published volume of the *Lunacy Blue Book*, the Commissioners state with a frankness worthy of emulation that owing to the presence of foreign or out-county patients in many asylums their statistics fall short of accuracy. Now in the case under consideration no such inaccuracy can arise, as every foreign element has been excluded, and thus we are left to deal with the home-bred article. A quarter of a century ago first admissions were in the ratio of 1 to 307 of the population, to-day the ratio is 1 to 207. Without further explanation these figures appear as ominous as if we had dealt with the earlier

part of the period, when, as we have already seen, the figures fell very short of representing the true state of things. In all such inquiries as the present the first and cardinal principle is to throw your net as wide as possible, and for this purpose we must look at the social conditions as represented by the birth-rate and the important question of migration. During the period since the census of 1851 the decline in the birth-rate of the county, when corrected according to the methods now most adopted, amounts to 30 *per cent.* This is in keeping with what has been happening throughout the country as a whole, but in a sparsely populated part like Dorset the consequences, as we shall presently see, are even more disastrous than where the persons per acre are more numerous. A declining birth-rate and steady flow of migration have resulted in a net loss of 82,000 persons to the county during the period of fifty years, which means that the stationary proportion of enumerated natives is less than 65 *per cent.* Having arrived at this point, we are now in a position to consider the relative value of the ratio of first admissions to the population, and what, if any, changes have taken place. In an earlier part of this address I promised not to weary you with tabular statements, but you must forgive me for introducing here what occurred during the decade ending 1881. For this period the excess of births over deaths was 22,564, yet there was at the end of the period a fall of 4,028 in the population, which means that during these ten years the county suffered a net loss of 26,500 persons by migration, or at the rate of 2,500 per annum. From the start to the finish it was a case of all loss and no gain.

I think it was Ruskin who said, "In some far away and yet undreamt of hour I can even imagine that England may cast all thoughts of possessing wealth back to the nations among whom they first arose." May I venture to apply these sentiments to the county of Dorset, of whom I may with truth say, she has given much of her human peasant wealth to the ungrateful cities of England, there to be launched, not among the submerged tenth, but on the flood-tide of the race for supremacy in the eternal struggle for existence, while she has throughout these fifty years struggled against the inevitable. When the brain of the engineer and the hand of the mechanic began to replace the village peasant, the results of which have been so graphically portrayed in the history of Wessex, then there

followed the tide of village depopulation which has continued to flow ever since, until the very foundations of the backbone of this country are threatened. Provided the county had not suffered such serious losses by migration, the ratio of first admissions to the population would stand at 1 to 282, as compared with 1 to 307 in the seventies. This difference is easily accounted for when the nature of the stock-producing article is considered, and would have been wiped out had the normal birth-rate been maintained. If I have succeeded in engaging your thoughts to the thread of my argument, the simple truth amounts to this: During the fifty years there has been a slight increase in the ratio of first admissions to the population, which is not surprising, and is what might be looked for when we remember the destruction worked by the process of migration, and, as will appear under the head of causation, the enfeebled and tainted nature of many of the residue. There is no need to argue this point further, but it should be said that alarmists' statements based on hastily prepared facts conceived on a wrong issue are productive of much confusion, and, it may be, national harm. While according to the *Blue Book* of 1906 Dorset is credited with the third highest ratio, viz. 3.6 of insane to 1000 of the population, no mention is made of the conditions which have resulted in this high proportion, nor of the changes of a national character which may be reckoned as contributory factors.

At the other end of the pole, and the one most in evidence, is the accumulation of the chronic insane in our asylums, which is out of all proportion to the population. One idea is that the fault lies at the door of the 4s. grant, another that it is due to the non-discharge of the "potential insane", and yet another, the failure to requisition the services of the general hospital and poor-law physican in preference to the trained asylum physician in the treatment of early or incipient insanity. "The ill-informed public are apt to look upon a man who has a reputation for skill in a particular class of disease as of necessity unacquainted with all other diseases. We, on the other hand, maintain that of him it should be said with truth, that he is one, not who knows less of diseases in general, but who knows more of the particular class of disease to which he has devoted most time and special attention and study." I do not think it is necessary for me to enter into an argument with either school,

much as I should like to do so, but I venture to say, that while a shadow of truth may attach to each, the real cause is the unbounded confidence of the ratepayer of this country in the administration of our public asylums, and while this is so the trained and experienced asylum physician need not trouble to warn either the neurologist, visiting-physician, or the Poor-Law official off his preserves. To this confidence must be linked the changed condition of things, at any rate in the country, regarding the apparent reluctance on the part of the home circle to care for their insane relative. Is this unreasonable or unnatural? There are desirable homes supported by the rates where the patient can be nursed and cared for. At the same time the relatives themselves have a greater struggle for existence, and, therefore, through the mere force of circumstances are not in as good a position as formerly to play the *rôle* of the mental sick-nurse. Can you or I deny the force or truth of this? No; and while the reputed increase of the insane is more associated with an increase in the number of the registered mentally unsound than any increase in the prevalence of insanity, let us not attempt to save or mould the future of our race at the expense of the delightful personality so frequently met with in institutions for the insane. Let me warn you against beginning at the wrong end.

Type of Insanity.

