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Part I.—Original Articles.

The Presidential Address delivered at the Sixtieth Annual Meeting of the Medico-Psychological Association, held at the Queen's College, Cork, on the 25th July, 1901. By OSCAR WOODS, M.D.

GENTLEMEN,—In the name of the Irish members of our Association I beg to greet you and to wish you a very hearty welcome to Ireland and to our southern capital. I thank you most heartily for the high honour you have conferred on me in electing me your President for the ensuing year. Knowing the ability with which the duties have been performed in the past by the many distinguished men who have filled the office, and living at such a distance from the Metropolis, I at first hesitated to accept the position, but as I felt it was a compliment to Ireland, I decided not to shrink from this duty, believing I shall have the cordial support of all members of the Association.

There have been but few losses to our speciality since the last Presidential Address, and, happily, the obituary list contains the name of only one member of the Association, that of Arthur Law Wade, who graduated in Arts in Trinity College, Dublin, in 1870, and took his M.D. degree in 1873.

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He was an Exhibitioner of that University, and an able physician. He first held office as Surgeon to the Royal Isle of Wight Infirmary, and was afterwards Assistant Medical Officer to Tavistock House, Salisbury. Later he was Senior Assistant Medical Officer to the Kent and Warwick Counties Asylum, and for many years had been Superintendent of the Somerset County Asylum, where he died early in the present month.

It is desirable that the names of former members of our Association should be placed on record. William Henry Lowe, F.R.S., at one time a member of our Association, was for many years associated with the late Dr. John Smith in the management of Saughten Hall Private Asylum, near Edinburgh, and graduated there in 1840. He held several professional appointments in Edinburgh, amongst others those of President of the Royal Medical Society, and President of the Royal Botanic Society. He was elected a Fellow of the Royal College of Physicians of Edinburgh in 1846, and President in 1873. At the meeting of the British Medical Association in Edinburgh in 1875 he presided over the section of Psychology, and gave the opening address. He was the author of "Jaundice from Non-elimination," together with remarks on "The Pathological Condition and Chemical Nature of the Bile." In 1875 he settled at Wimbledon Park, and died there on the 26th of last August in the eighty-sixth year of his age.

Mr. Symes, also a former member of our Association, was well known to many of us. He obtained the qualifications of M.R.C.S. and L.S.A. in 1848. In 1852 he went to Devizes, in Wiltshire, where he practised his profession and had charge of a small private asylum. While he was at Devizes he received the appointment of Medical Superintendent to the old Dorset County Asylum at Forston on the death of Dr. Sandon, and commenced his real life's work there in 1854. From this date until his retirement in 1887 he directed the affairs of the Institution, and many and great changes took place during his long tenure of office. From his earliest asylum days he was a strong advocate of non-restraint. He was a good administrator, and possessed a singularly clear judgment and well-balanced mind. In 1887 he retired from his office after thirty-two years of arduous labour, and went to live at Weymouth, where he died on January 14th, 1901.

Professor Korsakoff, not a member of our Association, has died at the age of forty-six, and our speciality has thus been deprived of one of its best and ablest members. He occupied the chair of Chemical Psychiatry at the University of Moscow, and was the author of many contributions to the scientific literature of insanity. Professor Korsakoff's latest work was a paper on "The Pathological Anatomy of Idiocy," presented to the Congress in Paris in August last. For many of these details I am indebted to the ex-President.

It is not right for a President to occupy much time with an inaugural address, especially when he is to be followed by the reading of many able papers which have to be discussed in a limited time, but as this is the first meeting of the Association in the twentieth century I think that a short *résumé* of what has been done for the insane, more especially in Ireland, during the century just closed will not be out of place, and afterwards I wish to point out what I hope will be effected early in the present one.

