inherent in, and peculiar to, the individual; and, whatever it may be, its existence is in all probability necessary, in order that any bacillus coming from without may exercise an injurious influence. The question of the contagiousness of a disease is sometimes a clinical problem difficult to solve; and although one may certainly state that phthisis is not readily communicable from one individual to another, and that, if it be so at all, the existence of something abnormal in the individual is necessary as well as the presence of the contagium; we are not, I think, justified in refusing to accept this outcome of Koch's teaching simply on the ground that, up to the present time, the evidence of communicability is so meagre. It is for us now to submit this question—by no means a new one, remember—to the most rigid clinical investigation. This is, as you know, being done by the Collective Investigation Committee, and the evidence already forthcoming is sufficient, I believe, to justify a doubt as to whether our previous notions on this subject have not been erroneous.

Another objection to this teaching has been made by the clinical pathologist, on the ground that it takes no account of that all-important element, hereditary predisposition, the influence of which is so marked, that its consideration must necessarily occupy a prominent place in any study of the pathology of phthisis. As to the exact nature of what is transmitted, we are at present ignorant, and it is not my purpose now to discuss it. We shall, however, probably be right in saying that it includes a condition of constitutional feebleness, which renders the individual abnormally incapable of resisting injurious influences. But, whatever it may be, it is something inherent in the individual; and may we not find in it that second factor to which we have alluded, the existence of which would seem to be necessary in order that any bacillus coming from without may cause phthisis?

To the influence of heredity may be added that of the state of the general health. Quite apart from any inherited tendency, there can be no doubt that an impaired state of health greatly favours the development and the progress of phthisis; and it is when these two are associated, as they so frequently are, that we appear to have the condition most favourable to the development of the disease. Such impaired health, therefore, we may regard as another element of that second factor—the something inherent in the individual. In what way these inherent elements furnish the condition necessary in order that the bacillus may become injurious, we have yet to learn. I believe, however, as I have ventured to indicate elsewhere, that an explanation may possibly be found in the existence of slight stagnation of the blood-stream in the higher portions of the lungs, which the inherent conditions tend to produce.¹

It would appear, therefore, accepting provisionally the truth of Koch's investigations, that two conditions, at all events, are necessary for the development of phthisis—the presence of the tubercle-bacillus, and something, inherited or acquired, inherent in the individual. About the latter there can be no reasonable doubt, and although the evidence respecting the former is still quite incomplete, and we must await further and perhaps prolonged investigation before admitting the necessity of an organism from without, our present knowledge, both pathological and clinical, appears to present nothing exclusive to the probability of its truth.

What, then, I would ask, in bringing these few remarks to a close, is our duty with regard to this all-important subject? A pathology of phthisis which includes any such factor as a contagium from without involves issues so grave that we very rightly hesitate in accepting it, and require that it should be submitted to the closest criticism before we allow it to influence us in our practice. The position in which we are placed is undoubtedly a difficult one. To accept unconditionally Koch's teaching as it applies to phthisis, in the absence of more complete evidence, is obviously quite unjustifiable; and, having regard to the important social questions which must arise, extreme caution is necessary in giving publicity to any opinion respecting it. I allude, of course, more particularly to the communicability of the disease.

But are we justified in completely rejecting it? Supported as it is by the authority of its author, confirmed by other competent experimenters; for the most part in accordance with, and not involving any mutilation of, existing pathology; and although in some points apparently, yet not conclusively, at variance with clinical medicine,—does it not demand from us something more than mere careful investigation? Are we not bound, even now, to be more or less guided by it in the prosecution of our practice? In the treatment of phthisis, whilst never losing sight of the conditions

inherent in the individual, should we not recognise the probability that there may be something introduced from without? In attempting to prevent the disease, is not the question forced upon us—How far is it justifiable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are already suffering from this disease? Such questions as these are now coming prominently before us, and in endeavouring to answer them, we must look to Pathology as our guide. If I read her aright, she is, I think, pointing in the direction foreshadowed by Klebs and Koch, and is asking us, those engaged in the practice of our profession, not only to help her in the attainment of the truth, but also, in the meantime, to act up to our light and to use her, even in her incompleteness, for the good of our fellow-men.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PSYCHOLOGY,

At the Annual Meeting of the British Medical Association in Liverpool, August, 1883.

By THOMAS LAWES ROGERS, M.D., M.R.C.P.,

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GENERAL HOSPITALS AND HOSPITALS FOR THE INSANE.

GENTLEMEN,—I propose to devote a short time, by way of introduction to the business of the Section, in drawing a parallel between general hospitals and those specially instituted for the treatment and care of the insane.