Having thus far dealt with the human fabric in a limited area, we may now turn our attention to the actual mental condition, and look into our glass from the clinician's point of view. Has the character of the cases remained the same, or have the forms of mental disease under any of the many systems of classification changed during these fifty years? My initial difficulty is to reconcile or bring into line the views and experience of fifty years ago with the ripe experience of the present day. Still, the difficulty is not so great after all, and he would be a bold man who would question the diagnosis of a Pinel, a Skae, a Tuke or a Bucknill. Perhaps they were not accustomed to such borrowed terms as "dementia præcox" and "manic depressive," but I venture to state that they were as competent to diagnose a true case of mania, melancholia or any of the dementias as the greatest Goliath of the present age. Under

this head much interesting information may be gleaned from the published experience of such men as Thurnam and Boyd, and I am inclined to think that the registers of our public asylums were as carefully and as accurately entered up fifty years ago as at the present time. The types of insanity exhibited by first admissions during the fifty years do not show any very startling change, yet under certain heads the change that has taken place is significant of what has been happening in the county, and clearly adds soundly-welded links to the chain I am humbly endeavouring to put together. With reference to the groups of cases falling under the head "mania," I find that the percentage has varied but little during the period. In the first decade the percentage was 49, in the last decade 48, of the total first admissions. These percentages are curiously corroborative of the figures as given by the Lunacy Commission, though not quite so high, and while on the surface of no apparent moment, yet they have a significance. Mania is the only type which does not show a clear and ominous change. Now, without venturing on too thin ice, is it not in accordance with experience, whether gained in the laboratory or by the bedside, that this particular type is less often associated with the wholly hopeless and incurable than any of the other forms? It certainly is so in Dorset, and in further support of this view I would here mention that in the seventies, when agriculture was booming and the ordinary or average population presumably engaged on their native soil, the percentage of mania among the admissions was as high as 65, so that while in a recently published tabular statement agricultural districts are credited with a high proportion of mania among the admissions, it has to be borne in mind that, notwithstanding the changed order of things, when individual centres are closely scrutinised, the proportion remains about stationary. Turning to melancholia, what do we find? An advance from 18 *per cent.* in the fifties to 25 *per cent.* in the nineties, a jump of 7 *per cent.*, and here is one of the striking features in the changes that have occurred. The increase of this type has been much more pronounced during the decades ending 1896 and 1906 than formerly, and while the loss by migration is an important factor, I am inclined to the view that intoxicating physical causes have played a conspicuous rôle if only by rendering the individual hyper-

susceptible to every extraneous influence. But the really important point is the close association between the type of melancholia as met with in Dorset and the absorbing question of heredity. I do not intend to discuss this question at present, as it more fittingly falls under the head of "causation," still I thought it desirable to refer to it, if only to bring into evidence the variation between the two main types of mental disease, mania and melancholia. The dementias are not so easily dealt with, for while there has been no great divergence of opinion respecting senile and secondary dementia, nor have the use of these terms varied in their application during the period, ideas have not only changed, but the whole aspect of things has altered in regard to the early dementias. It has been stated that owing to the lack of brain activity in rural communities senile dementia is thereby more prevalent; but is this the only or real reason why there is such a high proportion of senile cases among the admissions from rural districts? I do not think so. The proportion of this type among the admissions has risen from 5·8 in the fifties to 8·8 at the present time—by no means an alarming increase. But what about the residuum? The quiet healthy life of a Dorset peasant is as conducive to sound-minded longevity as is the bustle of our large cities, and as the result of a patiently conducted inquiry I am inclined to attribute the increase to other causes than the lack of brain activity. I have already stated that owing to the havoc wrought by the tide of migration the humble home no longer harbours those who are able and willing to act the part of the mental nurse. The poor-law authorities in country districts fail to make provision within their walls for the aged mentally sick, and by a process of devolution the Lord Chancellor, through the Lunacy Acts, ordains that his aged children shall be gathered into the fold—into homes which were recently described as "sepulchres of living humanity, or tombs of the intellectually dead"; homes where, through the instrumentality of the enlightened treatment of mental disease, the ordinary span of life's short journey has been considerably lengthened. The aged are interesting, both on account of the lessons we may learn from them, as well as the reverence with which we in all humility should address them; but when we come to consider the position of the early dement we are met with a totally different condition of things.

The dementia præcox school ridicules the homely terms "primary" or "early dementia," and there are those who adopt "adolescent insanity" in preference to either. I am anxious to make my position clear in this matter, not only because I have experienced some difficulty owing to the accepted views of decades ago, but also because the question of primary or early dementia bristles with the deepest interest in any attempt to study the phases of mental disease as exhibited by the admissions from the district now under consideration. It is possible that in the fifties and sixties this particular type of patient was not so thoroughly sifted from the others as at the present time, still, if time and thought are not at a premium, a few months' careful study of our old case books will lay bare their presence in no inconsiderable number. From the seventies onwards we have been more familiar with this class of case, and I find that in Dorset they have advanced from 1 to 3 *per cent.* among the first admissions during the period under review. This is, if we feel inclined to prophesy, an alarming increase of a most hopeless type of mental disease. Many and various are the opinions held and expressed in explanation, but while the evils of educational pressure, unhealthy environment, a passionate indulgence in various directions extending to abuses and other causes, are important side issues, I have found, as I hope to show, that the increase in this class of patient in Dorset is really grafted on an instability associated with the scourge of heredity, or as Dr. John Macpherson has put it, "a predisposing cerebral weakness and a physical intoxication." This type has been of absorbing interest to me for many years, and I am in sympathy with the writer who reminds us of the danger of general statistics, and warns us that of all classes of argument, statistical arguments are the most open to misuse. Could there be a better illustration of the truth of this than the published statement that the proportion (*per cent.*) of primary dementia among the admissions in Dorset is somewhere about .5 *per cent.*, whereas the true proportion is, as I have said, 3 *per cent.*?