The Census Report for 1851 states that the first step taken to provide for the lunatic poor in Ireland was in 1728, when the Lord Mayor of Dublin, Sir William Fownes, caused cells to be erected in the workhouse for the reception of lunatics. The Act 11 and 12 George III (1772) was subsequently passed, enabling some provision to be made in workhouses for lunatics; but the first legislative enactment specially directed for the support of the insane appears to have been 27 George III C. 39, which enabled *grand juries* to present for "the support of insane persons, and to provide wards for their reception in the County Infirmaries." This Act was, however, little availed of. St. Patrick's Hospital (Swift's) was founded in 1745, and at the opening of the nineteenth century the only other provision existing for the care of the insane in Ireland were two institutions known as Houses of Industry, one in Dublin opened in 1772, the other in Cork in 1787, the latter being the larger, giving accommodation for 425 patients, and admitting in the first twenty years of its existence 3443 patients. The present Richmond Asylum, opened in 1815, grew out of the House of Industry in Dublin. In 1817 a Committee was appointed to report on the state of the pauper lunatics in Ireland. It reported: "The common mode of treating the insane was, when a strong young man is thus affected, the only

way they have to manage him is by making a hole in the floor of the cabin not high enough for the person to stand in, with a crib over him to prevent his getting out ; the hole is about 4 ft. deep. They give the wretched being his food in it, and there he generally dies. The friends did their best, the State had done nothing. The mode of treating the lunatics in Dublin at this time was by confining them in wooden cells specially constructed for confinement and coercion." Haslam, writing about this time, says that most people believed in moon-madness, or, as described by the Irish, "geal taigh cachet," and states that "some of the lunatics who have recovered informed me that the master of the workhouse himself has been so much under the influence of the planet that keeping in mind the old maxim, 'Venienti occurrere morbo,' he has, without waiting for any display of increased turbulence on the part of the patient, bound, chained, flogged, and deprived the miserable beings of food according as he discovered the moon's ages by the almanack." Such, then, was the condition of the insane at the beginning of the last century.

In 1817 nine asylums were ordered to be built, providing accommodation for 980 patients at a cost of £204,000, or about £208 per bed. In 1821 an Act was passed enabling the Lord Lieutenant to direct any number of asylums to be built for such districts as should seem expedient, and when more than one county was included the asylum should be sufficient to contain not less than 100 or more than 150, but when only provided for one county a number of not less than 50. It was not till the 8 and 9 Victoria, C. 107, was passed that this legislation was repealed. The earlier asylums built were, therefore, all too small ; and from that day to the present the Irish asylums have year after year been reported as overcrowded, notwithstanding that asylums have from time to time been built, and the older ones enlarged. At the present date there are 23 asylums accommodating over 17,000 patients, and nearly all are overcrowded.

I extract the following information from the last Report of the Inspectors of Lunatics ; it is, however, arranged somewhat differently, in order to show the number of lunatics and idiots uncertified in each census return.

	Lunatics and Idiots in Asylums.	Lunatics at large in Workhouse and in Prison.	Idiots at large in Workhouse and in Prison.	Total not in Asylums.
1851 . . .	3436 .	1840 .	4704 .	6544
1861 . . .	5016 .	2452 .	6630 .	9082
1871 . . .	7551 .	2622 .	6322 .	8954
1881 . . .	9443 .	2227 .	6743 .	8970
1891 . . .	12,261 .	3680 .	5247 .	8927
1901 . . .	16,822 .	4041 .	— .	—

I regret that the number of idiots uncertified as returned in the last census is not yet available, but I have reason to believe it is not much if at all reduced.

The above figures show that there is still an ample margin for a larger increase in the registerable insane without any increase in the occurring insanity. As a rule all non-medical writers assert that lunacy is much on the increase, and one sapient statistician has calculated that in 400 years the sane people will be "insufficient in numbers to put the insane safely under lock and key." However, the figures given above are such as to cause us to think seriously, and endeavour to suggest a remedy. If we deal with the registered insane alone we find the following figures for the United Kingdom.