In looking back on the commencement of both classes of institutions, and in following the course of their development, and more especially of the legislative enactments relating to both, nothing impresses one more than the fact that, whilst general hospitals were primarily founded, and have been since continuously devoted to the cure of disease, those for the mentally affected have been always more directed towards the safe custody of the patients than to their cure, and more in the interest of the public generally than in that of the patients themselves.

The earliest records of the history of the country show that the care and custody of all the sick were entrusted to the religious houses. "For the sick, if medicine was required, there was none to be had except in the monastery," whilst for the lunatic, chains, fetters, and stripes, were the chief treatment, varied with charms, incantations, and certain herbs gathered at particular seasons; the influence of the moon over mental disease being undoubted, evidence of which remains to the present day in the etymology of the word "lunatic."

That hospitals were founded exclusively for the reception of lunatics, we have the authority of Stowe that, in 1370, a hospital was founded in the parish of Barking "by Robert Denton, chaplain, for the sustentation of poor priests and other men and women that were sick of the phrenzie, there to remain till they were perfectly whole and restored to good memorie." This is perhaps the earliest record of the foundation of a special hospital in England, and it will be observed that it was founded with a curative intention.

At the time of the suppression of the monasteries, during the Reformation, St. Bartholomew's and Bethlehem Hospitals were incorporated by Henry VIII. in 1546-47, both having been previously founded as monasteries some centuries earlier.

To enter at any length into the history of this hospital is beyond my present purpose; but to those who are interested in the subject, and who have not yet read it, Dr. Hack Tuke's recent work, the *History of the Insane in the British Isles*, will be found to contain a mine of interesting information, most carefully and industriously gleaned from every available source.

But taking the period of the suppression of the monasteries as a starting point, and making a comparison between St. Bartholomew's Hospital, as a type of a general, and Bethlehem, as that of a special hospital, how unequal the progress of the two institutions!

Whilst the former has always had for its medical staff the most eminent physicians and surgeons of the day, and its course has

¹ See lecture on the Tubercle-Bacillus and Phthisis, BRITISH MEDICAL JOURNAL, February 3rd, 1883.

been one of steady advance to the high position it occupies at present, the latter had more and more deteriorated until, I might almost say, within our own time, certainly within the memory of men now living.

How has it come to pass that of two institutions starting at nearly the same period, and under similar auspices as to endowment, one should have gone steadily on towards perfection, whilst the other should even have deteriorated from the dark ages in which it was founded?

The explanation is, I think, to be found in the separation of the treatment of diseases affecting the mind from that of all other classes, from insanity being considered almost beyond the pale of the profession, and from the lingering prejudices which associated mental diseases with witchcraft and demoniacal possession, as an affection which might be exorcised, charmed, or beaten out of a person, but was not to be combated by rational or scientific treatment; as though it were an affection *sui generis*, and not amenable to any recognised rules of medical treatment.

I recollect, when a boy, being told by a countryman, a Wiltshire shepherd, that a neighbour had been sent to an asylum, and he was so bad that they thought he would have to be smothered. This was said in perfectly good faith, and accepted by me as true, and it was no doubt the common belief of the uneducated country folk of that period, that the most dangerous lunatics were thus treated.

On looking back at the revelations of the treatment of the insane in certain hospitals, which formed the subject of an inquiry by a Parliamentary Committee in 1815, one is disposed to ask if the treatment my shepherd believed in would not have been kindness compared with that which the lunatic really underwent.

Among the few benefits which the French Revolution, with its doctrine of the "rights of man," has conferred on mankind, the contemporary amelioration of the condition of the insane through the efforts of Pinel, must be considered one of the greatest, and a striking instance of a work of humanity conceived and carried out in the midst of the scenes of bloodshed, and the *bouleversement* of the ancient order of things, and of the destruction of institutions which characterised that period.

How far the doctrine of the rights of man influenced the mind of Pinel in the determination that some of the rights of humanity should be rendered to the poor lunatic, we have no evidence to show, but that the tardy acceptance of his doctrines and practice may be partly ascribed to the reaction throughout Europe which followed the Revolution—and that revulsion of feeling, amounting to hatred, of the Revolution itself and of its authors, may have made even humane people insensible to any real reforms which sprang from that period—may be fairly assumed.

In mentioning the name of Pinel as the pioneer of the reformation in the treatment of the insane, I ought not to omit mentioning the name of a countryman of our own, William Tuke, a citizen of York, and a member of the Society of Friends, who, almost contemporaneously with Pinel, was working in the same direction by founding the York Retreat, in 1792, for the insane members of the Society, in which a complete revolution in the treatment of the insane was effected; the history of the foundation of this institution, and its subsequent progress, being given to the world by his grandson, Samuel Tuke, in 1814.