We have now to look into our glass at two types of a wholly degenerative nature, *viz.*, general paralysis and epilepsy, associated with insanity. In the case of general paralysis there has been an increase of 2 *per cent.*, but as this is not one of the common types of diseases in rural districts

less interest attaches to it there than in other districts. One curious fact has come to light in respect to the proportion of female general paralytics, which falls but little short of the proportion in other centres, whereas in the case of males it is only about one-half. If Dr. Mott could be induced to devote a few months to the study of general paralysis as met with in districts like Dorset, I am inclined to think his impregnable fortress of "no syphilis, no general paralysis" would shake still more, and I am assured on good authority that the walls of his masterly-built edifice begin to show fissures. The position of acquired epilepsy shows a slight advance, about 1 *per cent.*, which is entirely among the men, for there is actually a falling off in the proportion of female epileptics, but when we come to consider cases of epilepsy, associated with congenital defect, there is need for us to pause and think. It would serve no useful purpose to make a separate group, and I have therefore considered the whole class of congenitals under one head. The proportion *per cent.* of this class among the admissions has risen from 4.7 to 8 *per cent.* during the fifty years—truly an appalling state of things; and herein lies one of the problems which has to be solved in any attempt to grapple with the question of race degeneracy. I fancy I can hear whisperings as to basing opinions on false premises, such as statistics, accumulation, etc., but let me hasten to assure you that I have been into the highways and byeways, the actual homes and the village schools, for the facts on which I venture to express an opinion. There is no denying, no getting away from the fact of the alarming increase of congenitals among the annual admissions, and for an explanation we have not far to seek. It is ready at hand, the deplorable state of things, easily recognised and probed to the bottom in the social life of depopulated villages and districts. Unwise marriages, no variation, an unhealthy, nay more, unholy attachment to the native, has landed us on the very brink of ruin and degeneracy. Having briefly looked into the question of any variation or change in the type of mental disease, we may summarise the matter thus: Melancholia, early dementia and congenital defect, especially the last, have increased beyond comparison with any increase in the admissions; and the gravamen of these changes lies deeply buried in the social life of the people. Help, or relief, must come from the root; it is hope-

less to attempt repairing the roof with new tiles while the walls are so shaky and the decaying foundations are so rotten.

Occupations and Insanity.

I think it was the late Sir George Johnson who once said : " There is reason for the belief that the more thorough and profound is the investigation of any disease or class of diseases the more numerous and intimate will be found to be the relationship with other morbid states." Of no disease more true than of mental disease, and with those words clearly reflected in our mirror let us look at the question of occupation in relation to the changes which have occurred in certain types of insanity. It has been thought that a consideration of " how far the cause of an attack of insanity is related to the occupation of the patient might be a subject worthy of careful research." It was, perhaps, with this object in view that I approached the subject, and not without hope of some little reward, but I fear the results have hardly justified my earlier conceptions. Where the admissions are in numbers within the grasp of easy and accurate classification, as in the case of Dorset, we are not likely to have hurled at our heads the stock phrases, " inaccuracy," " borrowed information," etc., and I venture to say the facts as here given are accurate and beyond dispute. Now what have we found? During the fifty years the class from which the bulk of the cases are drawn, *viz.*, labourers of all kinds, but mainly agricultural, has decreased by some 5 *per cent.* calculated on the annual admissions. Will this occasion surprise? No, for we are already familiar with the fact that the more intelligent labourer has gone elsewhere. Therefore at this point there is no apparent relationship between any increase among the males and the main division under the head of occupations. The division of professions, artisans, etc., never a high percentage, has also decreased, and while it would be sheer waste of time and energy to sum up scattered occupation fragments, I may at once come to the point and ask, if the main groups have decreased, in what group or division has the increase occurred? In that familiar group, " no occupation," which has advanced from 6 to 12 *per cent.*,

I think I ought to build a little wall of defence and beg of you not to imagine that I have included in this division cases where no information was forthcoming as to the occupation or how they gained a livelihood, for all such doubtful factors have been excluded, and the group contains only those who for a multitude of reasons never had and never could have any occupation. I desire to treat this curious and interesting fact as a matter of the greatest importance, and therefore let us for a few moments look at the position of occupation in relation to the female admissions. As might be guessed from previous observations, the wives of labourers and artisans have decreased though there has been an increase of 7 *per cent.* among the class of servants and other unmarried workers, but the main increase has been, as in the case of the males, under the head of "no occupation," the proportion rising from 11 to 34 *per cent.* It will be observed that the increase is much more than in the case of the opposite sex, and reveals to us the high proportion of that most hopeless class, the "mental defectives." Now while a study of occupations in relation to insanity may have shown a striking increase in the group "no occupation," it has not, as was foreshadowed, established any clear connection between certain occupations and special types of insanity, yet I hope to show that the inquiry has not been altogether fruitless. Though I cannot, as has been suggested, trace any clear connection between lack of brain activity and senile dementia, which after all is but the result of natural physiological changes, and strictly speaking should not be classed among the insanities, there is an interesting state of things in connection with occupation and melancholia. The lack of interest and want of any direct stimulus to activity or change of thought in large numbers of the peasant homes in Dorset, mainly through the forces following in the wake of migration, have resulted in a state of gloom and despondency likely to be followed by one of the many phases of melancholia, especially in the case of the predisposed and badly nourished. In so far as the occupation of manual labour is concerned the relationship results from enforced displacement and not because the labourer is not worthy of his hire. A further illustration is to be found in the case of the unmarried woman, who formerly had ample employment in home laundry and dairy work. Most of this is now carried

