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PART 1.—ORIGINAL ARTICLES.

Presidential Address, delivered at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, London, July 23rd, 1884. By H. RAYNER, M.D.

GENTLEMEN,—I cannot commence my address without reminding the Association of the regrettable circumstance which has resulted in my having had conferred upon me the honour of occupying this position to-day.

Dr. Manley, who had been elected President at the last annual meeting, would have officiated in that capacity on the present occasion had not an attack of illness unfortunately compelled his resignation. I am assured that the Association will sympathise with me in my regret at not being a listener to-day to the rich stores of information which Dr. Manley's ripe experience would have furnished, and will unite with me in the anticipation that, with restored health, at a future date Dr. Manley may yet fill the Presidential chair.

For myself, called upon somewhat late in the year to occupy this post, I could have wished for a few more years of experience before undertaking this duty, and a few more months in which to have collated facts in relation to the subjects I am about to bring under your consideration. For the purpose of an illustration, a man's mind may be considered as a solvent for experiences, and it may be held to be desirable, in psychic as in chemic processes, that the solvent should have approached saturation before crystallization is commenced. I feel that I should have desired a denser solution from which to deposit thought-crystals, to be submitted to the critical examination of this Association, although I am assured of personal consideration for my shortcomings.

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Mental disorders constitute a subject so extensive and many-sided that it would seem impossible that there should be any difficulty in selecting an aspect or relation from which to view them with some prospect of novelty. My illustrious predecessors in office, each delving at a special side of the subject, have however, scarcely left an opening which I can assay without tempting a, to me, invidious comparison. Thus, in recent years, the History of Insanity has been graphically described by Dr. Hack Tuke, Mental Pathology by Dr. Maudsley, Therapeutics by Dr. Crichton Browne, Legal Relations by Dr. Orange; and I might extend the list still further to show that the past and present have been so fully covered that only the future of insanity would appear to be left for consideration.

The future of insanity, indeed, offers a large and important subject for speculation, whether considered in relation to legislation, probable increase, or progress in curative and preventive measures; and to these points I shall specially endeavour to direct attention.

The Association is aware of the fact that "The Consolidation and Amendment of the Lunacy Laws" is the title of a Bill that has been announced as one of the Government measures in the next Session of Parliament.

Legislation in this direction has been pending for several years past, and from the uncertainty pertaining to Parliamentary performance may still be deferred; but so definite and authoritative a promise as that which has been recently given, renders it at least probable that this is the last opportunity that may occur at an annual meeting of our Association of expressing opinions on some of the most important matters involved in this legislation, many of which seriously affect the welfare of the insane and the professional interests of alienist physicians.

The private asylum question is foremost among these, forming the basis on which rests the agitation that has in great measure brought about the desire for legislation.

The agitators who inaugurated this movement have not refrained from casting the most virulent aspersions on the moral and professional character of the private asylum proprietors, who constitute an important part of our Association. These gentlemen are debarred by the circumstances of the case from answering the vilifications thus shrieked at them; and I strongly feel that I should be neglecting a duty, as your President, and as a disinterested member of this Asso-

ciation, if I did not emphatically express my opinion as to the gross character of these aspersions, and my belief that they are without any foundation whatever in existent facts.

The result of the recent Parliamentary Commission would have entirely exonerated the proprietors of private asylums in the eyes of all but persons whose minds were prejudiced by imaginary wrongs, or by the remembrance of a past state of things, or by the desire to reap advantage from coming changes.

The *total abolition* of private asylums is one of the stock cries of these agitators, and has been re-echoed even by some of our medical authorities. The advisability of this procedure is a fair subject for debate, but, when considered with a view to practical results, it must be remembered that at present the State has made no provision to replace the private asylums, and that to accomplish this would require time and a very considerable outlay of capital. Due consideration also should be given to the fact that the private asylum proprietors have hitherto provided for a great public need, and have invested both professional reputation and capital to this end.

A gross injustice would be committed were any great change made without recognising these circumstances.

If fair recompense were made by the State, most private alienists, I believe, would welcome the abolition of their establishments.

That such a change is right and politic is by no means certain.

