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THIRTY YEARS OF LUNACY PRACTICE.

The Achievements of Thirty Years.—The First Lunacy Commissioners.—The Improvement in Buildings.—Workshops.—Private Asylums.—The Effect of Aesthetic Surroundings.—Mechanical Restraint.—Chemical Restraint.—The Improvement in Attendants and Nurses.—Ladies as Nurses.—The Value of Outdoor Exercise.—The Study of the Pathology of Insanity.—The Therapeutics of Insanity.—Drugs and their Uses.—The Results of Asylum Treatment.

It is no mere commonplace to say that, in assuming the presidency of this Section of the British Medical Association, I do so with many misgivings. I cannot fail to remember the names and qualifications of those who have preceded me in this chair: the brilliancy of their personal communications, the efficiency with which they conducted the deliberations of the meetings, the character which they impressed upon the Psychological Section. And I should have altogether declined to succeed them had I not felt that, in my inevitable shortcomings, I might confidently rely upon the forbearance of my friends, and upon their kindly and considerate criticism.

I now ask for these while I attempt to discharge the first duty of my office in giving an inaugural address, which can contain nothing new, in which I must needs wander over old fields, and traverse ground already worn with the tread of many feet.

It is now more than thirty-two years since I first took office as an asylum superintendent, and I propose to subject these years to a general review.

The darkest days of asylum mismanagement, and of the ignorant—and, in that sense, cruel—treatment of the insane, had already passed away; and hope and expectancy were growing in the opening dawn of a new departure which was full of promise. As has been so often repeated, the York Asylum, to which I was attached, had possessed the unenviable distinction of seeming to stand pre-eminent in its unenlightened and inhumane treatment of the patients who had been committed to its keeping. Its dark, bare cells; its fetters and chains; its prison-like aspect and usage, are matters of history which have been read and pondered by all the world. Bethlem shared with it its evil reputation. They were both of them probably just as bad and but little worse in reality than their limited number of fellows, upon which the bright light of publicity had not been turned; but they were the scapegoats in a tide of humanitarianism and quickened perception, such as flows from time to time to the confusion of abuse and the righting of long-existent wrong. From the details which their examination elicited, the public sense and feeling recoiled, and demanded a remedy. The notion had hitherto been that insanity was not so much a disease as a vice, and that the whipping post, the revolving chair, and the bath of surprise were the fitting remedies for its control and removal. The demoniacal possession or the wicked propensities were to be starved and beaten away by the persecution of the flesh. Harsh repression, the dark cell, and mechanical restraint were the only known or conceivable means of restoring insane persons to health, and securing the public safety. In the use of these the York Asylum was, so far as I am able to judge, not greatly in advance of many of its contemporaries. It was the sentiment and belief of the time, and not the place or person which dictated or permitted their employment.

The causation of insanity of all types by physical disease was as yet but a vague suspicion. The whole question was involved in mystery, and it was, I conceive, for these and similar reasons that the treatment of the insane in such asylums as there were, and privately, was what it was. However this might have been, the York Asylum became the target of those more enlightened men into whose minds had entered the glimmerings of a new belief and the hope of a fresh departure.

The establishment of the York Retreat by Tuke, the compassionate activity of Pinel, and the resolute labours of Charlesworth, Hill, and Conolly, were a leaven which leavened the whole lump. From this time, the more humane treatment of the insane became an assured fact, but we may well imagine that its progress could not fail to be somewhat gradual and slow. Even in 1858, at the York Asylum, the window bars, fireguards, strait waistcoats, and locked gloves, the dearth of books and other objects of interest, and the old bare cells, had by no means disappeared.

I am thankful to say they have now long since been relegated to the darkness out of whose depths they had originated, and under the present enlightened management there are no longer even the visible structural remnants of the York Asylum as it was in the days to which I have had occasion to refer.

Coincident with the building of the York Asylum in 1774, Parliament passed the "Bill for the Regulation of Licensed Mad-houses." A further Act was passed in 1828, but it was not until 1845 that a really decided and effective attempt was made by legal process to remedy the evils connected with the care and treatment of the insane, by the passing of the Lunacy Act, chapter 100, which Dr. Hack Tuke has reminded us has been called "the Magna Charta of the insane."

Since that time there have been numerous additions to the Statute Book on the subject of lunacy, both because fresh needs have arisen from an alteration in circumstances and an increased complexity of social conditions, and because at periodic intervals there has been a recurrence of those waves of unreasoning excitement which, starting from a neurotic centre, occasionally pass over the public mind with reference to the insane.

Such a one occurred in 1858, and resulted in the appointment of a Select Committee of the House of Commons, which was deputed to inquire generally into the operation of the lunacy laws. The Act 25 and 26 Victoria, chapter III, was the result of this inquiry; but, curiously enough, the suggestions of the Committee, few of which were embodied in the Act, embraced almost all the predominant features of the Lunacy Acts Amendment Act, 1889. The year 1877 witnessed the sitting of another Select Committee, which made a very prolonged and careful examination, and a report which stated that, having inquired carefully and found no abuses, it yet recommended the most drastic changes in the mode of admission of lunatics and in their subsequent care and treatment.