	Ireland.	England.	Scotland.
1859 . . .	6,734 .	36,762 .	6,072
1900 . . .	20,803 .	106,611 .	15,663

or one registered insane person to the sane population in the following proportions:

	Ireland.	England.	Scotland.
1859 . . .	600 .	535 .	505
1900 . . .	217 .	301 .	281

Thus, while in 1859 Ireland was statistically the sanest portion of the United Kingdom, at the present time it has much the largest proportion of insane, having increased from 1 in 600 in 1859 to 1 in 213 of the same population in 1900. The population in 1859 was estimated at 5,861,711; by the last census return, just issued, it has been reduced to 4,456,546. This is largely accounted for by the emigration to the United States, which country is glad to receive our fittest and best, but takes good care to return those who do not prove them-

selves mentally and physically sound, sending home those who show the slightest symptoms of insanity, even after years of residence there. It is very doubtful whether the latest attempt to deal with the chronic insane in this country will bear good results. The Local Government Act of 1898, Section 76, makes special provision for the care of the chronic, and incorrectly called harmless insane, but only provides a rate in aid of 2*s.* per head per week. This amount was I am sure paid under a misconception, as the cost of 3*s.* 6*d.* per week mentioned in the Act evidently only referred to cost for food incurred in many of the workhouses. A little agitation on the part of Irish members could, I am sure, have this increased to 4*s.*, and even if the Local Taxation Account should fall short, which is possible, no Government could refuse to contribute the full quota to secure proper care for Irish lunatics. This provision of 2*s.* in the Act was evidently provided in order to better the condition of the unfortunate insane in the workhouses, who are admitted by all to be very inadequately provided for; but if the grant is not increased it will not be thought advisable to transfer patients from existing asylums, where a rate in aid of 4*s.* per head per week is contributed, to another institution where only 2*s.* would be received, even though it would be necessary to add inexpensive building to all the existing asylums. It is manifestly unjust to force on the county councils the responsibility of providing for all the insane, but to lower the rate in aid per head to 2*s.* for all in so-called auxiliary asylums.

A very serious responsibility is put on all superintendents by the Act of seeing that the patients sent to these auxiliaries are fit to be cared for in them. Much, therefore, must depend on the structure and staffing of these institutions as to the number of patients that can be selected for them.

Many might be found who, in the words of the Act, would "not require special care and treatment in a fully equipped asylum;" but every chronic lunatic is liable suddenly to become dangerous, and these institutions, if eventually found to work well, must be properly staffed and closely supervised.

It is unnecessary here to argue the important and much-vexed question as to whether primary insanity is on the increase or not, but as the number of registered insane is increasing and has to be provided for, every effort should be made to arrest, if possible, the progress of the disease.

Before dealing with what should be our aim in the future, I would wish to refer shortly to the marked difference in the type of insanity in Ireland and in Great Britain. While a large number of the patients admitted into the asylums of this country are acutely maniacal, there is much less general paralysis and epilepsy. The following table shows the percentage of admissions suffering from these diseases in each country :

	General Paralysis.			Epilepsy.		
	M.	F.	T.	M.	F.	Both sexes.
England . . .	12·5	3·0	7·6	9·7	7·2	8·4
Ireland . . .	2·3	·02	1·1	4·0	3·1	3·7
Scotland . . .	6·8	1·3	4·0	—	—	—

The percentage of epilepsy in Scotland has not been shown for some years, but the last return published by the Commissioners of Lunacy showed that 8·5 per cent. of the patients then in asylums suffered from epilepsy. How can this difference be explained? I do not think we have far to seek for a reason; the three W's of a well-known writer may, I think, be accepted as the prominent causes of general paralysis, or to put them in a slightly altered form—syphilis, hard living, and intemperance. These three causes are much less potent in Ireland than elsewhere. Syphilis, which is so frequently the cause of general paralysis, is rare in this country, although bad cases are at times met with, owing to the disease having been concealed from the reluctance of those afflicted to put themselves under treatment, while in England and Scotland it is, at least in some districts, very common. Then the life led by the agricultural classes in Ireland is altogether different to the anxious, exciting, and toilsome life led by the town classes in England and Scotland, especially in the cities and mining districts; and alcoholic stimulants, which no doubt contribute largely to this disease, are consumed in a very different way in the two countries. While the Irishman feels bound to enjoy himself at fairs, races, when on holidays, etc., and such bouts often bring on acute attacks of insanity, he often abstains altogether for days, while the quantity taken into the system daily by the hard-working labourer and miner in England is indeed remarkable. I can recollect no case of general paralysis ever coming under my notice in Ireland, in an agricultural labourer