If the State assumes the care of every insane person, such a measure might be practicable ; but so long as the guardianship of the insane devolves upon the relatives the right of contract must also remain. The State has no more right to insist that a father should send his insane son to a State asylum than to insist on his sending his sane son to a Board School, provided the father possess means to make a better provision, or one more in accordance with his own views.

On the professional side, justice would seem to demand that the physician who has obtained special reputation, or experience in mental diseases, should not be debarred from reaping the advantages thereof to himself, or from being of service to his fellow-men.

Legislation of the character proposed would involve an unprecedented deprivation of liberty of action to the friends of the insane and to members of our profession.

I believe that the absolute *compulsory* closure of the private

asylums would, at no distant date, direct popular prejudice against the public asylums. The allegation would soon be made that the superintendent of a public institution, whose increase of salary depended on the monetary success of his establishment, had considerable temptation to prolong the detention of well-paying patients.

The physicians appointed to such public asylums might not always be selected on the strict basis of fitness. Nepotism is not yet absolutely dead, and, in the future, political lobbying, as in the United States, might make one road to such appointments.

The abolition of private asylums ought logically to involve the abolition of single patients; yet this last is a mode of treatment strongly advocated by some of the medical opponents of the private asylums, and is apparently regarded by the Lord Chancellor's visitors as the *summum bonum* of insane care.

The duty of the State would seem to be primarily demanded for the provision of such institutions as are a public necessity, and there already exists a great and urgent public want of institutions where insane and imbecile persons can be treated at a cost of from ten to fifteen or twenty shillings a-week. At present, a large number of persons are most unjustly in pauper asylums, on the footing of paupers, whose maintenance is entirely paid for by their friends; and a large number of imbecile children are retained at home without treatment because their friends object to sending them to pauper imbecile asylums, and have no other alternative. The lunatics who are paid for are sometimes much annoyed at their position, and at other times are irritated by not being treated in a different manner from the absolute paupers. This enforced pauperisation induces relatives to avoid their responsibilities, either wholly or in part; while they would probably be stimulated to greater exertion if their insane relatives could be differently classed.

Some public institutions have a few patients already at the rates indicated, while others, that at one time devoted many of their beds to this class, have been tempted from their purpose by more lucrative inmates.

The need for public institutions of the character I have described is both great and urgent, and I would suggest that the opinion of the Association should be forcibly and practically expressed on this point.

Apart from the provision of such asylums, the onus lies on

the State to prevent unfair contracts or the abuse of the laws with regard to the care of lunatics; and any safeguards or supervision that may be deemed necessary to accomplish these objects will be hailed with satisfaction both by the specialty and the profession at large.

The *order of admission* to private asylums is presumably one of the leading subjects to which legislative attention will be directed. In discussing this, recognition should be made of the fact that relatives, in sending insane persons to an asylum, are only providing for their proper treatment, and that to delay or hinder this by legislative enactment is as inhumane to insane persons as it would be to persons suffering from inflammation of the lungs or broken legs.

The hindrance to treatment caused by the present system of certification, from being habitual and customary, has come to be almost regarded as a necessary and unavoidable evil.

The delay arises from a variety of causes; foremost is the prejudice against certification, a not unnatural one when consideration is given to the popular views of insanity and the lifelong *stigma* cast upon the individuals and their relations by being practically branded as insane. Can it be wondered at that medical men delay such a proceeding by every possible means? Even when the medical attendant has brought himself to express his opinion of the necessity of such a procedure, the friends will often not yield their consent for a considerable time.

Beyond this again, comes the delay in fulfilling the necessary formalities.

In some cases, owing to fear of possible litigation, a medical man refuses altogether to sign certificates, and another has to be sought, who may require time for examining a patient whom he has not seen before, and whom another practitioner has refused to certify.

Where the medical attendant is willing to undertake the responsibility, and knows, or is of opinion, that the person is insane, certification may still be delayed from hesitation as to being able to describe in writing the symptoms perceived in a way that shall prove the existence of insanity and form a valid certificate.

In reference to the prejudicial results of these delays, I have the opinion of two medical coroners, of large Metropolitan districts, that suicides have directly and indirectly resulted from them, and, I believe, that if the attention of

coroners throughout the country could be directed to these matters, ample testimony of a similar character would soon be accumulated. Instances of homicide and other criminal acts, resulting from the same causes, might, I believe, be also adduced; of injury to bodily health and impairment of prospect of recovery, many members of this Association could largely testify.