I need scarcely remind you that we are at present groaning under the weight of additional labours, which do not seem likely to prove of benefit to anyone, as the result of the Act passed in pursuance of these recommendations—an Act which I will not further characterise than as one made by lawyers to guard what is known as the liberty of the subject, and at most points to disregard all the advances which have been made in medical discovery as to the origin, causation, and treatment of mental disease.

Thirty-two years since—that is, on January 1st, 1858—the number of insane persons reported to the Lunacy Board as under care was:—

	Males.	Females.	Total.
In asylums	6,931	8,232	15,163
In hospitals	913	838	1,751
In metropolitan licensed houses ...	1,166	1,457	2,623
In provincial licensed houses ...	1,357	1,290	2,647
In Royal Naval Hospital	126	—	126
Giving a total of	10,493	11,817	22,310

There were also 13,682 otherwise classified, making a grand total of 35,992.

In 1889 the numbers had altered as follows. There were:—

	Males.	Females.	Total.
In asylums	23,351	28,343	51,694
In hospitals	1,863	1,648	3,511
In metropolitan licensed houses ...	1,212	1,290	2,502
In provincial licensed houses ...	833	1,012	1,845
In naval and military asylums... ..	268	21	289
Giving a total of	27,527	32,314	59,841

And in addition to these, there were 24,505 otherwise classified, making a grand total of 84,346.

It will be readily seen, therefore, how, year by year, the importance of the changes made in the provision for the care and treatment of the insane has been growing. But looking at what asylums were and are at the two extremes of the period under consideration, we who have been immediately concerned in their management have no reason to be dissatisfied. The public de-

mands have been large and incessant, and I venture to think they have been fairly and fully met.

And what has been done in these thirty-two years—within the experience and in full view of those of us whose active work has extended over that period? It is a long history of changing public feeling, and marked progress.

Truer ideas as to the nature of insanity have been growing generally, partly in consequence of an increase of education, and largely, I believe, because of the action of alienist physicians in investigating its causation, and improving the appliances for its control and cure. Upon the latter of these the persistent and enlightened demands of the Lunacy Commissioners have had marked influence.

Their wide and varied experience enabled them to note the results, at first in isolated cases, of a milder and a more strictly medical treatment, of more humane and modified control, of improved and less specialised surroundings. The Board was fortunate in having among its members men already of ripe practical experience in asylums and lunacy, and to this fact was, no doubt, largely due the wise counsels and increasing efforts in the direction which has been indicated. A series of suggestions was issued with reference to the sites, buildings, and furnishing of asylums, which could not fail to be of great service, as affording a standard towards which endeavour could be made, and below which the central authority could refuse to sanction new erections for the care and treatment of the insane.

The Commission was peculiarly fortunate in having continuously at its head Lord Shaftesbury, who threw all the energies of his large heart and mind, and the weight of his great influence, into what he regarded as not the least important of his many philanthropic projects.

In 1858, of the 52 counties in England and Wales, only 33 were provided with county asylums, the patients belonging to the remainder being maintained in licensed houses and workhouses and with their friends. There were only 4 borough asylums. At this time the number of county asylums is 53 and of borough asylums 13. The number of registered hospitals (15) remains the same.

But not only has there been this largely increased provision of asylum accommodation, the character of the buildings has been undergoing a gradual development. The requirements of the Commissioners and the public have been undergoing a corresponding development. As the nature and needs of the insane condition have become more fully understood, so has there been an evolutionary movement in the direction of improved construction and more careful adaptation to the ends desired. The old prison-like exterior has become a thing of the past. The cheerless surroundings have given place to handsome gardens and well-planted exercising grounds. The small, barred windows, now expanded and unbarred, admit the light and air, and give cheerful views of pretty country and sunny skies; and, on entering the buildings, we no longer seem to see the old hopeless Dantean inscription, shutting out the world and its brightness by a darkness which may be felt. The long, dull, imperfectly lighted corridor, with its range of cell-like rooms on either side, is gone; and we have a broken up and irregular series of short corridors or rooms, with large bays, airy, well-lighted, decorated, fitted with home-like furniture, and made interesting by pictures, plants, birds, and other objects of interest; and the inmates are not all indiscriminately crowded together, but classified to suit their varied conditions and requirements. There are the acute or infirmary wards for recent cases and the sick, where special observation and nursing can be focussed, and there is the scarcely less important concentration in adjuncts to the workshops of those who are willing to apply their energies in handicrafts.

Here they have cheap homely rooms where there may be fewer restrictions than in the main building; and the consciousness that they are useful and trusted has a tendency to promote self-respect and increase self-control. This, as was pointed out by the Commissioners many years since, constitutes in fact a probationary system for patients who are convalescing, giving them greater liberty of action, extended exercise, and occupation, thus generating self-confidence and becoming, not only excellent tests of the sanity of the patient, but operating powerfully in promoting recovery.

In many places, too, there are detached cottages, which have the merit of cheapness, and approach more nearly to the patients' ordinary conditions of life.