who had not at some time been out of his own country. Soldiers, sailors, and occasionally members of the constabulary force, are mainly the sufferers. Unless these reasons also account for the small proportion of epilepsy in Ireland I can give no explanation. A form of insanity, however, by no means uncommon in this country is *folie à deux*, taken in its widest sense. Several cases have come under my notice of whole families becoming insane; usually one member has been insane for some time, the other members of the family, neurotic, superstitious, and ignorant, have suddenly, usually from some exciting cause, all become acutely maniacal, and imbued with the delusion of the first affected.

The transmission of insanity by heredity is of vast importance, and has not, I think, been sufficiently dealt with by either the legislator or the psychologist, possibly for the reason that it is almost impossible to prove how far it is responsible. In nearly a third of the cases in this country no history is available, and in many instances the relations are unwilling to give information, and it is often only by patient cross-examination that it is possible to get the friends to acknowledge any hereditary disease. The information as regards heredity is looked upon as so unreliable in Scotland that the Scottish commissioners do not publish statistics on the point. The annual report of the English commissioners and Irish inspectors give the following as percentages on the admissions.

	Male.	Female.	Total.
England . . .	20'0	25'3	22'6
Ireland . . .	24'1	22'0	23'1

In American asylums, so far as I have been able to ascertain from returns kindly furnished me by some of the superintendents in that country, it is 20 per cent. In so many cases no history is available, the calculation should be made not on the total admissions, but on the cases about which accurate information has been obtainable, and this would give over 30'0 per cent., but even this is, I believe, much below what is correct; again, it is only those dealing every day with the insane who recognise the close affinity of insanity with epilepsy, crime, and drunkenness, and the danger of transmission

from those so affected. What therefore should we aim at in the near future? Prevention should be the main object; by—

1. Arresting heredity.
2. Encouraging in every way early treatment.

Attention should also be devoted to the following points:

1. Providing hospitals for the treatment of curable patients.
2. Providing villas for phthisical patients.
3. Promoting pathological research.

The legislator points to the scientist and expects an answer from him as to how the progress of insanity can be arrested; but this is not altogether a medical question, and the legislator and the expert must work together for the public weal if good is to be the result.

1. The danger of transmitting insanity might be greatly lessened by more judicious marriages. I could give you case after case of patients who have been more than once in an asylum entering into marriage shortly after discharge. Of course such cases are almost bound to break down again, and to propagate children defective from birth, or who will develop insanity at some important epoch of life. Another factor in Ireland which aggravates the tendency to heredity is emigration, which has so reduced the population, removed the fittest, the marrow of the country, and left at home those least fitted to fight the battle of life, and most prone to transmit disease. In some districts in the south and west of Ireland it is almost unknown for a man to select a wife outside his own circumscribed valley or neighbourhood, and this dislike to bring in new blood has very evil result.

I know in some districts almost all the people bear the same name, and another has to be added on to distinguish the families. I do not think it would be impossible to take steps, both medically and legislatively, to arrest to some extent heredity. This is a matter of vital importance if we are to retain our present position amongst other nations, of absolute necessity to the prosperity of the country. Typhus fever, smallpox, diphtheria, have been almost stamped out by sanitary precautions; typhoid fever and other diseases are prevented by inoculation; why then should not every possible step be taken to prevent the most pitiable, the most expensive, and to a nation the most degenerating of all diseases? It might be declared illegal to

discharge any man or woman from an asylum during the pre-creative period of life unless perfectly recovered. Marriages of discharged patients ought not only to be discouraged but, under certain circumstances, prevented by law, and practising medical men ought to be more alive to the danger of the neurotic and those predisposed to insanity contracting unsuitable marriages. Many will say you cannot interfere with the liberty of the subject, and restrictions of this kind are out of the question, but if this evil is not anticipated and dealt with more actively than at present, insanity must increase.