The remark has been made that when a law is bad or unnecessary, it is usually broken or avoided by public consent in the most wholesale manner, and this appears to be the case with regard to certification.

Hundreds of insane persons are yearly taken from their homes and are detained for days in workhouses without being certified. The necessity and practical advantage of this procedure is recognised and admitted.

Many of these workhouses are in no respect adapted to the treatment of the insane, and yet if these persons were similarly taken to asylums, where all available means are provided, what an outcry would result.

Private patients also have been not unfrequently deprived of all liberty of action for weeks or months before their removal to an asylum; so that as a mere safeguard of personal freedom, certification would appear in practice to be useless.

The opponents of the present lunacy-laws have often spoken of the power of giving certificates as if it were a valued privilege of the profession, while the fact is that it is a disagreeable duty, which commonly entails loss of practice. An old practitioner once told me that he had never signed a certificate of insanity without losing his attendance on the family in which this had occurred. Moreover, it is a duty that I consider ought never to have been thrust on the profession, to be discharged at haphazard by any member, however unqualified or unwilling to undertake it.

If the State requires certificates of this kind, trained and specially qualified medical officials should be appointed to furnish them.

Lord Shaftesbury recently pointed out that "since 1859 there had been 185,000 certifications, every one of which had been found just and good." This alone should show how little real danger there is of attempts being made to incarcerate sane persons in asylums. I would suggest that this danger would be better met by stringent personal examination by governmental officials after admission, of all patients received into private asylums, or private care, rather than by causing

the delays of treatment with the attendant evils which are now incurred.

Better by far that in the 185,000 certifications there should have been a few cases of wrong admission than that a single death by suicide or a single loss of recovery should have resulted from these precautions.

I should regard any addition to the present bars to the treatment of the insane as savouring of a cruel and inhumane disregard of their real well-being, based upon the survival in the public mind of that old prejudice against insanity, founded on the erroneous belief of demoniacal possession.

This it is that leads even the most intelligent and well-meaning layman to give attention to the clamorous exaggerations of demi-lunatics. Against this prejudice our specialty must never cease to fight, until our asylums become hospitals, and our patients are regarded and treated as human beings suffering from bodily infirmity.

This, however, is the age of the tyranny of minorities, and it is probable that further obstacles to treatment may be developed by coming legislation.

The suggestion that meets with most favour from intending legislators, provides that the order of admission to private asylums should be signed by a magistrate on the petition of relatives or friends.

We must hope that the magistrates' duty will be limited to ascertaining that the medical persons signing the certificates are qualified to discharge that function, and are not in any way contravening the provisions of the statute. Fortunate indeed will be the insane if they escape thus lightly, and are not required to demonstrate their insanity to the magistrate at least, if not to an intelligent jury.

The State, having duly satisfied itself in regard to the legality of an admission to an asylum, ought to ascertain, at the earliest possible date, that there was a medical necessity for such procedure. This should be accomplished in such a way that neither the patient, his friends, nor a court of law could at any time doubt for a moment that the person admitted was insane. The onus of this duty should not be thrown on the private asylum proprietor, who is not in any sense a servant of the State. At the earliest possible date after admission the patient should be visited, and his insanity tested and certified by one of the present Lunacy Commissioners, or by medical Sub-Commissioners, or by district medical inspectors of the insane. Four or five additional

officers ought easily to perform this duty, even if the registered hospitals were included, the admissions in 1882 having been only 1,096 to the licensed houses, 106 to single care, and 896 to the lunatic hospitals.

If this duty were efficiently performed by responsible officials, under the direction and supervision of the Lunacy Commissioners, much would have been effected to remove the clamour against private asylums and the Lunacy Laws.

The supervision of the detention of the insane might be carried on by the same officials in their visits to certify the admissions. The total number of private patients being only about four thousand, this task would not be too heavy, and should in some measure be made to relieve the work of the present Commission.

The necessity for some aid to the Lunacy Commission must be obvious, when it is considered that since its appointment the number of lunatics and of asylums has more than doubled, while the complexity of the functions discharged has been almost indefinitely extended.