Although the name of Tuke is, at the present time, so well known in connection with the subject of mental disease, there may be some now present who are not fully aware of the debt that the world at large, and the insane portion of it (by no means a small one) in particular, owe to the truly philanthropic labours of these noble-hearted men, whose benevolent disposition towards the insane has been inherited by their representative in our own profession, Dr. Daniel Hack Tuke, lately president of the Medico-Psychological Association, the great grandson of William Tuke, whose absence from our present meeting is a source of much regret to me, and especially from the cause, being the recent loss of his son, a young man of great attainments, who had already distinguished himself in medical literature, and who promised worthily to follow in the footsteps of his father and ancestors.

When we remember that the reformation in the condition of institutions for the insane in this country was introduced by a layman, it may well cause a feeling of shame that the change did not originate from a member of our own profession; and is only another indication of the manner in which diseases of the brain, affecting the mind, were habitually regarded by the profession as being a subject almost foreign to it.

To the same cause, it is, no doubt, due that the example, demon-

strated by Mr. Tuke, of a more rational way of treating the insane, did not find general favour till another half-century had elapsed, when the teaching of Tuke was taken up and enforced by Dr. Conolly, who revolutionised the treatment at Hanwell, and, by his book on the *Treatment of the Insane*, published in 1856, brought the subject prominently before the profession and the public. In connection with Conolly, I ought not to omit the names of Drs. Charlesworth and Gardiner Hill, both of Lincoln, who both worked contemporaneously with him in the same direction.

But the greatest factor in the work of reform was the legislative enactment introduced and carried, after many abortive attempts at legislation, by the present chairman of the Lunacy Commission, the venerable Earl of Shaftesbury—viz., the Act of 1844-5, which not only provided that adequate provision should be made for the lunatic poor by the erection of asylums in every county in England; but also, and this was still more important, provided for a competent inspection of all asylums, public as well as private, by the present Board of Commissioners.

Previously, the duty of inspecting asylums, and the granting of licences to metropolitan houses, was vested in five Fellows of the College of Physicians; and the manner in which this duty was performed may be understood from the evidence given by Dr. John Bright before a Committee of the House of Commons.

He says, "In the first place, with respect to the granting licences, there is only one day in the year in which, according to the Act, the licences can be granted; then with respect to the persons to whom the licence may be granted, any person applying for that licence is entitled to have one; again, any person committing any offence, save and except the refusing admission to Commissioners on their visitations, may be continued, and is continued, in the exercise of such powers as that licence communicates to him. The Commissioners have no power to disturb in the management of his house any keeper of a house, whatever offences he may have committed, or however unworthy he may appear to them to be. Supposing any person who had, in the eyes of the Commissioners, acted improperly, to apply in October, at the usual and the only period in the year for granting licences, they conceive, and they are advised, that they are obliged to grant a licence to that individual."

A licence for a house to receive and take charge of insane patients was therefore at that period (1828) more easily obtained than one to sell beer and spirits at the present time.

Thus, whilst the only legislative sanction that general hospitals have received has been by way of royal foundations and charters, hospitals for the care and treatment of the insane have required stringent legislative enactments to lift them out of the abyss in which they were sunk.

The explanation of this is that, owing to the views with which insanity was regarded, the treatment of the insane was, with few exceptions, relegated to an inferior class of medical practitioners; and the absence of publicity made matters worse. When publicity was introduced into asylums through the means of a board of competent inspectors, by their published reports, and the comparisons thus made, this, besides doing way with abuses, introduced a spirit of emulation amongst the responsible officers, and had the same effect which rival and independent teachers and practitioners of medicine and surgery, and the rising medical schools have had in general hospitals.

No man likes to feel that he himself, or an institution with which he is connected, is behind the age; and so, when the fact is brought home to him, he is stirred into exertion. When the condition of asylums was everywhere on the same dead level of the lowest depth, the spirit of emulation could scarcely exist.

Asylums for the insane and general hospitals must always essentially differ in two important points. Into the latter, patients are admitted solely to be cured, if possible, of their diseases, and are eventually discharged, whether cured or not, within a definite period. In the second point, their admission, as well as their discharge, is voluntary.

An asylum, on the other hand, fulfils two distinct functions: it is a hospital for the purposes of cure, as far as that can be accomplished, but it is also a place of detention for those who cannot be cured, and who require protection themselves, or for those from whom the public require protection; and neither the admissions nor the discharges are voluntary.