on by steam laundries and butter factories, and the simple peasant is driven to eke out an existence in a multitude of ways not always conducive to either mental or physical health. In centres where the multitudes collect I can easily understand a different state of things, and that results of a more definite character may be arrived at, but where you have such disorganisation of normal or ordinary life and occupation, as has happened in Dorset, the chances are against any pronounced relationship between occupation and insanity. Admitting that the Dorset labourer lacks in initiative and responsiveness, I do not think the increase of insanity, in so far as this may be proved or accepted, has any direct connection with the ordinary avocations, and therefore I have a difficulty in making any definite pronouncement on a subject which has not the value I was inclined to attach to it. However, the consciousness of greater difficulties ought to recall to our minds this fact, that if the field of inquiry be narrow it can be dug deeply, and in psychological medicine as in other departments, if only a very narrow shaft be carried deep enough we may reach the richest stores of wealth and find use for all the appliances of scientific thought.

Causation.

“Now in every search for truth we can not only exercise curiosity and have the delight, the really elemental happiness, of watching the unveiling of a mystery, but on the way to truth, if we look well around us, we shall see that we are passing among wonders more than the eye or mind can fully comprehend.” In this frame of mind, and remembering the words, “He shall be as a god to me who can rightly divide and define,” I have to ask you to look with me for a few moments into the question, which of all others is of greatest and deepest interest to the student who, however imperfectly, attempts to trace an association between insanity and any of the numerous influences and factors at work. Dr. John Macpherson says: “Insanity not being one disease, but a heterogeneous group of many diseases, we cannot speak correctly of its cause, and, further, as our knowledge of the fundamental facts of insanity is as yet only fragmentary, our opinions regarding its causation are still necessarily crude and imperfect.” If we accept this position it is clearly necessary, if we have a desire to get anywhere near

the truth, to take nothing for granted unless we can satisfy ourselves that truth is on our side, and that our conclusions are not based on figures alone. If it has been necessary to devote so much time and thought to the preparation of corrected birth-rates, how much more necessary must it be in the case of the question now before us, and into which I venture to think more errors are likely to creep than into any branch in the whole domain of psychological medicine. I would here clear the ground by one observation. Do not imagine that I propose taking you through any tabulated list of causes. We are asked to believe that one of the great factors in the production of insanity is associated with the distiller's and brewer's productions, and I think it was Dr. Hyslop who last year warned the public against the evils likely to accrue from the disturbed slumbers of London's rising generation by the nocturnal concerts of love-sick tom-cats, and, again, Sir James Crichton Browne has called attention to the dangers likely to follow in the wake of the motor-car. Now all these influences may, and no doubt do, play a part, but in the case of Dorset the real factors at work are of a different nature, and I feel sure no one would more readily admit than Sir James that good might come from the increasing prevalence of motor-cars in a district where the stagnation of ideas may have become rife and life's dull journey not too exciting. The condition of things in a district where migration has played a conspicuous *rôle* must be wholly different to what is met with in centres or districts where the opposite state of things exists. I cannot accept a grouping of causes from different districts void of common ties as anywhere near the truth. It may be our habit to speak of the causes in one district as the equivalent of those in another, but is this always right? Acting in unison they might be allied forces, carrying into effect a common condition, but acting apart from each other they might be like foes upon common ground. In considering the factors which have been at work I have not been content with ordinary methods of inquiry, but have looked for facts of corroboration, explanation, or otherwise, as are only to be observed in the cottage, village school, harvest-field, etc.

If I take, first and foremost, intemperance, I do not wish you to infer that I am thinking of alcohol only, as I think it is generally recognised that intemperance in other ways may prove deleterious to the nervous system, and I would suggest

that the total abstinence school should considerably enlarge its list, so as to include such baneful decoctions as black tea and the pocket phial. As regards the question of alcohol, I, in all sincerity, accept the position that, when abused or even in many cases used in moderation, the poisonous effects on the nervous system and the future of the race are fraught with the gravest consequences ; but if you ask me to accept the view that alcohol is the great cause, or even one of the greatest causes, of insanity, then we must part company, for facts and experience have taught me a different lesson. For many years I have asserted, and I do so again, that drink, or intemperance in alcohol, cannot be proved to account for more than 3 to 5 *per cent.* of all cases of insanity in the county of Dorset. I admit there are no large towns, yet there are seaport towns where it is generally supposed the sin or curse of drink is prevalent, and I think those who know the Wessex country will admit that the Dorset peasant is as fond of his glass of cider or ale as is the Lancashire miner or the Shoreditch docker. I am not aware of any authenticated opinion or explanation of what must strike the reader as somewhat curious, *vis.*, that while the position occupied by the county of Dorset as regards the ratio of insanity to the population is one of the highest, it is also the fact that it is one of the lowest in regard to alcohol as a factor in the production of insanity. Reasons may be assigned, such as the greater purity of cider and beer compared with the raw, adulterated and poisonous spirits so largely consumed in cities ; or, again, the lethargic and stolid character of the Dorset labourer as compared to the more highly strung urban workman ; or, again, errors or differences in methods and ways of collecting and arranging facts, and it is notorious how wholly unreliable is the information as supplied by the statement of particulars ; but these and many other reasons which might be mentioned are quite inadequate to explain away the difference between a 5 *per cent.* in Dorset and a 30 *per cent.* in Northumberland. As Lamb observes, "it leads the reader to frame further questions on his own account to which no reply is forthcoming." I am tempted, but converging forces restrain me, to step on soil which great and experienced minds have hesitated to tread, and yet the question is of absorbing interest. I am conscious of the readiness with which the lay press and others pick up and shape to their own liking every expression or statement on the subject