So great an increase in the extent and importance of the duties of the Lunacy Board demands that there should be a considerable increase in their rate of pay. This formerly presented a respectable contrast with that of asylum-superintendents, but at the present time the general difference is not very large, and there are several asylum posts at least which are quite as lucrative as a commissionership.

It is to be feared that in the future the best men will not be attracted to the Commission unless some such change be made, and that the influence of the Commission will thereby undergo considerable diminution.

The increased power of supervision which would be gained by the appointment of sub- or deputy-commissioners, should tend also to obviate the danger which at present exists of the friends of patients, both in private asylums and public lunatic hospitals, taking charge of them against the advice of the medical officers. This action on the part of friends not rarely leads to suicide, and constantly to relapses and damage to the patients. The knowledge of individual cases which the sub-commissioners would acquire should enable them to support medical officers in preventing such ill-judged action on the part of friends.

The appointment of additional medical help to the Lunacy Commission should tend also to remove the present anomaly

of barristers being called on to express opinions on conditions of disease which demand at least a medical training, if not a special experience in the study of insanity.

The County Boards Bill is a legislative bogy that has been shaken before our eyes for many years past. This at present seems very remote, but when the evil does arrive, it may be found that the interests of the insane may not be affected in the unfavourable manner that has been anticipated. Before this arrives it must be devoutly wished that a Minister of Public Health may be appointed, and that insanity may fall under his control.

In any case, the Association should not fail in repeatedly bringing to the notice of the Government the resolutions adopted by this Association in regard to the application of the Government grant to the maintenance of asylums, and in reference to the pensions of asylum medical officers being assimilated to those of the higher class of civil servants.

I would suggest also that representations be made in regard to increase of pay. This, at present, is fixed according to no definite scale, so that some medical officers, after many years of service, find their incomes of less value than at the commencement.

I would suggest that while there should be special increase for special good service, there should be a regular rate of increment, so that this should not depend, as at present, on any one of a score of accidental circumstances.

The future of insanity, in regard to the probability of increase, or even of decrease, is perhaps the most interesting of the forecasts of this subject, and is also of great practical import in connection with the provision of additional asylums or other accommodation. The accumulation of certified lunatics in recent years, constituting an advance from 36,000 in 1859 to 76,000 in 1883, has been due chiefly to several causes the relative values of which are unascertainable, and so do not afford data for estimates which might themselves be invalidated by the introduction hereafter of new disturbing causes. This only is certain, that the past apparent increase has not been due to a corresponding development of insanity in the community. This increase, apart from growth of population, has been chiefly due to the extension of the registration of lunatics, to the action of the Irremovable Poor Act of 1861, and to the Government Grant to Lunatics, 1874; to these may be added the increased longevity of lunatics in asylums. The two first causes have probably ceased to be

operative; the two latter have not yet exhausted their possibilities.

On the other hand, there are some favourable elements in the outlook.

The confinement of so many insane persons in asylums ought sooner or later to tell on the production of insanity by heredity.

Education, although as at present conducted productive of some amount of insanity, will ultimately prove one of the most potent agents in prevention, both by its direct and indirect influence. The increase of the wages and leisure of the working classes in recent years at first led only to additional intemperance, the sole recreation permitted them by the state of ignorance in which they had been kept. In the future education may lead them to more varied and intelligent recreation, with beneficial results to their mental health and temperance.

Temperance, from this and other influences, is making some progress in the working classes; and there is every reason to believe it will continue to advance, and in its turn favourably affect the statistics of insanity.

General paralysis of the insane appears to me to have been the one form of mental disorder in which there has been an undoubted and very considerable increase. Yet, even here, I believe that some favourable points may be found.

In my earlier experience, railway employés seemed to furnish an unduly large contingent of this disease, which has latterly diminished. This change being associated, I believe, with the relief from excessive hours of work which this class of men has obtained, I wish that the same relief could be gained for the police force, for London coachmen, and other classes who have unduly long hours of work, and who contribute an excessive proportion of this form of disease.

It would be impossible, in the time at my disposal, to give due consideration to the action of all the various causes brought into play by rapidly advancing civilization; and I must be content in pointing out the fact that during the last four years at least, the rate of increase of insanity appears to have been checked.

This satisfactory information is stated in the Reports of the Lunacy Commission, which show that the *ratio* of admissions per 10,000 of the population in the last four years has been 5·16, which compares favourably with 5·26, the average of the four preceding years.