In the modern hospital for private patients, whether it be a hospital in the legal sense or a licensed house of the best class,

how enormous is the difference in the last thirty years in its construction and arrangements! We find no longer the bare cheerless building, with its cheap decorations and shabby furniture like those of a second-rate hotel in a country town, the small high-walled airing courts but little better than the exercising ground of a modern prison; the crouching, ill-dressed, odorous patients, listless, apathetic, and of faulty habits. Instead of all these we have, and in ever-growing proportions, the bright well-built mansion of domestic architecture, indistinguishable but in size from any other ordinary dwelling house of good style. The windows wide and filled with plate glass, through which may be seen spacious gardens gay with flowers, flanked by green lawns and tennis courts and cricket grounds. No high walls or fences, nothing to suggest that we are looking upon anything but the ordinary pleasure grounds of a country house. Through sunny conservatories filled with plants we enter a very fairland of domestic comfort; the rooms bright and well furnished with soft carpets, luxurious couches, and easy chairs; the walls covered with pictures, the ceilings decorated with plaster enrichment; an ample supply of books. There are no dark corners, the sun penetrates everywhere. All around is the harmony of attempts at a varied perfection.

There are no signs to indicate that this is an asylum. If not home, it is at least the best obtainable substitute for it. The sanitary arrangements are as perfect as they can be made. There is ample space both for day and night accommodation, and corners enough for patients to escape from contact with each other without eluding the necessary continuous inspection. Then we have the infirmary portion of the house, where are all the necessary appliances for skilled nursing of the hospital type, and the more recent cases are under close observation. Nor are those parts of the building which are devoted to the more troublesome and noisy patients less well constructed or furnished than those which contain the quiet and convalescing. Our modern experience has taught us this useful and important lesson: that if we wish to improve their habits and produce a curative moral influence upon such patients, we must see that their surroundings are better than themselves. A man will spit upon a sanded floor, but he would at least hesitate to do so upon a Turkey carpet. The parts of an asylum which show the least signs of destructiveness are those in which the construction, though strong and solid, is unspecial and homelike, the decoration bright and attractive, the furniture comfortable and convenient; where pictures and ornaments are bestowed with a lavish hand, and the surroundings generally are too good to be suitable for destruction. We have all of us seen the transformation of a dull, bare corridor or room into one full of cheerfulness and light effect a simultaneous transformation in the habits of its inmates. The things worth preserving have been preserved. The better surroundings have seemed to induce increased self-respect and improved habits. The multiplied objects of interest have excited attention and given food for thought, and the result has much more than fulfilled anticipation.

As a part of or in association with our central building, thus constituted and arranged, we have means for the employment and amusement of its inmates—the workshops, the entertainment room, perhaps the associated dining and drawing rooms, certainly the billiard room and the American bowling alley for the gentlemen and the play and music room for the ladies—where on wet days and in the winter evenings can be collected together for exercise and occupation the bulk of the patients while their ordinary sitting rooms are being ventilated and freshened. But, in addition to all this, we have other important means of classification and treatment. We recognise the value of a change of residence for all and a different type of residence for various types of cases, and so we have separate cottages and villas within or beyond the grounds, their construction and arrangement varying but little, if at all, from those of ordinary houses for ordinary persons, in salubrious situations on the hills, with views stretching far over the surrounding landscape, or by the seaside, between the roar of the waves and the hum of the busy streets. But while so much has been done in the construction and arrangement of buildings, has there been no advance in administration and management, in pathological research and medical treatment? Do we still recognise mechanical restraint as one of our chief means of combating and controlling violence and destructiveness? Are our attendants still the rough gaoles whose strength and awe-inspiring demeanour are to cow the excited and frighten into subjection the turbulent? In these as in the particulars already referred to there has also been a distinct and definite advance.

The altered construction of asylums has necessarily led to a large increase of risks in certain directions, and we have had to meet these as we best could. Mechanical restraint was the obvious remedy for some of the new difficulties thus incurred. It secured the suicidal, the violent, and the destructive, it saved expense, and it was easily applied. But its disadvantages were seen to be enormous. Its moral influence was bad. It degraded the patient and prevented the exercise of self-control. It was liable to great abuse from attendants, and when commenced, likely, from its easy application and readiness of access, to be used in cases in which it was not clearly legitimate.

Its abolition in some asylums had already led to unmixed benefit. Thirty years since it had been altogether disused in many institutions, and in others its employment was limited to special cases of an extreme character only. As a method of treatment it was generally discredited, but there was still far too much of it. Gradually the medical instinct of superintendents, the force of public opinion, and the persistent efforts of the Commissioners in Lunacy secured its practical abolition except in special cases.

It remained for the Lunacy Act of 1890 to give it statutory rank as a mode of treatment, and while placing its employment under certain limitations to still leave its use or otherwise to the judgment of medical men, from which original position there ought to have been no attempt to remove it.

There are still advocates of restraint who defend its use by contrasting it with what has been called "chemical restraint," and I can quite believe that it might be possible so to misuse medicines as to make their employment the greater evil of the two. But I do not for a moment believe that this is ever done. Chemical restraint, as I understand it, would imply the improper and unnecessary administration of medicines, whose effect is in no sense curative, and which are given, hypodermically or otherwise, to stupefy and depress the patient, and so secure peace at any price—a practice which I should be sorry to believe prevalent in any institution for the treatment and care of the insane.

In no particular has there been a more important or a greater advance than in the quality of the attendants and nurses in our asylums. In earlier days their duties were dangerous and repulsive. They were mere keepers of wild animals, and their brutality was equal to the ferocity of those with whom they had to associate. The dawn of a gentler era necessitated the employment of a different and superior class of persons, and they in turn demanded and received a more considerate and careful treatment. A good attendant is, as we all know, by no means a ready-made article, to be turned out by a rough machinery to order at a moment's notice.