Putting aside, for the moment, the compulsory nature of the admissions, the treatment of a patient admitted into an asylum does not differ materially from that of one of the same class of life admitted into a general hospital. He is generally kept in bed for the first day or two for closer observation; the case is taken with the same minuteness of detail as to the physical condition as it

would be in a hospital; the notes of the medical examination, as well as of the mental condition, with a diagnosis of the case, being entered in the books. With curable cases who recover in a short time, there is, therefore, but little difference between the routine of a hospital and an asylum; but, when recovery is delayed, or, as is unfortunately too frequently the case, recovery is from the first altogether hopeless, the similarity of the two institutions disappears, and the alternative function of the asylum may be considered to be entered upon: the compulsory detention of the subject. No doubt, to the physician, the first part of his duty—that of treatment with the expectation of curing, rather than with the mere end of safe keeping of the person committed to his charge—is the most attractive; but, with the exception of Bethlem Hospital, and, to a certain extent, St. Luke's, no public institution for the care of the insane offers this attraction.

But the second duty of the physician, though far less attractive, is no less important. He knows that, from the nature of the disease, committal to an asylum is in many cases a life-sentence, and his function is then to render this deprivation of civil rights as little irksome as possible; without hope himself to encourage hope in his patient, and to act on the principle that no class is so degraded that it is incapable of being raised in the social scale; by a careful and continuous medical observation of every individual patient to look for any indications of improvement, and, by carefully selected employment and recreation, to develop what good may exist in the individual, and, in a moral aspect, to act on the principle enunciated, I believe, by Arnold of Rugby, to seek more to develop and encourage the good than to repress the evil.

For all this, the most unwearied patience is absolutely necessary. The duty is not one that will bring much renown, and a man must be contented if he does not receive appreciation, and happy if he escapes misrepresentation. Looked at from the highest point of view, I can conceive no professional life more useful or more honourable than that of an asylum-physician. To say that we do not always attain the height of this ideal is to say we are but human.

I have thus far pictured the contrast between the present system of treating the insane, and that which prevailed scarcely more than fifty years since, between a *régime* of chains, whips, filth, and nakedness, the rotatory chair, *bains de surprise*, and other ingenious tortures—a mode of treatment which, looked at from our present standpoint, must be regarded as more adapted to produce insanity than to cure it—and the present method in which restraint is rarely used, and even solitary exclusion but seldom; where, instead of violent coercive measures, with no regard to decency or sanitary laws, we have fairly capacious, well ventilated, and more or less tastefully furnished and ornamented wards, where no sanitary precautions are omitted, and where scrupulous cleanliness is the rule; where, in fact, the insane are treated as human beings, who, though mentally degraded, are yet capable of being raised “on stepping-stones of their dead selves to higher things.”

In fact, if the system which has apparently been successfully tried in Scotland, and notably in the Lenzie Asylum, near Glasgow, of dispensing with locks to the doors, be carried out in this country, as it must be if a more extended experience demonstrates its practicability, thus doing away with the last semblance between the arrangements of an asylum and a prison, it is not easy to conceive in what direction the moral and economic means of treating the insane can be carried further.

When patients can be well fed and clothed, receive constant medical attention, be employed in healthy occupations, and live in a palatial residence, and all for a cost of about ten shillings a week, there certainly does not seem much room for greater comforts or economy.

Of the more purely medical treatment of mental diseases it is not possible to speak with the same satisfaction.

The records of actual recoveries are said not to show a higher ratio now than in the old times, whilst the number of insane persons under supervision increases from year to year out of all proportion to the increase of the population. But statistics cannot be relied on in making such a comparison, as in the first place those referring to a time antecedent to the appointment of the present Lunacy Board are comparatively worthless, only a small proportion of the insane poor ever having been registered; and in the second place, owing to various causes, a vast number of pauper patients are now sent to asylums, who, when there was inadequate accommodation for them in these institutions, were maintained by friends or detained in workhouses, or suffered to wander at large and beg for their maintenance.

In the next place—and this is really the principal factor in the

increase of the pauper population of our asylums—the accumulation of the chronic and incurable insane must be taken into consideration. Out of every 100 patients admitted into our asylums, less than forty recover, and about thirty die in the first five years, on a rough calculation, leaving an incurable residuum; and as insanity, except in certain forms, does not necessarily tend to shorten life, the accumulation goes on increasing year by year.