from members of the profession, still I say frankly that the prevalent notion that alcohol fills our asylums, that drink is the greatest cause of insanity, or that the medical profession has denounced alcohol as wholly unnecessary, has not been proved, and, as regards Dorset, we must tap another source to account for the high ratio of insanity. Has not the Chancellor of the Exchequer solemnly prayed for further assistance from his declining excise duties, while the ratepayer grows sleepless under the increasing burden of insanity? Was there ever such a commentary on the intemperate statements, it may be, of well-intentioned but misguided persons. All sound-thinking people are alive to the evils of intemperance, whether in drink or other directions, and it is well known that the mentally defective, the epileptic, and the highly neurotic are more easily affected than the mentally sound. Again, the number of alcoholics are far more among re-admissions than first admissions, which fact alone shows with what care we should approach the subject, lest we fall into the error of tabulating as a cause what was clearly a symptom of loss of control. I would therefore ask for a stricter observance of the real facts and a truer regard for utility and charity when considering the personal equation, which enters so largely into every inquiry.

It might be thought I had run away from the question of intemperance in other beverages, but this is not so, and while I had not originally intended bringing up the subject of food at this particular point, I think it will be better to do so and thus save repetition as well as maintain a gradual ascent to the one great factor. At a time when so much attention is being given to the better housing of the poor, which means a gradual improvement in the environment, the question of how, if at all, the high ratio of insanity may be associated with the ordinary diet of the Dorset peasant cannot be left out of consideration. Now let us first look at the difficulties so frequently experienced by the cottage community as regards that most necessary article of diet, milk, which, as Professor Osler reminds us, was the original food of man. There would seem to be an inherent notion that poor people in the country can always obtain milk. It is a fallacy. The ordinary cottage family in the country has great difficulty in obtaining even a partial supply of milk, and when extra is required it is not to be had. This is not due to poverty, but to the iniquitous system of tied dairies, small as well as large.

Further, the supply is not only short, but the quality of the poorest, and "the mere citation of this fact proves the primary urgency of the milk supply and the binding obligation of protecting its purity." The evils do not stop here, for since milk is short, something else must take its place, and everyone knows what is meant by the black tea-pot, which is always to be found on the hearth-stone. The father, mother, son, daughter, and even the suckled infant, all share alike from the ordinary fare of black tea, bread and cheese, morning, noon, and night. This is no coloured picture, it is the simple truth. If the beverage tea were properly prepared, and not indulged in too freely, no harm would be likely to accrue; but what will be said of the ordinary labourer who consumes daily two to three quarts of black tea thus prepared. A brew is made between 5 and 6 a.m., and this same pot continues in use by being added to from time to time during the working day, until at last it is little else than rank poison. The fact that this tea is without either sugar or milk, being what is familiarly known in Dorset as "stark naked," makes things worse, and I am convinced is in many cases the cause of insanity among the labouring class. I am not decrying tea in its proper place, but the evils of tea-drinking among the working classes have to be reckoned with in any attempt to probe deeply the causes of insanity. As a nation we consume six times as much tea per head as any other European country. This innutritious diet must lead to impaired nutrition of the nervous system, and as has been pointed out by the Irish Board of Lunacy, "when acting over many generations may have developed those neuropathic and psychopathic tendencies which are the precursors of insanity." Facts of this nature may lend colour for the demand for free breakfasts to certain classes of school-children, and whoever has visited the typical village or town school could not have failed to observe the number of dull, stunted and neurotic children. In the course of my inquiries I found as many as 15 *per cent.* of non-educable children in village schools, and the percentage of dull and backward ran as high as 35 *per cent.* Well might the author of *Physical Efficiency* say: "The towns will soon call in vain; for in place of being robust and healthy, the children of the rural districts will often be found to be stunted and in a worse plight than the city children." With these evidences of brain

poverty and physical defects looming large before us we might be tempted to agree with the learned professor when he advises us to throw beer, spirits, tobacco, tea, and coffee into the Atlantic as unnecessary and that the race would be the better for it. Whether this advice will ultimately prove to be a panacea time alone will show, but it would certainly solve many of the problems with which philanthropists, physicians, and politicians have to deal.

Heredity.

In the *Sixtieth Report of the English Lunacy Commission*, issued last July, which is one of the most interesting and valuable reports ever issued from that office, the county of Dorset is credited with the highest percentage of heredity as a factor in the production of insanity. The information therein given does not reveal the whole truth, and, as in the case of the birth-rate, so with the ratio of heredity, it has to be corrected. I do not intend to wade through the mazes of the latest theories on the subject as propounded by Beard, Ford Robertson, Archdall Reid, and others, but, in the words of Dr. Clouston, will content myself by accepting the theory that ill-nourished and degenerative parents are likely to produce between them bad progeny, and even if not ill-nourished a strong hereditary predisposition will far out-weigh the influence of good environment. The author of *Clinical Studies of Psychiatry* says: "Whatever the exciting causes of insanity may be, the chief predisposing factor is hereditary predisposition," and Dr. Mott, as the result of a vast experience, states, "that the large majority of the insane are hereditarily predisposed." In discussing a question of this magnitude it is as necessary to avoid being too narrow as it is desirable to guard against collateral errors, and as "the inheritance of both mental and physical characters hardly admits to-day of dispute, it is only the manner or intensity of inheritance which calls for discussion." I have carefully looked into this question as regards the insane and mentally defective in the county of Dorset during the fifty years under review, and the position of heredity as being the main predisposing cause is proved beyond dispute. While the percentage of heredity among first admissions may have varied during the five decades, there has been a progressive advance