Their duties are delicate and difficult, their hours long, the calls upon their vigilance and patience incessant. They have at once to act as masters and servants, as companions, and educators, and sick nurses. Their tempers must be angelic under the most trying provocation. They must discharge repulsive duties without hesitation or reproach, and all this under circumstances which entail much nervous strain, worry, and anxiety, by night and by day. All this is of modern growth—and its complexity has been increasing steadily year by year. The demand has been met by a fairly adequate supply, and at this time, taking them for all in all, there is no class of persons whose work deserves a more hearty and appreciative recognition; and we are all trying our utmost to improve their position. We provide them with comfortable quarters. We secure for them a fair, if not an adequate, amount of relaxation. We give them means of instruction and amusement; and we find it all again in their reaction upon the patients under their own charge. Thirty years since head attendants and nurses were by no means universal, and where night nurses were employed, they usually had to discharge other duties by day, so that their services at night were of comparatively small value.

In 1858, the Commissioners issued a valuable series of suggestions upon the nursing of the insane, and devoted a portion of their report for that year to a very interesting and practical summary of the qualifications and duties of night and day attendants.

"It is the duty of a good attendant," they say, "to lead his patient by advice and example into habits of occupying and amusing himself; to encourage him when timid; to soothe him when irritable; to supply his wants, however imperfectly expressed; to prevent all bad habits; and finally to bring him back gradually to the recollection of a former rational state, and stimulate his intellect when dormant, until it recovers its original tone and power. To effect all this the attendant must be intelligent, judicious, industrious and active. Our experience and inquiries lead us also to the conclusion that, by a proper and efficient system

of night attendance, the faulty habits of patients may, in a great majority of cases, be corrected, and that this good result may be obtained without any annoyance to the patient, or any material disturbance of his rest. Moreover, the timid may be soothed, the restless and noisy quieted, and some source of irritation removed, or some want supplied. The propensities of patients to stand or lie on the floor, or to throw off their bedclothes, may be guarded against; the administration of food or medicine may be ensured, and the general security and tranquillity of the patients and asylum promoted, and proper records may be made of the state of the patients, and of all unusual occurrences during the night, for the information of the superintendents.

"Besides the improvement likely to be effected in the habits of patients of the above-mentioned classes by the judicious exertions of the night attendants, there are cases which require constant attention by night as well as by day, without which numberless accidents are likely to arise. With suicidal and epileptic patients this is especially the case. By timely assistance given to the latter during their fits, the not infrequent occurrence of sudden death in the night among this class might in many cases be prevented."

All of us can endorse these words, and those of us who have seen and felt the changes effected by the introduction of efficient night nursing can do so with especial emphasis. The improvement in the habits of the uncleanly, the increased quietness of the dormitories, and so the more tranquil sleep of the household, the safety of the epileptics, the prevention of suicides, and, from all these causes, the greater freedom from anxiety of the superintendent, are matters as to which we all have reason to feel that there has been marked and most beneficial progress.

Then there has been a great advantage in the employment as attendants or companions upon patients of both sexes of educated and refined persons of a superior class. It is, of course, difficult to secure the services of competent gentlemen, because, as a rule, male persons of this class worth having can find more remunerative and agreeable occupation in other directions. But with ladies this is not so in an equal degree, and we are, therefore, able to have the benefit of their services, which, as the result of a somewhat long experience, I can affirm to be invaluable.

I am glad to say that the service is becoming popular, and the supply beginning to keep pace with the demand. For some years past in many asylums there has been a considerable admixture of persons of this class with those of a lower social grade, and I believe that the result has been most satisfactory. They must, of course, be the right people—everybody is not a heavenly nurse or companion. Helpless fine ladies are worse than useless. But, given the right type, and their influence is most useful. They refine the ordinary nurses, are fitting and harmonious companions to the patients, and introduce an altogether new and most valuable element into the moral atmosphere of an asylum.

We have endeavoured, by lectures and other means, to instruct attendants in the duties of their calling with some measure of success, but there is no special training institution where they can be regularly and systematically prepared for their important duties. This is a distinct need, which I hope will soon be supplied.

The question of the training of attendants and their certification has been dealt with by a committee of the Medico-Psychological Association, who have issued a valuable report.

A great step in the prevention of the engagement of improper persons could be taken by the Commissioners in Lunacy by a revision of their present useless black-list system, and an approximation to that of the Scotch Board.

Of all the physical and moral influences which modern ideas as to the treatment of insanity have promoted none have been more productive of beneficial results than those which embrace active occupation and varied amusement. They improve the physical health. They give to life an object and a purpose. They afford food for reflection, and so tend to break up morbid trains of thought and perverted imaginings. They have thus become sheet anchors to us in our treatment of mental disorders of every kind.