I say that insanity does not necessarily tend to shorten life, but it would be more accurate to say that the tendency, whatever it is, is more than counterbalanced by the care that is taken in providing those affected with proper food and clothing, and in removing them from risks to which they would otherwise be subject. The insane thus move in a little world of their own. In a large proportion of cases, they are capable, under certain conditions, of fulfilling the ordinary functions of life. The unsound mind works in an altered groove, but still a groove that has some regularity, which may be likened to certain physical conditions, such as a false joint, or to some organic changes of vital organs, in which the organ, though permanently damaged, is yet capable of fulfilling its functions in a modified manner, and which enables its possessor to share in the cares, the duties, and the enjoyments of a tolerably active life. With the brain, however, the organ of the mind, in this damaged condition, the position of the individual as a member of the human family in his relations to his fellow-men is no longer the same; he is unable to take his part in the affairs of life. If he be a man dependent for his living on his own exertions, he becomes a pauper, and there is only the asylum or the workhouse, or the assistance of friends, for him to fall back upon; if a man of independent means, he requires protection for the management of his property.

It may be asserted that, in the first place, modern science ought to be able to bring about more recoveries; and secondly, that a better use might be made of those I have described as partially recovered, than by keeping them shut up in asylums for the rest of their days.

As regards the first contention, let us consider the class of cases that are admitted into asylums. Setting aside those hitherto deemed incurable, such as general paralysis, and insanity associated with epilepsy, there is a large class in whom mental disease appears only as a climax to a long process of deterioration, produced frequently by indulgence in habits of intemperance and other vicious propensities, which has gradually undermined the constitution, not of the brain only, but of the nervous and arterial systems, and also of the visceral organs.

Mental unsoundness being the final outcome of such a condition, can it be expected that the one will be cured, whilst the other—the cause—remains?

Insanity occurring as an idiopathic disease in a subject otherwise healthy, and without a strong hereditary predisposition, is as curable as any other acute disease; but when it is merely one among many signs of an altered constitution, the prospect of recovery is proportionately small.

In but a few of the *post mortem* examinations made in asylums is the brain found to be the only organ diseased, and the changes in this are often, except in certain recognised forms of disease affecting the mind, so slight as not to be detected by the naked eye, and, in fact, far greater changes may be found in the brains of those who have died not insane, than in recognised lunatics; as in the insane themselves the extent of coarse brain-disease is often not commensurate with the degree of psychical disturbance.

Are we, then, to assume that insanity may exist without the brain being affected, and that medical treatment is useless? I by no means wish to imply this, but to indicate that, as the whole animal economy suffers more or less in diseases affecting the mind, so our examination should include the functions of every organ, with a full inquiry into the antecedent history of the patient; and instead of seeking for specific remedies for a disease of which we scarcely know either the exact nature or the precise seat, we should have regard more to the general condition of the body, and rely more upon general than upon specific treatment.

Of really specific remedies, few are known in medicine; and certainly the search after those capable of curing mental disease has been like that of the alchemists of old for the “philosopher’s stone.” One narcotic after another has been tried and vaunted, only to be relinquished with disappointment, if not with disgust; from the hellebore of the ancient Greeks down to our own day, the changes have been rung upon opium, tartar emetic, the bromides, chloral hydrate, conium, and hyoscyamine; each have had their day, probably to be succeeded by others, with the same result.

The general use of narcotics has been characterised as “chemical

restraint" by one of our most vigorous and accomplished writers; another eminent physician, in an address delivered before this Association, likened the action of chloral to the performance of a pugilist, rather giving the preference to the pugilist. And as for hyoscyamine, I can only compare its action to that of the old-fashioned rotatory chair, from the description given of that ingenious instrument of torture, the effect of which would seem to resemble an aggravated sea-sickness.

In my younger days, it was the fashion to administer immense doses of opium; and I remember a quaint remark made by a wise American physician (Dr. Edward Jarvis, of Massachusetts), who, when I had pointed out a woman who was taking ten grains of morphia for a dose, asked me if I did not find it an expensive diet.

Should, then, all narcotics be discarded from lunacy practice? By no means; but relegated to their proper position as adjuncts rather than as specifics; as useful remedies for procuring a night's rest for a restless patient, but useless, if not injurious, when given with a view to suppress maniacal excitement, which is, after all, only a symptom of a disease of the nature of which we know but little.

A few words, in conclusion, as to the advantage or necessity of sending patients to an asylum.

I fancy it is a common idea that, when a physician, who is in any way connected with an asylum, is called to see an insane patient, it is a foregone conclusion that he will recommend the speedy removal to an asylum.

That this is the case, to a certain extent, is due to the fact that he at once realises the difficulty of treatment at home. But the question is one chiefly of convenience and expense.