in the numbers admitted among whom a definite history of inheritance could be traced, until at the present time it is somewhere between 50 and 60 *per cent.* As stated in an earlier part of this address, I have taken first admissions so as to avoid any risk of false deductions which must inevitably arise if you do not exclude the danger of reckoning the same person more than once. In the course of this inquiry I have been more than ordinarily careful to exclude all possible cross currents, and this is why I elected not to deal with the question of heredity on the total admissions. Considering the present position of heredity as an all-important factor in the production of insanity, it is well, perhaps, in passing to consider the views of those able and distinguished members of our profession who, while admitting the importance of heredity in relation to mental disease, ask for statistical proof of a like inheritance among the sane members of the community. Now a demand of this nature must inevitably be characterised as of an inquisitorial character, and as I think we all know how difficult it is to obtain even a modicum of the truth in regard to recognised cases of mental disease, how much more difficult, then, if not well-nigh impossible, must it be to obtain information about those who, though presumably sane, may be predisposed. Far be it from me to even appear to throw dust on the brilliant horizons of those who aim at such a goal, but it does not appear clear how any inquiry would affect the case of heredity in relation to insanity, for since heredity is equally established in other allied neuroses such as epilepsy, alcohol, chorea, phthisis, it would be necessary, in order to arrive at the truth, to trace each variation to its ultimate end, and while I commend the subject to race enthusiasts, I feel that it is quite outside the scope of this address. It has been pointed out that you cannot stop at a predisposition to one neurosis, for it is quite possible that the variation may be as true an inheritance as the original neurosis, so that the subject is one of many parts and great difficulties. For our present purpose it is sufficient to deal with heredity as related to insanity and mental defect, and since a predisposition has been traced in over 50 *per cent.* of first admissions, it may with some plea of justification be asked, is there any possibility or even probability of accounting for or explaining this high percentage of heredity among the insane in Dorset? At this point I am haunted by the words of the late Sir William Bowman,

who said: "Never till the present moment have I had so much cause to lament my many deficiencies, since now they must of necessity affect others more than myself." It is an easy task to build an edifice in the matter of theories, but the cement has to be of the best, and therefore the more special is any department of medicine the greater is the need to recur often to general principles, and to bear in mind that so close is the solidarity of the animal organism that there is a literal and physiological truth in the apostolic statement, "If one member suffer, all the members suffer with it." It would be idle to attempt to throw any doubt on the importance or position of heredity as a predisposing factor in every phase of mental defect and mental disease in the county of Dorset. The field simply bristles with evidence and proofs which even the most ardent advocate among the opposition will find it hard to explain away. Admitting that the scientific and reasoning mind can best sift the problems of heredity to the bottom, the general question of predisposition is so closely allied with the social and racial atmosphere that one has to start from humble ground in the hope of building up a passable conception of human stability, for, as Burke once said, "I am aware that the age is not what we all wish, but I am sure that the only means to check its degeneracy is heartily to concur in whatever is best in our times." My one desire in this inquiry is to seek out the truth, and since experience has taught us that this can only be accomplished by a true regard for the correlation of facts, I will not attempt idealistic colourings, or ambiguous phraseology, but humbly endeavour to delineate an unbroken sequence of events.

To begin with, there has been throughout the fifty years a steady decline in the birth-rate, and while I shrink from entering the raging field of newspaper warfare, I must take exception to the statement that there has been a greater fall in the urban birth-rate than in the rural. In Dorset the corrected birth-rate shows the alarming decline of 30 *per cent.* during the period of fifty years. The seriousness of this fact grows in volume and importance as we link it with the question of migration, for while the one may be the accredited result of studied temperance, the other is the dire consequence of the social upheaval in rural districts. The process of depopulation, which has resulted in such a serious loss of persons to the county during the five decades, whose places have not been

filled by a fresh population, simply means that the weak, the insane, and the diseased were left behind—not a happy or robust combination to continue the propagation of the species. The unexplained attachment of the sexes among certain groups of allied neuroses, such as insanity, phthisis, epilepsy, etc., may be examples of natural selection, but not with a view to the survival of the fittest, and reminds us of Dr. Clouston's pregnant phrase: "To observe the way marriages are sometimes arranged is almost to lose hope for the future of our race." In the county of Dorset there are parishes which for obvious reasons must remain unnamed, where the conservative principles of matrimonial unions were so notorious that the choice of a partner in wedlock was by local laws ordained, and whoever dared to transgress might prepare to pack his goods and chattels as one of the excommunicated. This was not a custom of a day nor a year, but extending over generations, the result of which has been an almost unparalleled condition of things as regards the evils of unwise marriages. If we are to accept Mr. Heron's proposition that 25 *per cent.* of the married population produces 50 *per cent.* of the next generation, and that the thrifty, the cultured and well-to-do, fail to produce their due proportion, how appalling must be the outlook when the weak and the feeble inter-marry and when the introduction of fresh blood, which is most likely to check the neurosis, is as a red rag to a bull. "I should be loath to say that everyone whose mind has once been temporarily unhinged by grief, anxiety, or physical pain is therefore doomed to celibacy, that man or maid whose father or mother's mental health once broke down, should never marry. But at least the risks should be better known than they are at present, and some restrictions might be put on the marriage of those whose record of mental health is so bad as to promise a heritage of insanity to their children." To these facts, in the face of which it is useless to attempt to speculate, there has to be added the far-reaching effects of an innutritious diet, the consequences of which may ultimately prove to be of even greater importance for the future of the race than all the coloured pictures of the evils of bad environment.