The vigorous outdoor exercise which they involve soothes the irritability and gives an outlet to the excitement of the maniacal, cheers the depressed, and affords a healthy stimulus to the circulatory apparatus of both brain and muscle. The indoor occupation which they afford dispels gloom and relieves monotony. And to how vast an extent has advantage been taken of them within the period which is under review! No asylum would now be considered complete or even adequately equipped for its purpose without a large amount of land and a liberal provision of recrea-

tional machinery. We have our farms and gardens, our workshops and laundries, and we have also our cricket grounds and tennis lawns, our bowling alleys and billiard rooms, our dances and theatricals, and lectures and concerts, and asylum periodicals, and school classes and discussion clubs; and these have been growing and developing with the needs which originally called them into existence. It would be difficult to overestimate their value.

As food for the body, so this refreshment and sustenance for the mind gives strength and vigour by exercising those qualities which have fallen into disuse or become enfeebled; but I need, of course, say nothing here as to a moral aid to treatment which is so fully acknowledged and so widely used by every one of us. Not only have we, in our asylums, ample means for the practice and development of this branch of treatment, but we also take every possible advantage of the encouragement which is afforded by out- and indoor entertainments in the larger world beyond the little world of the asylum. Thus, we have picnics and seaside excursions, packs of hounds and hunting parties, boating and fishing, and even the more doubtful amusement of shooting. We send our patients to concerts and lectures; we patronise the theatre; we take every legitimate opportunity of causing them to mix on as equal terms as is possible with the outside world, so as by all means to break down the middle wall of partition which used so sharply to divide the sane from the insane members of the community.

The beneficial influence of religious exercise has of late years assumed a largely increased development, and with no uncertain results. While we recognise the injurious effects of religious excitement as a causative agent in the production of insanity, we are no less sensible of the benefit which accrues from religious services when properly employed and kept within reasonable bounds. We see, from our daily experience, the soothing and tranquillising influence which they exert over the depressed and the despondent, how they foster and develop self-control, increase self-respect, and suggest to the patient that he is no longer a pariah, cast out and excommunicated, but a member still of the Christian church, and entitled to all that it can do to alleviate his suffering and bring him into closer harmony with the great brotherhood of mankind.

This is a modern development of the most valuable sort, and we have, therefore, our chapels built in ecclesiastical style, fitted and decorated in the best manner and with good taste, and provided with means for a hearty, cheerful, musical service, such as need fear no comparison with those in the churches in which our patients have been accustomed to worship. Our chaplains visit regularly, and, when they are wise and discreet, are a great help to us in our curative efforts. They administer the Holy Communion, which years since would have been regarded as a kind of sacrilege. Patients of different sects and persuasions are now freely afforded the opportunity of worshipping according to the rites of their own churches, and being ministered unto by the priests of their own faith. And in all this there is the differentiation of treatment which affords so remarkable a contrast between the old and the new dispensations, and marks the evolution of our knowledge of disease and its practical application.

But to turn from these less strictly medical appliances to pathological investigation and therapeutics. Have the last thirty years been unproductive of results in this direction? Are we at all where we were in either of these particulars, as regards our speciality? The reproach has been hurled at us that while general medicine has been advancing by giant steps, while pathological research and the treatment of diseased conditions of other organs than the brain have made real and substantial progress, psychological medicine has remained an empiric art, and still has no legitimate claim to be considered in any degree a science. This accusation has been made in a more vigorous form, and with a more definite practical object recently. Is it true? Do the facts support this damaging assertion? In my opinion, very far from it. On the contrary, I believe that in no branch of the profession has there been a more definite and distinct advance than in the speciality to which we belong. I do not allege this as any reason why we should rest satisfied, and refrain from renewed and increased exertion, but rather as affording encouragement in the direction of continued and ever advancing progress.

In 1869, of the 3,614 deaths in asylums of various classes, 1,280 only were the subjects of *post-mortem* examination—a proportion of 32.6 per cent. In 1889, there were 5,730 deaths and 3,875 *post-mortem* examinations—a proportion of 75.8 per cent. Thus, in the

last twenty years the percentage has been much more than doubled. In 1871 emanated from the West Riding Asylum the first of a series of volumes dealing with questions of nervous structure, function, and disease. This was followed by others, which plainly showed that laborious and systematic work was being done there in the investigation of physiological and pathological conditions, with the object of throwing light upon the treatment and cure of insanity. The same process had already been going on in other asylums, and indeed to some extent in all; but to Dr. Crichton Browne and his asylum undoubtedly belonged the honour of systematic investigation and formal publication, and the work done in this way gave a distinct impetus to similar proceedings elsewhere. The grounds and objects of this new departure were explained in the preface to the first volume of the *West Riding Asylum Reports* as follows: "In the harmless but vindictive attacks which have been recently directed against the public lunatic asylums of this country, it has been a frequent charge that no scientific work is accomplished in them. It has been an often repeated accusation that the medical officers of these establishments are so absorbed in general or fiscal management, in farming or in devising ill-judged amusements for their charges, that they have no time nor energy left to devote to professional research; and it has been further asserted that, when these medical officers have by any chance ventured to enter the field of original research, they have, as a rule, signally failed in achieving any useful result, because they are blinded and misled by an erroneous method and by philosophical phantasms, and are destitute of that strict inductive faculty which their censors are, of course, presumed to possess in a pre-eminent degree.