I will not attempt to indicate what cases should, and what should not, be sent to an asylum; but I wish to point out a few of the considerations which must influence the decision of the medical attendant.

General hospitals are, of course, established solely for the benefit of the poorer classes; and though some persons who can afford to pay for their medical attendance, out of penurious motives seek, through the means of the hospital, and sometimes under disguise, to obtain assistance gratuitously, there are no advantages nowadays, either in nursing or medical services, that cannot equally well be obtained by paying for them in a private house. With an insane patient, it is very different. If he lives in a town house, his eccentricities, if he goes abroad, are likely to attract attention, and to inflict injury on his social or business reputation; if suicidally disposed, there is the constant danger, even with a relay of attendants, of his finding an opportunity of carrying out his design.

Then, if he be the head of a family, and accustomed to be obeyed in all things, he will not quietly, in his own house, consent to be under the direction of an attendant, who stands to him in the relation of a servant; then the services of relatives are injurious to both parties. On the one hand, it being the characteristic of insanity, more than of other ailments, to intensify egotism, this failing is more likely to be encouraged by the tender sympathy of kind but not judicious relations, than repressed, and discouraged, as it should be, by a discreet attendant. It is also a well established fact that insane people are more apt to entertain delusions antagonistic to their own nearest and dearest relations than towards perfect strangers, and these often cause a bitterness of feeling, which remains after the delusions themselves have subsided.

Then the question as it affects other members of the same family; if there be an hereditary tendency, nursing an insane brother or sister will be likely to develop it in the nurse.

I have known repeated instances of one sister taking charge of another and becoming insane herself in consequence, and within the last two or three years I have had three sisters one after the other under my care in one of whom the attack seemed to be immediately produced in this manner, but they all eventually recovered. Putting aside these circumstances, if the means of a patient admit of securing thoroughly efficient attendants in a country house where exercise can be obtained without attracting observation, and, still better, if the services of a discreet and educated companion can be secured, all the advantages can be gained that could be procured in the best regulated asylum without the name, and this is with some people an important consideration. It is not an uncommon expression to speak of sending a person to an asylum as "branding him with the taint of insanity," as though this particular treatment were the taint and not the disease itself; and as though treatment in an asylum necessarily presupposed a more decided attack rather than as being due to the pecuniary or other necessities of the patient.

The fact, too, of a person having been in an asylum is thought to be more likely to become known than if treated in a private house, and this may interfere with the advancement of sons and daughters in the world, a weakness of human nature which we have to take into account, and which, though as asylum-physicians we cannot approve, as fathers of families we must sympathise with. In many cases also an attack of mania or melancholia may be of such a transitory nature that removal to an asylum is altogether unnecessary.

But with the poorer classes, where the head of the family, the bread-winner, or the wife, the head of the household, becomes insane, there is scarcely an alternative to the asylum, and therefore the name has less terror, and from my own observation I do not find that the fact of a young woman having been in an asylum is any bar to matrimony.

I have mentioned the great increase of insanity in this country and the accumulation of insane persons in asylums; let me ask your attention, for a few minutes, to observe the distribution of these insane persons.

Referring back to the sixth Report of the Commissioners, that for 1851, the earliest I have had at hand, I find that, on January 1st of that year, there were only 25 county and borough asylums in England and Wales, two only of which had been erected under the Act of 1844-45. These 25 asylums received 8,083 patients, 232 only being private cases. There were 18 registered hospitals, containing 1,299 patients, of whom only 328 were paupers; and there were 120 licensed houses in London and the provinces (excluding those receiving less than 5 patients), of which 39 received pauper, and 81 private, patients only. These 120 licensed houses contained 6,751 patients, of whom 4,112 were paupers, and 2,639 private cases.

On January 1st, 1882, there were 61 county and borough asylums, receiving 42,691 patients, of whom only 584 were private cases.

The number of registered hospitals remained the same, viz., 13, receiving 1,907 patients, almost all private cases.

The licensed houses were reduced from 120 to 73, and the number of patients they contained was 4,528, fewer by 2,000 than in 1851, 1,410 being pauper, and 3,118 private, patients.

I have no record earlier than 1859 of the number of lunatics registered as being maintained in workhouses, or residing with their relatives and friends; but, on January 1st of that year, there were 7,963 lunatics in workhouses, and 5,920 residing with their friends, out of a total of 36,762 registered lunatics.