It is commonplace that "truth is stranger than fiction," and it is equally true that neither science nor the legislature will materially affect the question of insanity before the lay public

have awoke to the fact that there is still reason to believe in the wisdom of the old adage, "prevention is better than cure." It is no part of my task to enter the field of controversy in relation to the present and future treatment of mental disease, which has been flamed into prominence by the anonymous expositions of those who guilelessly pretend to have an apostolic benediction for the purity of their statements, but I may be excused for briefly referring to some of the views and ideas which have recently been put before the public. It would appear as if a good cause were in danger of suffering, not from want of kind intentions, but from a plethora of conflicting ideas. Now as in the case of the causation of mental disease, so in the case of the means to be provided for its treatment districts differ, must differ, and will differ solely and simply because the numbers which have to be dealt with vary to such an extent. In the case of Dorset I am afraid that Drs. Carswell and Toogood would not have much opportunity of carrying out their methods, where, as all know, there is but a scattered population and only the ordinary workhouse to deal with. In large centres such as London, Liverpool and Glasgow, where a high proportion of temporary cases are met with, the conditions are wholly different to those in country districts. It has to be stated, and with satisfaction, that in several of the large centres the Poor-Law infirmaries have done excellent work. To take but one example. Dr. Toogood says there passed through his hands in 1905, 7,322 cases of supposed insanity, and he tells us that of this number he discharged 2,877 as cured, and sent 3,583 to the asylums. Now, what I would like to know is this. How many of the 2,877 discharged as cured were certifiable, and what proportion of the total number sent to the infirmary should really have been classed as of unsound mind? Until we know this we are not in a position to make comparisons or draw conclusions, and the stigma of being sent to the workhouse is as much to be resented as that of the certification bogey.

For some considerable time there has been much talk as well as voluminous writing on what is familiarly known as incipient insanity, by which, I presume, is meant the early symptoms of mental perversion. Now, somehow or other many of the expressions which have appeared in print would lead the unwary and ignorant to believe that at the present time there

is some law or hindrance to the treatment of early symptoms. Is this so? I am not aware of any hindrance to the ordinary medical attendant treating these early symptoms, and I think it is generally known that many do so most successfully, and with even better results than are often met with in the privacy (its only advantage) of single care. In connection with this question the suggestion or proposal as at present put before us would only benefit those who are in a position to pay for the consultant and single-care home, so that the vast majority of the incipient class would derive no benefit. Will anyone say that legislation of this kind can or could be considered satisfactory. The poor servant girl or the mechanic's wife should have equal opportunities of receiving benefit with the millionaire's daughter. I think it is much and greatly to be regretted that members of our profession should continue to harp upon the stigma of certification, which, after all, is sentimental, and I would venture to throw out a word of warning lest the proposed notification may not soon be surrounded by similar sentimental objections. The clause in the Scotch Act requires no notification, and because such a clause exists across the border, where it is only taken advantage of by the few and seldom by the general practitioner, do not let us persuade ourselves into believing that its adoption in this country would either reduce the ratio of insane to the population or raise the recovery rate. It is time to have done with all this cant about the stigma of certification and to ask for the removal of what produces the stigma. We are constantly being told that it is not the question of the disease that is the stigma, but the means whereby the disease is enabled to be treated where it ought to be treated, in the homes and institutions provided for the purpose. This view of the position of things reveals a veiled truth which is ruthlessly exposed by Professor Clifford Allbutt's solemn words: "The stigma, if such there be—I rather resent the phrase—lies in the misfortune itself, and not in the red tape of the proceedings."

There is a further proposal which, perhaps after all, is the most interesting, as leading us rather nearer to the solution of the difficulty. With regret it has to be admitted that the inauguration of out-patient departments in connection with the asylums of this country has proved a failure, and the question here raised is this: What can be done to enable the poor of

this country to obtain advice and guidance from the medical profession in the early stages of mental disease? It has been suggested that public hospitals should open their doors and establish mental departments. This is no new proposal. The good work done at St. Thomas's for many years by Dr. Rayner and his successor Dr. Percy Smith, and at Charing Cross by Dr. Mercier, must be known to all, and this very year we have the splendid example of the Western Infirmary, Glasgow, where a new mental department has been inaugurated and placed under the guidance of Dr. Oswald. I venture to think that if this were done all over the country no member of this Association nor any member of the medical profession would raise a dissentient note, but since the public hospitals of this country are supported by voluntary contributions, is this proposal feasible, and are not the difficulties insuperable? Here again a simple question of numbers. What is practicable in large cities ends in dreamland in country districts. There is one suggestion I would make, *viz.*, that if city, county, and cottage hospitals were to open their doors, and if it were proved that thereby a number of cases were helped and treated to recovery, county and other central authorities should have the power to contribute a like amount to the hospitals for the cases treated there, as they do to the existing institutions.