2. The necessity for early treatment has not been sufficiently recognised either by the public or by law ; nearly 50 per cent. of the insane are kept at home until they become a source of danger, thereby considerably lessening the prospect of their recovery, and acting as a means of propagating insanity and transmitting disease. I think it will be accepted that 45 per cent. of those admitted to asylums may be classed as incurable, many of them rendered so because they have not sooner been put under treatment, the friends looking on asylums as prisons, and believing patients cannot be sent in until they commit some indictable act, and except in very acute cases keeping them at home till they become dangerous to themselves and those about them.

3. A greater effort should be made to deal with premonitory symptoms, to watch those with hereditary predisposition at the critical periods of life, and establish hospitals throughout the country where neurotic patients of all kinds could be treated. It should not be necessary to wait till certificates can be signed. Many asylums in England are now opening outdoor departments. If this could be carried out I believe the loss of many valuable lives by suicide would be prevented and the actual number coming under certificates would be lessened. Greater provision should also be made in all asylums for the separation and treatment of curable patients. I do not think any patients regarding whom there is a possibility of cure, should be allowed into a ward with chronic patients, but should be separated in small wards according to their mental condition, and placed in charge of fully trained nurses in the proportion of at least one to five. A great step in advance has been made in the recently constructed English and Scottish asylums, but I hope before long every asylum admitting acute cases will

have its detached hospital for curable patients, very much on the lines planned for East Sussex, and so lucidly explained to us last year by Dr. Hayes Newington. I presume it will be admitted that in the majority of asylums not more than 5 per cent. of the population are curable, and for them money ought to be spent ungrudgingly. It is difficult to treat properly acute mental cases, many of them of the most nervous temperament, in the wards of a chronic asylum, but less expensive buildings than most of the English asylums would, I think, suffice for the care of many of our demented patients.

4. When we find that the death-rate from phthisis varies from 17 to 40 per cent. in asylums, it is surely necessary that more active steps should be taken to arrest a disease which is now generally recognised with proper precautions to be preventable. No doubt the insane are specially prone to it, and it is very difficult of detection without the careful observation of both physicians and nurses; but with early recognition, complete isolation in suitable villas with a maximum of sunlight and open air, and a thorough disinfection and destruction of all bacilli, much might be done to stamp out a disease infectious and in a well-organised institution largely preventable.

5. Pathological work will, I trust, take its proper place in asylums, and the good example shown by the London County Council and Scotland be followed in other districts. At present an effort is being made to legalise the appointment of a pathologist for the Irish asylums, and will, I hope, bear fruit at an early date. The Chief Secretary in reply to a deputation that waited on him recently acknowledged the necessity; with his sympathy and aid I hope the difficulty will soon be got over, and that the various asylum committees will quickly co-operate and appoint men of the fullest experience to carry out a work of vast benefit not only to the present, but to the future generation and to the nation at large.

But these recommendations mean money. Much can be done in England and Scotland that cannot be attempted in Ireland, and it may not be out of place here to quote a sentence from the report of Dr. Curwin, Superintendent of the Warren Asylum, U.S.A., who not long ago visited this country, and referring to Irish asylums wrote:—"It is earnestly and sincerely to be hoped that the English Government, which has the control and direction of all matters concerning the expenditure

for such institutions in Ireland, will awaken to the urgent necessities of the situation, and extend a helping hand and a generous support to the most dependent of its people by the provision of more extended means for their relief and maintenance."

Although the English Government has not the control and direction of matters concerning the expenditure, I fear much must remain undone till more liberal aid is given by the Government for the maintenance of the insane poor. Lunatics have a special claim on the State, why should not the example which has been set with such good results by the American Government be followed, and asylums be supported altogether out of State funds?