On January 1st, 1882, there were 12,233 lunatics in workhouses, and only 6,564 residing with their friends, out of a total of 74,842, the term lunatic including imbecile persons and idiots, though I have not included special institutions for idiots, nor the asylums for the naval, military, and Indian service, nor the State asylum at Broadmoor, in this communication, as their numbers are limited, and are foreign to the purpose for which I introduce these figures, which is to show where the great accumulation takes place.

Thus it will be seen that the number of licensed houses has been reduced from 120 to 73 in this period of thirty-one years, and the number of private patients contained in them has only increased in the same period by about 500, the pauper class having been reduced by 2,700.

The number of patients in registered hospitals has only increased by 280 in the thirty years, whilst the number in county and borough asylums has swelled from 8,000 to 42,700, or, including the Metropolitan District Asylums, to 47,400.

In the twenty-four years from 1859 to 1882, whilst the total number of registered lunatics, idiots, and imbeciles, has increased from 36,761 to 78,842, the number of those who are maintained by their relatives has only increased by 644, and of these 644 only 315 were paupers, and the proportion has been decreasing steadily for the last ten years, thus showing a disinclination on the part of the public to incur the burden and responsibility of keeping their insane relatives at home when they could be better taken care of in an asylum.

It is thus evident that the great increase in the number of pauper patients is out of all proportion to that of those classed as private, and thus the two principal factors in producing this accumulation to which I referred are the pauperising effect of insanity, and the increasing disinclination of friends to keep their insane relatives at home; the former is a natural cause which legislation cannot affect, and the question arises, how far it can affect the latter, and if it could, is it desirable that it should?

Hitherto the tendency of legislative enactments has been rather to increase and perpetuate this accumulation than to relieve it, and the onus of showing how the lunatic poor can be better provided for than by maintaining them in asylums, rests rather with those who

object than with those who are contented to accept the condition as it exists.

Such institutions as lunatic colonies are impracticable in this country, even if they were desirable in themselves; and in Scotland, where a trial has been made, it has not been, I understand, a success. It is certain that, only in a very small proportion of cases, can insane persons be safely maintained in families for the same cost that they are in asylums; and when so maintained, they are often neglected; and the State cannot be expected to pay a higher rate on merely sentimental grounds.

As was said by One of old time, "The poor ye have always with you;" and until we arrive at an universal "City of Hygeia," the lunatic poor are not likely to cease out of the land; and those who complain of the cost of maintaining them, should be rather thankful that they themselves enjoy the blessing of a sound mind.

I feel that I ought to offer an apology for the very elementary nature of this address. To those engaged in the same specialty I can have told nothing that they did not already know; but as the establishment of a psychological section has the effect of bringing us, for the time, into closer relations with the general body of the profession, the idea occurred to me that sketching a parallel between hospitals for the sick and for the insane, might be both suggestive and interesting, using the term in the military, rather than in the mathematical sense; for, as in the one, the lines do not always keep at the same distance, so, in my illustration, we find institutions for the cure of the sick and of the insane approaching each other in the character of curative institutions, receding in proportion as the curative element in asylums gives place to the mere safe detention, and re-approaching in the common object that both should have to benefit suffering humanity.

Whatever may be said for or against hospitals for special bodily diseases, those for the cure of diseases affecting the mind must be special, as the admission of insane people into general hospitals would be fraught with danger to the sick; but though the institutions must be special, there need be nothing special in the treatment, except in the larger share that moral means must have over medical; and it must not be lost sight of, in the legal haze that envelops the insane, that insanity, especially in its primary relations, is a department of medicine in which there is a great field for research. The harvest is indeed abundant, but the labourers are but few; and there is ample scope of work for the younger members of our profession in endeavouring to solve some of the problems connected with it.

Is it too much to hope that, at some future time, the success which has attended the researches in the direction of localising the motor functions of the brain, may yet be extended to the sensory and intellectual functions, even to tracing the precise cause and seat of a fixed delusion, or to explain the changes that occur with rhythmic order in a case of "*folie circulaire*," or recurrent mania? A few years spent in an asylum for the purpose of clinical study and research, even without the intention of devoting one's life to the specialty, would be time well spent, both in the mental discipline that it would inculcate, and also in helping to create an educated opinion and sounder views than generally prevail on the subject of mental diseases and their treatment.

At a recent meeting of the Société de Pharmacie, convened specially to consider a report which was intended to serve as a preliminary chapter to the forthcoming edition of the *Code*, it was decided that, instead of attempting to define a tablespoonful as a measure of weight or of volume, it would be preferable to propose to medical men to agree that, when they prescribe a tablespoonful, they are to be understood to order a quantity equal to fifteen grammes of distilled water. At the same meeting, the size of the normal *compte-goutte* was defined that the diameter of the tube at the point from which the drop falls should measure three millimètres exactly. An opinion was also expressed that the practice of measuring certain very volatile liquids by drops should be abandoned.