From this and other considerations hope may be felt that the additional asylum accommodation to be provided for in the near future will not be so extensive as that which has been required in the past; and it would seem desirable that such future additions as may be necessary should be regarded as the completion of the structural apparatus for the treatment of the insane. On this view, opportunities hereafter arising should be used for correcting errors that have occurred in the past hurried provision for the sudden expansions of lunacy.

Of the various modes of providing increased accommodation, additions to old asylums appear to me to be the most costly, since they sooner or later entail complete structural re-organization of the whole administrative fabric, and the results of such changes are often otherwise unsatisfactory. Some of the old asylums, indeed, are structurally unfit for the treatment of recent cases on any large scale, and might with advantage be relegated to the reception of chronic patients.

Large imbecile asylums may possibly have the advantage of economy, yet I am unable to comprehend that the association in one large day-room of 140 imbeciles can be conducive to their comfort, especially at such a distance from their homes that they are practically divorced from their friends.

The *aged* imbeciles, if quiet and orderly enough to live in the same room with so many others, might surely be better provided for in their own parishes, where they might still receive some pleasure from the visits of their friends, on whom they would exercise the humanizing influence developed by bestowing care and attention on the sick and helpless. The present system, on the contrary, tends to produce in the poor the habit of shirking their responsibilities to their aged and helpless relatives.

The Poor Law system is not readily moved in the direction of more liberal measures, but I am assured that the more this question of the care of the aged poor is enquired into the greater reason will be found for a more philanthropic treatment in workhouses; and one result of this, if adopted, would be a considerable diminution of the numbers requiring imbecile asylum-accommodation.

In place of increasing imbecile, or enlarging old asylums, I trust all future opportunities will be seized to build hospitals or asylums of moderate size for recent cases, in which ample space, generous dietaries, and a large medical

staff shall be provided, in recognition of the fact, which cannot be too often repeated, that liberal (even lavish) treatment of insanity in its early stages is the truest economy, resulting in an increase in recovery-rate, and consequent diminution of the chronic insane.

The FUTURE of treatment is, I think, the most hopeful outlook of our present position, and I would that the prospect of prevention were as favourable.

In the memorable address of 1881, Dr. Hack Tuke pointed out the difficulty of proving by statistics that there had been any considerable advance in the proportion of recoveries, and I must confess my inability to prove, by direct reference to figures, that such progress has been made.

Indirect evidence, however, is not wanting. The increased number of general paralytics and of aged persons in the admissions of late years ought very considerably to have reduced the recovery-rate; this has not been the case, and the conclusion, therefore, may fairly be drawn that there has been an increase of recoveries among the smaller proportion of curable admissions.

Our *progress in treatment*, however, would appear to have been more conspicuous on the negative than the positive side, and to have consisted in great measure in clearing off established errors.

Long after Conolly had dealt the death-blow to mechanical restraint, chemical coercion survived in the form of tartrate of antimony, cathartics and narcotics. The abuse of these has been gradually dying out; and, as I am firm in the belief that the most troublesome chronic lunatics of the old *régime* were due to these abuses, I cannot but regard this as an immense gain.

The craving for *specifics*, which may be regarded as the search for a medical philosopher's stone, that should transmute disease into health, and in a few days undo the morbid nutrition of a lifetime, or even of two or three generations, has also died out.

Some alienist physicians are inclined to believe that our knowledge of the action of drugs on special parts of the nervous system may be used with advantage in forwarding the restoration of healthy nutrition of the brain; others, and I am one of these, believe that the difficulty of adjusting the dose, of regulating the intensity and duration of drug-action, has not been yet surmounted, and fear that collateral disadvantages, produced by these drugs in the disorder of assimila-

tion and nutrition, would always more than counterbalance any good that might be produced by their direct action on the nervous centres.

I must confess that I have rarely satisfied myself of having produced beneficial effects from the administration of such remedies; but, on the contrary, have often had no doubt whatever in regard to the evil done both by my own prescriptions and those of others. During the chloral epidemic a few years since, I saw several cases of mere brain-fag, or simple melancholy, which had been converted into protracted, restless, suicidal forms of melancholia by the use of chloral; and I have seen such ill-effects follow the use of other drugs, when used with the view of curing states of chronic malnutrition, that I feel it a duty thus openly to express my opinion. I do not, of course, debar myself from the use of them in cases of transient functional disorders.