This change was inaugurated in the United States on October 1st, 1893. What are the results, and what was almost the first recommendation of the Commission? "That in all State hospitals which are not already provided with suitable facilities for specialised individual treatment of recoverable cases, provision be made for the erection and equipment of small hospitals sufficient to accommodate about twenty-five patients each with their attendant nurses, one building for either sex, and that these buildings be supplied with everything in the way of structural arrangements and medical appliances and equipment that may be regarded as necessary to ensure to their inmates the highest degree of medical skill and treatment." The State Commission also made provision for pathological research of the most complete kind, recognising that the pathology of insanity is not definitely established, and the great advantage that medical science, and through it the general public, would derive from correct knowledge of this subject, which might be applied not only to the cure but also to the prevention of mental disease. The Commission feels that the importance of this recommendation can scarcely be overstated. Now, what is the result of this important change? Dr. Wise, President of the State Commission in Lunacy, giving his experience of five years' working, states that the State Care Act "will ever stand as a monument of the progressive spirit of our Commonwealth." He quotes one superintendent who was opposed to the change, but who now writes, "In all that pertains to the care and treatment of the insane, whether it be in structural provision, equipment, a high standard of repair, nursing and

personal attendance of patients, the medical service and scientific inquiry and observation, the personal liberty and diversion of patients, and all that tends towards their cure, contentment, and comfort ; the quality and preparation of food to the physiological curative needs of the insane ; the clothing of the patients, and in all other things this hospital has progressively and steadily advanced its standard under the present system, and I truly believe this applies to all the other hospitals in the department of insanity." Testimony such as this is abundant, and while there is a unanimity of opinion that the standard of improvement has been raised by 50 per cent., it has been effected at a reduction of the cost of more than 20 per cent. Dr. Wise is so enamoured of the good done that he concludes his pamphlet in the following words:—"Like planting and cultivating will produce an equally rich harvest in all institutional work for charity, reform, and correction."

This is, indeed, remarkable and very strong testimony, and ought not lightly be set aside ; we live to learn, and in a poor country, such as this, State aid cannot be too liberally dealt out to the most afflicted of all God's creatures. Whatever legislation decides as to the future of the insane, we must not forget that we have committed to our charge those unable to assist themselves. We are in all cases their guardians and guides ; let us then endeavour to do our duty, so that it may be said of us, as Shakespeare said of the faithful servant :

"O good old man, how well in thee appears
The constant service of the antique world,
When service sweat for duty not for need !
Thou art not for the fashion of the times
When none will sweat but for promotion."

Dr. CONOLLY NORMAN : It becomes my pleasing duty to propose a vote of thanks to our President for his very able address. Were I to attempt to discuss Dr. Woods' address I would find myself embarrassed by the great range that he has covered, by the multitude of subjects he has dealt with, by the erudition he has displayed in his fine historical retrospect, and generally by the wide grasp he has shown of everything pertaining to the care of the insane. His address shows this to those of us who are not personally familiar with him and his work, that in our new President we have a progressive man,

who knows what has been done in the past, and what remains to be done in the future, and who will carry the standard still further. I hope that during his year of office a considerable advance in the management of the insane will take place in this country, and that he will leave his mark upon the subject with which we are dealing. I have, then, to propose a cordial vote of thanks to our President for his admirable address.

Dr. MILLER : It does not require any words from me to enlarge upon the merits of Dr. Woods' able and suggestive address. He has displayed a profound knowledge of his subject. I second the vote of thanks with great pleasure.

The ex-President put the resolution to the meeting and it was carried by acclamation.

The Working of the Inebriates Act. By JOHN CARSWELL, F.F.P.S.G., L.R.C.P.E., Convener of Inebriates Committee, Glasgow Corporation.

I PROPOSE to deal with this subject under the three following heads :

1. What the Act was expected to accomplish.
2. What it is accomplishing.
3. What an adequate Inebriates Act ought to accomplish.

First, then, what was the Act expected to accomplish?

The story of the agitation for legislation in the case of inebriates is long, and to ardent minds disheartening. Parliament was reluctant to move in the matter for several reasons. For on the one hand, drunkenness in itself is no crime, and on the other, inebriety has not been proved a disease. Accordingly when attempts were made to formulate schemes for the control of inebriates, the Legislature found no clear ground upon which to proceed. Parliament could not be asked to declare that to get drunk must *per se* be constituted a crime ; and there were many difficulties in the way of asking legislation for habitual drunkenness as a disease, on lines similar to the legislation for such diseases as Parliament had hitherto placed under control, as for example, infectious diseases and lunacy.