"While no sympathy or even toleration is felt for such unwarrantable statements, or for the incapacity or disappointment of which they are the offspring; for that ignorance which knows nothing of medical literature; for that shallow-mindedness which recognises in the beneficent government of a community only the degradation of the huckster; for that pusillanimity which evades all metaphysical considerations, or for that pauperised scientific spirit which ignores everything save weights and measurements, still a belief is entertained that there has perhaps been some remissness on the part of those engaged in the superintendence of our hospitals for the insane in publishing the results of their observations, and in contributing, in proportion to their opportunities, their full share to our stock of precise knowledge.

"The just and exalted conception of an asylum medical officer's mission, which constitutes him the guardian and friend as well as the medical adviser of his patients, which gives an adequate prominence to the claims of practical humanity, and raises even the details of administration into parts of a comprehensive scheme of treatment, does not certainly exclude original inquiry and experiment, nor the obligation of perpetuating experience and of adding to the resources of the healing art.

"On the contrary, it implies all these and is best realised when they are combined with that modest philanthropy and laborious routine work which ought to form the staple of his daily life. That there has been any slackness on the part of asylum medical officers in completing the full tale of professional duty in accordance with this high standard has been to a certain degree due, not merely to the engrossing character of these occupations which have properly filled the first place in their attention, but also to the absence of any immediate stimulus to the arrangement and elaboration of the materials collected, and to no want of any ready channel of exposition. It is with the view of supplying this deficiency and of affording an incentive to the utilisation of much valuable information hitherto buried in casebooks and diaries, that the present volume has been projected."

In pursuance of the principle thus set forth, a special laboratory and pathologist were provided, and from this time a fresh impetus was given to pathological research and the publication of such results as have from time to time been obtained.

All the accusations thus summarised have been repeated of late, and the answer to them may well be made in the words which I have quoted. But can they be made now with even the modicum of truth which then attached to them? I venture to think far otherwise. Many of our asylums have at this time pathological laboratories in which skilled persons are engaged in endeavouring to elucidate the mysteries of disease and to discover the means for their most effective treatment. On all hands we see the evidences of the careful study of morbid brain conditions in an increase in *post-mortem* and microscopical examinations and the publication of monographs upon diseases of the brain and nervous

system. The physical origin of mental disease has become an axiom of our faith. We recognise the influence in its treatment of the principles of general medicine. The brain is the most elaborate and complex of the organs of the body, and if we have had only a limited amount of success we must remember that we have no assistance in our diagnosis or the treatment of its diseases from the patient who is their subject. As its anatomy and physiology are the most involved of any, so must its pathological conditions be the least obvious and intelligible.

In view of all these considerations, can it be truly affirmed that we have done nothing to free ourselves from the reproach with which we have been charged? Then, as regards the practical aspect of the question, are we where we were in respect of treatment? Can the amount of medical treatment be estimated by the quantity of medicine administered? It is true that we do make use of drugs to a large extent, because we know that much of the illness with which we have to contend is dependent upon physical disease, upon debility, and functional derangement of almost every organ of the body. We, therefore, give tonics and stimulants and nutriment, to improve the general health and promote digestion. We use hypnotics with discretion to break up habits of wakefulness, and prevent the undue wear and tear of brain tissue. We administer peptonised foods to improve nutrition and limit the expenditure of nervous force. And for all these purposes we have numerous new agents, the circle of which is ever widening by fresh discoveries.

But beyond, and yet hand in hand with, all this and influential to the last degree, we have, as Dr. Clifford Allbutt has well put it, "the intimate personal relation between the superintendent and his staff, and the patient. The study of the patient's character and peculiarities, the ascertainment of his fears and his delusions, his dreads, his suspicions, and everything of that kind, and then the dealing as tender-hearted, open minded, sympathetic, human people with these mental conditions, as mind with mind; The superintendent is our medicine; the staff is our medicine; the nurses are our medicine; our conservatory, and our entertainments, our birds, our garden and our farm are all our medicines."

These agencies are what we are employing in our treatment—our medical treatment I will certainly call it—while we are by no means neglecting the use of those drugs and other medical appliances which experience has shown to have a beneficial influence. To contrast the latter with those which were used thirty years since is at once to demonstrate the great change which has taken place.

In lieu of tartar emetic and drastic purgatives we have the bromides, chloral, hyoscyne, sulphonal, paraldehyde, and many other sedatives and hypnotics; cascara and combinations of glycerine as aperients; salix nigra as a sexual sedative; pancreatine and zymine as aids to digestion; permanganate of potash as an emmenagogue; and so on. The shower bath is discredited, as a terrorising agent whose virtues were outbalanced by its many disadvantages, but we have the Turkish bath and the half-hour's warm bath, which are both medically useful and grateful to the patient, and we have enforced exercise and massage, and our malted foods and chemical nutritives.

Such is a general summary of the advances which the last thirty-two years or so have seen in the treatment and care of the insane, and which have been witnessed by those of us whose official experience has extended over that period. It is, I think, the record of a veritable revolution. Incomplete as it is, it need fear no comparison with the progress which has been made in other departments of medical science and discovery. We regard it with no feeling of complacent satisfaction. We view it only as an encouragement to perseverance and renewed exertion, as an earnest and not a fulfilment of our hopes and endeavours.