Much has yet to be learnt in our attempts to influence directly the nutrition of the brain by the application of heat or cold, by electricity, by counter-irritation, or by local abstraction of blood. Dr. Tuke also will probably advocate the use of hypnotism and the influence of the imagination; but these are scarcely as yet within the range of practical therapeutics.

Whatever are the views held on the preceding points, all agree that reparative nutrition of the brain is not probable without an antecedent or corresponding improvement of the general bodily health, and that it is necessary to be a good general physician to become a successful alienist.

I have great pleasure in noting that the winner of the Association Prize Essay for this year, Dr. Rutherford Macphail, has, in *Clinical Observations on the Blood of the Insane*, directed his observation to the action of tonics on the blood, an earnest, I trust, of future exertions in this and similar directions.

The open-door system is a point of treatment which has drawn considerable attention of late. This has been ably discussed by Dr. Campbell in the last number of the *Association Journal*. I can add nothing to his acute examination; but would say that I agree with him, that evidence is required of the advantages of this plan, and in refutation of the *disadvantages* that have been imputed to it.

Asylum dietetics still offer a considerable field for progress and improvement.

The nutritive value of these, as far as I can gather from

past asylum-reports, has, in many instances, diminished during the past twenty years. This diminution, where it has occurred, may be said to be counterbalanced by a more liberal distribution of extras; but with the greatest care and attention, in this respect, a lowered diet scale is a source of danger to recent cases treated in large asylums, in which acute and chronic cases are mingled.

In variety of dietary much advance has been made—a fortnightly diet table having, in some cases, superseded the weekly monotony. I shall hail with congratulation the introduction of the first monthly list.

Beyond this, I think that more definite recognition should be given to the necessity for adapting the dietary to the winter and summer. Some such adjustment occurs in the natural course of events; but these modifications, resulting from season, might, with advantage, be increased, and be more definitely stated in asylum-dietaries.

While on this topic I would suggest that the Association should draw up and adapt an uniform system of diet scales, so that it may be possible to arrive at the absolute nutritional value of a given dietary, and to compare it with others. Some time since I endeavoured to make such an analysis and comparison of existing dietaries; but I must confess that I did not complete my task, the necessary computations being so numerous and perplexing. For example, in many diet tables, meat, uncooked meat, uncooked meat free from bone, were or were not distinguished, and this meat might, in quality, be beef, pork, or mutton, and, in state, be boiled or roast, salted or tinned. The *proportions* of ingredients in compound preparations were not infrequently described by that definiteness of quantity which is recognised in the expression, “the size of a lump of chalk.” I will only add that my own diet-table may be taken in illustration of my remarks.

Apart from these questions, more systematic attention might be given to cooking. Good cooking depends on knowledge and labour: the latter is a drug in asylums, and the former might be increased by greater facilities for interchange of information, which might be furnished by a corner of the Journal being set apart for cooking queries and suggestions.

I cannot pass from the subject of dietary without alluding to the introduction of enforced total abstinence in asylums.

The chief arguments advanced in favour of this measure

are economy, benefit to asylum discipline, and advantage in treatment.

The economic argument may be dismissed, for there is not much doubt that the value of the beer will have to be supplied in another and possibly more expensive form; but this argument should not by itself be of value even if true.

If the distribution of beer leads to irregularities, this must surely be a matter of discipline to be overcome or avoided; and matters might be rendered worse by a regulation which would enlist the sympathy of friends, patients, and employed on the side of smuggling. This can scarcely be admitted as a valid reason.

It would seem unjust that because *A* drinks, *B* should be deprived of his beer; nor does it seem right to deprive a man of an habitual article of diet simply because he has become insane, since experience has taught that the deprivation of a habit may seriously interfere with nutritional repair.

Regarded as a therapeutic measure, it does not accord with the general plan of asylum treatment which aims at interfering with personal comfort as little as possible.