The question of receiving houses for the care and reception of cases previous to certification is being taken up in various parts of the country. In large centres and populous districts the proposal should prove a valuable one, but I fear the same cannot be said of sparsely populated country districts. Again, would these receiving houses be any improvement on the Poor-Law infirmaries and would they not be surrounded with the same atmosphere of suspicion, and although it is proposed that there shall be no certification would there not be the same sentimental stigma as attaches to the house or institution for the treatment of mental disease? Surely it would be a simpler, more effective and better way to meet all these difficulties by asking the legislature to free the institutions of this country from oppressive laws and the stigma of lunacy, and to allow them to open their doors to all, incipient or certified, as in the case of ordinary hospitals, and then there would be an equality of treatment, then there would be a chance of the early sym-

ptoms of mental disease being treated by those who, from experience, are most competent to do so, and who have the ways and means at their disposal. There are two phrases which from time immemorial have been looked upon with suspicion and disfavour. The phrases are "administrative duties" and "certification." I have already touched on the latter, and who among us will not admit that administrative duties are often our only recreation, a safety valve, an outlet from the maze of psychological cobwebs, a hobby if you like it commensurate with the golf ball and the fisherman's tackle. No, where "there's a will there's a way" and it is nothing less than a species of idle criticism to talk about asylum medical officers having no time for scientific research because of their administrative duties. Those who have done the great and good work in the specialty have not been those who have leisure but the busy, the willing, and the determined. One does not care to be accused of hypersensitiveness, but I feel bound to say that the sweeping references to asylum medical officers from the pen of an anonymous correspondent of the *Times* are as unworthy as unjust, and of this writer I might say what Shiel said of O'Connell: "He flung a brood of sturdy ideas on the world without a rag to cover them." By all means let the great metropolis of London institute and endow an experimental school of research for the study and treatment of mental diseases. All will welcome such a school, but its establishment will be no answer to the crying question of the day since it could but cover a limited field, and all will agree with Professor Clifford Allbutt when he asks that any such school of research should be officered by trained men and not by the visiting physician, who, though we all admire him and recognise him in his own department as a distinguished specialist, does not pretend to have any special acquaintance with the causes, symptoms and treatment of mental disease. What did the late Sir James Paget once say? "In truth the fault of specialism is not in narrowness but in the shallowness and the belief in self-sufficiency with which it is apt to be associated." I think it will be admitted that there is no scarcity of up-to-date or modern institutions, both public and private, for the treatment of mental disease, and is it to be supposed that the ratepayers of any county or city would quietly agree to the establishment of other institutions which would seem to be wholly unnecessary

and presumably for no better reason than to witness the reincarnation of visiting physicians? It is possible that "by the teaching of a higher and better system of life" beneficial changes may be carried into effect, and that the time may come when different views will prevail, and when parliament will consider it one of its first and most binding duties to encourage the diffusion of knowledge of the conditions upon which the health of the nation ultimately depends. I would here recall to your minds the words of a great Russian physician who on a memorable occasion said: "If living individuals may not be praised institutions may"; and I think of the British institutions for the insane it may truly be said that they are worthy of the great country which has given them birth and the great people by which they are governed and supported, and of the great profession which has brought them to their present admirable state of development. I would emphasise the fact that the improvement of the natural gifts of future generations of the human race is largely though indirectly under our control. We may not be able to originate but we can guide. The processes of evolution are in constant and spontaneous activity, some pushing towards the bad, some towards the good. Whatever may be the outcome of the future it is clear that some sort of state interference is a necessity, for the influence of custom, law and tradition surrounds and presses upon us like a social atmosphere. Let us guard against any association with those vampires whose only business with the medical art is to drain its life blood for their own particular use and advantage; and whose complacent ignorance of the bearings of medical science fails to recognise the processes of disease to be one and the same in kind, whether they issue in the spoiling of a function or an organ. If through circumstances in the nature of the work itself the care and treatment of the insane may have assumed the character of a specialism, let us fight strenuously against any tendency towards the divorce of medical science and medical art from every act and every thought throughout the hours of our life's daily work.

I fear I have trespassed too long, and I feel I have treated an interesting subject in a broken and feeble manner. I must trust to your scientific habits of thought to take up the few mere hints which I have thrown out—for I have hardly

been able to do more than this within the time allotted to me—and to judge of their value after your own reflections as to what further may be said either for or against them. May we work onwards and work upwards so that it may not be said of us in the times that are to come that we failed to do our duty. If under the strain of official work and the full blaze of public criticism we can individually add even a colouring of science and art—especially our own science and art—to the many brilliant achievements annually accomplished within our ranks, much as the waters of some noble river gather their colourings from the soils through which they pass, I have no shadow of doubt our labours will be crowned with reward. To this great end we may all do something, but labour as we may our task will never be finished, for not once in a hundred years, as runs the fable of the Arabian bird, but every day and all day long the process goes on, a death of error, a development of truth. “Truth,” said Plato, “is the body of God and light is His shadow.”

Let our aim be to hold fast and care well for the old truths, in our love for the new science to care well for the old art. “For in autumn the leaves fade and fall first from the youngest branches; they linger longest on the old wood. Let us graft our new truths on the old stock; so will they live longest and flourish most.” Thus shall we help on in some measure the great objects for which as a profession we are ultimately striving, and do our part in contributing to the general well-being of the human race.

“Our remedies oft in ourselves do lie
Which we ascribe to heaven: the fated sky
Give us free scope, only doth backward pull
Our slow designs when we ourselves are dull.”

Psychiatry as a Part of Public Medicine. A Discussion
opened by T. S. CLOUSTON, M.D.

Dr. CLOUSTON: Mr. Chairman and Gentlemen,—We all know that preventive medicine—public medicine—is now that branch of our profession which is in the ascendant, and which is most looked to for the future. In short, medicine is called