We have thus contrasted the beginning with the end of these thirty-two years, under the heads of building construction and arrangement, decoration and furniture, occupation and amusement, mechanical restraint, attendants, religious services, pathological investigation and medical treatment; and we have now to ask what is the net result as regards the recovery and death-rates in our asylums? Have all the advances which have been described left us, so far as the cure of insanity is concerned, very much where we were under the old system?

It must be confessed that the question is a very difficult one to answer. Statistics are said to be able to prove anything. Bare statistics too often prove nothing. But in this instance we have access to figures, which comprise a wide area, extend over a long

period, and have been prepared with reasonable care. If we take the statistics as given in the Commissioners' Blue Books, we find the annual average proportion of recoveries to all the admissions in quinquennial periods stated as follows:

1859 to 1863	...	...	35.1 per cent.
1864 to 1868	...	...	33.65 "
1869 to 1873	...	...	33.9 "
1874 to 1878	...	...	34.37 "
1879 to 1883	...	...	35.27 "

And for the four years

1884 to 1887	...	...	35.3 "
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In these numbers the transfers and admissions into idiot asylums are included.

From the following figures those items are excluded:

1869 to 1873	...	...	38.3 per cent.
1874 to 1878	...	...	39.38 "
1879 to 1883	...	...	39.68 "

And for the four years

1884 to 1887	...	...	40.51 per cent.
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In the first series there is no evidence of any advance in the recovery rate, the percentage at the end of the 39 years being scarcely at all in excess of that at the beginning, but in the second series there is a distinct, if not a very large, increase, and it extends over the whole period of 19 years, and is fairly distributed among them.

The percentage of deaths to the average numbers resident were as follows:

1859 to 1863	...	...	10.4 per cent.
1864 to 1868	...	...	10.4 "
1869 to 1873	...	...	10.12 "
1874 to 1878	...	...	10.22 "
1879 to 1883	...	...	9.47 "
1884 to 1888	...	...	9.63 "

There has, therefore, been a decrease in the proportion of deaths, although not a very large one, but this was scarcely to be expected. There can be no doubt that the character of the admissions into asylums generally has been gradually deteriorating for many years, and that to this is attributable both the comparatively small increase in the recovery rate, and the absence of a larger diminution in that of deaths. Chronic patients have been placed under care in increasing numbers. The general health of those sent has been less satisfactory. Their average age has been greater, and there has been a constant and growing proportion of cases of general paralysis and epilepsy, especially among patients of the pauper class. Of 4,062 admissions into the Devon County Asylum in the twenty-five years between 1845 and 1870, 14 per cent. of male patients were the subjects of general paralysis. In 1887 the admissions into all the pauper asylums throughout the country amounted to 15.6 per cent., and the Commissioners remark in their report for that year, that "of late, and more particularly since the commencement of the parliamentary grant-in-aid, a larger proportion than formerly of patients suffering from senile and other chronic and hopeless forms of insanity are now admitted into asylums and licensed houses."

The report of the Scotch Commissioners for 1889 notices the fact that during the eight years from 1870 to 1877, out of a total increase of the insane in Scotland there was an almost equal number of people above 50 and under that age, while in the ten subsequent years from 1877 to 1887 the increase showed 11 per cent. more of patients above 50 over those below that age. "The increase of patients," they say, "in establishments, above 50 years of age, has been three times as great as is accounted for by the general increase of the population, this greater proportion being in accordance with what has been commented on in previous reports—an increasing tendency during recent years to resort to asylums for the care of persons suffering from the mental decay of old age."

Upon these facts, which I venture to think our own experience can confirm, it is reasonable to assume that, but for such hindrances, the advances which have been recorded in this paper would have resulted in a much more marked addition to our recovery rate, and a still greater diminution in our percentage of deaths.

I have been very desirous of obtaining reliable statistics with reference to private patients in the various hospitals, because from them are practically eliminated the interfering elements which, as we have seen, so greatly disturb our calculations and deductions in respect of the whole body of patients. But the difficulties were insuperable, for in many instances reliable records only ex-

tended over a very limited period, and afforded a quite inadequate basis of comparison. I have, therefore, limited myself to a very careful examination of the results of treatment in Barnwood House from its commencement just thirty years ago. So far as they go, the figures may be relied upon. Patients have throughout been received in the order of their application, without special selection. Epileptics and general paralytics have not been declined. There has been no limit of age, and no restriction of a physical or mental character. The same conditions have been maintained throughout the period, and all the patients have been drawn from the upper and middle classes. There has, therefore, been a small percentage of epileptics, and only a moderate proportion of general paralytics, while aged persons have not been crowded in to save the expense and trouble of home nursing.

The records show the following results in quinquennial periods:—

Recoveries on Total Admissions.				Deaths on Average Numbers Resident.		
Date.	Males.	Females.	Total.	Males.	Females.	Total.
1860 to 1864 ...	25.2	22.2	23.9	20.2	8.3	14.5
1865 to 1869 ...	13.0	35.1	21.7	15.2	4.8	10.0
1870 to 1874 ...	27.8	22.6	25.3	11.3	6.5	9.1
1875 to 1879 ...	39.3	41.0	41.4	8.6	5.4	7.1
1880 to 1884 ...	28.5	43.3	37.2	6.0	3.1	4.6
1885 to 1889 ...	57.4	52.1	54.4	4.7	2.3	3.4

These figures, so far as they go, seem to indicate that where the sources of error which have been enumerated are eliminated, a not unfavourable series of results will be found to have been secured. At all events, they and the other facts which have come within the range of our experience, and the scope of this review, urge us, with a logic which is irresistible, to continue, with increasing perseverance, and towards an ever-widening horizon, our efforts in the direction in which, whatever our shortcomings, an encouraging harvest has already been gathered in, while we see before us—

Still a flying point of bliss remote,
A happiness in store afar,
A sphere of distant glory in full view.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OPHTHALMOLOGY.