Even as special treatment for the inebriate, its advisability is open to debate. I believe that in these cases the most assured success is obtained where the *will* of the patient is enlisted, and habits of self-control are cultivated and developed; by this forcible proceeding, on the contrary, the will and desire of the patient may be arrayed against what may be considered an injustice. Formerly I recommended total abstinence to inebriates, but I found this so unsatisfactory in its results, that of late years I have insisted only that stimulants should never be taken except at meals, and then in a dilute form. This plan has been much more successful.

I have so frequently noted in the history of patients admitted within the last few years that the mental disorder had developed after a more or less protracted period of total abstinence, not always in intemperate persons, that I have been led to consider that there may be danger in recommending this, by itself, as a panacea for inebriety. In every case it should be accompanied by other changes in the mode of life; by suitable treatment, in fact. The necessity for this is widened by the knowledge that persons in moderately good health often suffer considerably in their attempts at total abstinence. The disregard of precautions in adopting teetotalism often leads to an intensified outbreak of intemperance, or to a break-down in the nervous system.

I shall require convincing proof of the advantages of this means of treatment before adopting it.

Much advance is still to be made in the amount of medical attendance to be given to the insane in this country. English asylums are built on the most liberal scale, but the medical staff, until quite recently and with a few exceptions, was provided with a strongly contrasted niggardliness.

In most countries it would be easier to obtain £5,000 for structure than £500 for treatment, this perhaps being due in some measure to the source whence the funds are derived.

Although some progress has been recently made, the proportion of medical officers to patients is still much smaller in this country than in America and many continental asylums.

Combined efforts are needed that this anomalous contrast between lavish expenditure in building and niggardliness in treatment may be rectified.

The training and instruction of asylum-attendants affords ample scope for progress; much has been done, but much remains to do. Dr. Campbell Clarke has published in the *Journal* this year some results of his efforts at instructing his attendants, who, I am assured, will be rendered more efficient by having an interest in their work. No more important curative influence could be brought to bear than by developing intelligent and zealous activity in this direction among lay asylum-officials.

I have been so strongly impressed by improvement occurring in the most unhopeful cases, as a result of the bestowal of special care, that I have almost come to regard the one as having a direct relation to the other.

Large as are the possibilities of advance in curative measures, the great field for future progress lies in the prevention of insanity.

Efforts in this direction should be recognised as a fundamental duty by every alienist physician, and the members of this Association would render important service to the community, by seizing every opportunity of diffusing information in regard to facts relating to the causation of insanity.

To render our efforts more successful, it is desirable that our knowledge on these points should be extended, and this would be very considerably aided by the adoption of a system of collective investigation.

The Statistical Tables of the Association may be considered as a collective investigation, but outside the broad

lines which they pursue are innumerable points which require examination. I would wish that two or three of these should receive special attention in each year.

Keeping in view the importance of our duties in regard to the prevention of insanity, I would suggest that the first subjects to which attention should be directed should be those relating to the genesis of insanity.

I am of opinion with reference to mental disorder that the paraphrase might be used, *nemo repente fuit insana*, with the liberal translation, that it takes more than one generation to produce a lunatic.

In the finer degrees of heredity alone exists a boundless field of enquiry. What valuable additions to our preventative knowledge would be gained, by arriving at some definite conclusion why, in a neurotic family, one member may be healthy, another neurotic only, another insane, or another phthisical. These are questions which, however difficult, I believe would yield to an extensive combined enquiry.

I will not weary you with suggestions of possible subjects for research—their number is legion, and many of a character to overtask individual powers or opportunities of observation.

I shall endeavour to make my suggestion on this point bear fruit by submitting to the Association a resolution for the appointment of a Committee for Collective Investigation, which, I trust, will obtain the earnest support of individual members.

Vague and ill-defined as our present knowledge of the genesis of mental disorders is, we may assert that these are dependent on *conditions* that are removable or avoidable, and are not the necessary concomitants of civilization, or the inevitable attendants on humanity; and that insanity may therefore be regarded as being largely preventable.

I have intimated my conviction of possible increase in curative results, and I cherish the hope that in no distant future, in spite of, even by reason of, farther advance in civilization, the present rate of development of insanity, through the combined action of preventative and curative influences, may undergo not only arrest, but diminution.

Utopian although this expectation may be, the possibility of its fulfilment should unite to more vigorous exertion in the warfare waged against the prejudices, ignorances, and errors which constitute the chief forces of our arch enemy, Disease.