THE ALEXANDRA PALACE AND PARK.—A deputation from the Horney Local Board, accompanied by the Earl of Shaftesbury and Lord George Hamilton, M.P., recently presented to the Court of Common Council a memorial, asking the Corporation of London to take steps to secure the Alexandra Park as an open space for public recreation. Mr. Bedford moved that the memorial be referred to the Coal, Corn, and Finance Committee. With the grain duty, the Corporation had freed Epping Forest, Ham Park, Coulsdon Common, and Burnham Beeches; and they must now apply to Parliament for power to purchase Alexandra Park, and to carry out other useful objects. The motion was carried unanimously.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF DISEASES OF CHILDREN,

At the Annual Meeting of the British Medical Association in
Liverpool, August 1883.

By SAMUEL GEE, M.D., F.R.C.P.,

Physician to St. Bartholomew's Hospital and to the Hospital for Sick Children.

A SURVEY OF THE LITERATURE OF THE DISEASES OF CHILDHOOD.

IN all studies of this kind, we turn to Hippocrates first of all. Among the numerous treatises which bear his name, there is only one which is devoted to the pathology of children, and that is the essay on dentition. It is a chain of aphorisms, concerning the common disorders of children who are teething; vomiting, diarrhoea, cough, convulsions, and fever are mentioned, but almost half the treatise relates to "ulcers of the tonsils," a disease difficult to identify in modern practice. In the work which especially bears the name of the *Aphorisms*, there are some slight references to children's diseases: e.g., in bk. iii., aph. 24, 25, 26. "To little and newborn children: aphthæ, vomiting, coughs, sleeplessness, frights, inflammation of the navel, watery discharges from the ears; at the approach of dentition: pruritus of the gums, fevers, convulsions, diarrhoea, especially in cutting the canine teeth, and in those who are particularly fat, and have constipated bowels; to persons somewhat older: affections of the tonsils, incurvation of the spine at the vertebra next the occiput, asthma, calculus, round worms, ascariæ, acrochordon, satyriasmus, choerades, and other phymata." But, in all the Hippocratic treatises, the passage which is, for us, the most interesting by far, is that remarkable description of mumps, which we find at the beginning of the first book of the *Epidemics*. I believe we may affirm that it is the only description left us by the ancients of that one of the very few acute specific diseases which they knew. Although mumps is thus the earliest acute specific disease to be recorded, yet has it been the last to gain universal acceptance; you will remember that Felix Niemeyer does not admit the acute specific form of parotitis which we call mumps. In Celsus, Aretæus, and Aurelian I do not recollect anything relative to children's diseases worth notice, nor need I refer to the little which Paulus has to say upon our topic.

The name of Rhazes must be held in honour by us; for he is the earliest writer of a treatise upon the diseases of children; such as it is; for the chapters, which are very short, consist almost wholly of therapeutics, often absurd enough. Of semeiology, or description of disease, there is little or nothing. Rhazes was born about the middle of the ninth century, in Persia. He has another claim to our notice, inasmuch as the earliest extant writings upon small-pox and measles bear his name.

The seven hundred years which passed away between Rhazes and Francis Glisson, added hardly anything to knowledge. Yet I must mention the first English book upon children's diseases, namely, "*The Boke of Childerne*," composed by Thomas Payer, studious in Philosophie and Physicke," published in 1544. This is that same Payer who is better known as a translator of a part of the *Æneid*. It is clear that Payer's book is founded upon Rhazes, who is referred to in several places, and in one is spoken of as "Rasis, a solemne practitioner among phisicians." But Payer's list of diseases is fuller than that of Rhazes, and perhaps it will not be found wearisome to read the heads of the sundry chapters of Payer's little book.

The sixteenth century was rife in Latin poetry, and even in medicine the poets found work for their muses. You all know the name of Fracastorius, the author of the poem called *Syphilis*, in three books. (I may just say, in this place, that Paracelsus was the first to mention inherited syphilis, in 1529.) Fifty-four years after the appearance of Fracastorius's poem—namely, in 1584—Gaucher de Sainte Marthe, or Scævola Sammarthanus (as he Latinised his name), published a poem, also in three books, called *Pædoprophitia*—that is to say, the rearing of children. The first book relates to the fœtus, or, what is the same thing, to the management of pregnant women; the second, to the management of sucklings; and the third, to their diseases. Ste. Marthe was a French gentleman, but not, as might be supposed, a physician. His merits as a