*At the Annual Meeting of the British Medical Association,
held in Birmingham, July, 1890.*

By D. C. LLOYD OWEN, F.R.C.S.I.,

Senior Surgeon to the Birmingham and Midland Eye Hospital.

ON THE TEACHING OF OPHTHALMOLOGY.

GENTLEMEN,—It is not my intention, in opening the proceedings of this Section, to address you in any but the briefest terms; and this for several reasons—especially because I know that there is matter awaiting your attention of the most valuable character, and I should not be justified in occupying time which will be more profitably spent in the proper work of the Section. It would ill become me to address you on any point which might call for discussion or inquiry; to do this would be to take an unfair advantage of my position. And if I were to take up your time with a summary of the work done in our branch of science during the past year, I should only be travelling over ground with which you are all thoroughly familiar.

I shall therefore hasten to express warmly my acknowledgments to the Council of the Association and to my colleagues in this city for the distinction conferred upon me by appointing me President of the Section of Ophthalmology—an honour which I attribute to their generous appreciation of the accident of my position far more than to any deserts of my own. I am thoroughly sensible of the responsibilities which my position involves, and I shall beg your kind indulgence for my shortcomings.

It is, I am sure, a great pleasure to all of us who are interested in the welfare and progress of this great Association, the annual meeting of which brings us together to-day, to witness the life and vigour exhibited in the programmes of the work before the various Sections, and in none is the contemplation more reassuring than in our own. I remember some years ago one of the Presidents of the Ophthalmological Section speculating in his opening address on the possible effect of the establishment of the Ophthalmological Society on the vitality and persistence of this Section. Some years have elapsed since the Ophthalmological Society was established, and so far from this Section having received its quietus, the records of the work done at Dublin, at Glasgow, at Leeds, and elsewhere, give us as a Section ample comfort and assurance of longevity.

There is one point about which I feel strongly, and upon which I shall trouble the Section with a few words: that is, the necessity for more extended and systematic teaching of ophthalmology in our medical schools. I believe it to be a distinct necessity that a course of clinical instruction in ophthalmology should be made a part of the curriculum, and that in the examinations for all licences to practise, a clinical examination in the same subject should follow. This is the case in all the Irish schools, and I hope the time is not far distant when it will obtain in England and Scotland. At present, although there is abundant material and facility for such teaching within the reach of all the recognised medical schools throughout the country, it is in many instances practically untouched. Only the more energetic and hard-working among the students find time to give voluntarily to the study of ophthalmology, the remainder leave it on one side. Were a three months' attendance at a recognised eye hospital, or at the eye department of a general hospital, made compulsory, the practitioner would enter into practice much better fitted to deal with the cases of eye disease which come under his notice, to his no small peace of mind and encouragement, and to the great advantage of the public.

It was to supplement this defect in our teaching and to further fit the already trained general practitioner for his duties that one of the founders, perhaps the oldest and very highly respected member of this Association, Mr. Richard Middlemore, has founded and endowed an annual course of post-graduate lectures in connection with the Birmingham Eye Hospital. His object being to enable those members of our profession who are engaged in general practice to obtain an acquaintance with the practical advances made in the diagnosis and treatment of diseases of the eye. But such aid, whilst of the highest value, cannot supersede the necessity for early systematic training; and I should like to impress every member of this Section with the earnestness of my conviction of the necessity for the inclusion of clinical teaching in ophthalmology in the students' ordinary curriculum, and to beg of all those who think with me to urge the ruling powers to immediate action.

I have one other pleasant—most pleasant—duty to perform, and I have kept it until the last that it may linger longest in your recollections. It is to offer you all, in the name of my colleagues and in my own, a most sincere and cordial welcome to our city. It is unnecessary to allude to the advantages, personal, social, and scientific, which we gain and share in thus meeting together. We here shall endeavour to show you who are come among us how thoroughly we appreciate your visit, and shall do our utmost to make your stay with us, in some slight degree, we hope, profitable, and in every way pleasant.

MR. C. PRIBUDDOCKE, of Wylde, Public Vaccinator for the Stapleford District of the Wilton Union, has been awarded the Government grant for successful vaccination.

PRESENTATION.—An address and a purse of sovereigns has been presented to Dr. James Sharpe on his leaving Cootehill, where he resided for many years.

THE MUZZLING ORDER IN MIDDLESEX.—From the return presented to the Middlesex County Council by the various inspectors under the muzzling order it appears that during the quarter ending June last 5 dogs were seized for rabies in the county, as against 7 in the previous quarter. During the same period 526 dogs were seized, 77 of which were claimed and the remainder slaughtered. The total number of dogs seized in the year was 3,250, of which 488 were claimed and 2,634 slaughtered. In the same period there were 49 cases of rabies, against 22 in the previous year.