READING AND UPPER THAMES AND OXFORD AND DISTRICT BRANCHES.

THE ALLEGED INCREASE IN INSANITY.

By REGINALD H. NOOTT, M.B., C.M. Edin.,
Senior Assistant Medical Officer Broadmoor Asylum; President of Reading
and Upper Thames Branch.

From time to time during the last ten years there have appeared in the daily press most alarming assumptions as to the terrible increase in insanity. These statements have for the most part been the result of a false method of statistical investigations.

In dealing with statistics relating to this subject we must be very careful to distinguish between figures referring to "existing" lunatics, that is, the total number of registered lunatics, and those referring to "occurring" lunatics, that is, the number of new cases registered. The absolute increase in the number of lunatics in the official cognisance of the Commissioners in Lunacy during the last thirty or forty years, which at first sight appears to be so appalling, has been explained to be due to the accumulation which has necessarily resulted from various causes to be afterwards referred to.

In the early part of 1890 Mr. Noel Humphreys read a paper on this subject before the Royal Statistical Society, in which he came to the conclusion that at that time there was no evidence of any appreciable increase in "occurring" insanity. From time to time since that date various writers have dealt with the subject. The late Dr. Hack Tuke contributed exhaustive articles on *The Alleged Increase of Insanity in the Journal of Mental Science* for October, 1893, and April, 1894, in both of which he came to the same conclusion as Mr. Humphreys. So lately as February, 1897, the Commissioners in Lunacy issued a special report on the subject, and after dealing in detail with the causes which led to any apparent increase, they conclude by saying that they "have been unable to satisfy themselves that there has been any important increase of 'occurring,' or fresh insanity."

The number of registered lunatics, however, goes on steadily increasing, and it would seem that the explanations so often put forward to account for such increase now scarcely suffice; that, indeed, there is an increase in the number of fresh cases of lunacy out of proportion to the increase in population.

STATISTICAL FALLACIES.

An enthusiastic, but not very discreet, statistician has quite recently published a calculation, based on one of the tables in the annual report of the Commissioners in Lunacy, from which we gather that in the year 2301 every one will be mad. Truly an appalling prospect!

From the accompanying table it will be seen that, whereas the average annual increase in the total number of lunatics for the three preceding decennial periods had been 1,641, 1,671, and 1,445 respectively the average annual increase for the ten years ending 1898 had risen to 2,075.

Year.	No. of Lunatics of all Classes.	Increase.
1859	36,762	—
1869	53,177	*1,641
1879	69,885	*1,671
1889	84,340	*1,445
1890	86,067	1,727
1891	86,795	728
1892	87,848	1,053
1893	89,822	1,974
1894	92,667	2,845
1895	94,081	2,614
1896	96,446	2,365
1897	99,365	2,919
1898	101,972	2,607
1899	105,086	3,114

Average annual increase for ten years 1890-1899 = 2,075.

* Average annual.

All that we can gather from these figures is (1) that there has been a gradual accumulation of registered lunatics during the last forty years, and (2) that the accumulation has been distinctly more rapid during the last ten years.

The suggested causes which conduce to this accumulation are:

1. *A Gradually Diminishing Death rate.*—The average annual rate per cent. of deaths to daily average number resident for quinquennial period 1873 to 1877 was 10.26. Whereas for the quinquennium ending 1897 it had fallen to 9.50.
2. *A Diminished Recovery rate.*—This means fewer discharges. The average rate per cent. of recoveries to daily average number resident was 11.54 for quinquennium ending 1877, whereas it had fallen to 9.99 per cent. for quinquennium ending 1897. This diminished recovery rate is partly due to the fact that in recent years there has been a much larger number of senile and incurable cases admitted into asylums than formerly.
3. *More Complete Registration.*
4. *A Wider View of what Constitutes Insanity Requiring Care in an Asylum.*
5. *The transfer to asylums of a large number of lunatics who had previously been accommodated in workhouses.* This is due to the assistance derived from the 48. Government grant.
6. *Greater confidence on part of the general public in asylums and asylum management, combined with less aversion on the part of the relatives of insane persons to send them to asylums for care and treatment.*
7. *A gradual transfer of lunatics from the unregistered list, compiled from the census returns, to the registered list, that is, those known to the Lunacy Commissioners.*

RATIO OF REGISTERED LUNATICS.

It will be seen at once that although all these causes affect the number of "existing" lunatics only some of them influence the number of "occurring" lunatics. The following table shows the ratio of registered lunatics, etc., to every 10,000 population:

Year. January 1st.	Ratio of Lunatics to every 10,000 Population.
1859	18.67
1869	23.93
1879	27.54
1889	29.65
1894	30.64
1899	31.11

Although this gives us a more correct idea of any increase in insanity, if such exists, the fallacy due to accumulation is still present.

Critics of this table have from time to time suggested that it would be erroneous to draw any conclusion from it as to increase of insanity, because it deals only with the number of lunatics in the official cognisance of the Lunacy Commissioners, and not with the total number of persons of unsound mind as returned by the census enumerators, which at the last census, 1891, exceeded the former number by 10,588. They point out that the apparent increase as shown in this table can be explained by the transfer of lunatics from the unregistered to the registered list.

It seems doubtful whether this explanation is of such value as it at first sight appears to be. Undoubtedly there are, and always have been, a certain number of individuals returned as of unsound mind to the census enumerators whose mental condition may afterwards render it necessary to confine them in an institution for the care of the insane, and who would then become officially known to the Lunacy Commissioners; but it is also certain that there are a large number of "borderland" cases, and cases of imbecility, senile enfeeblement, epilepsy, and idiocy which would be enumerated in the census returns but would never be officially certified. At any rate, this source of supply of officially-known lunatics cannot be, like the widow's cruse of oil, inexhaustible.

PAUPER LUNATICS.

However, we can proceed a point further towards accuracy in statistical deduction if we refer to the table in the Commissioners' Annual Report showing the percentage of pauper lunatics to total pauper population. In preface to this table, and as indicating its greater statistical value, I may say that it is noteworthy (1) that the steady increase in the number of registered lunatics during the last ten years has been almost entirely among the pauper class; and (2) the ratio of paupers to the total population has remained practically the same.

Year. January 1st.	Ratio, per Cent., of total Pauper Lunatics to total Paupers.
1890	9.74
1891	9.98
1892	10.35
1893	10.32
1894	10.10
1895	10.28
1896	10.40
1897	10.71
1898	11.08
1899	11.64

This table shows that whereas in 1890 the ratio per cent. of pauper lunatics to pauper population was 9.74, it had risen in 1899 to 11.64, which is 1.18 above the average percentage for the ten years.

NUMBER OF "OCCURRING" LUNATICS.

So far the figures I have quoted deal with statistics regarding "existing" lunatics. We can gather some information concerning the numbers of "occurring" lunatics from the following table, which gives the ratio of admissions to every 10,000 population.

Ratio (per 1000) of admissions to population (excluding transfers, admissions due to lapsed reception orders, and those admitted into Idiot Establishments).

Year.	Private.	Pauper.	Criminal.	Total.
1889	0.70	4.53	0.06	5.29
1890	0.69	4.87	0.07	5.63
1891	0.67	5.00	0.07	5.74
1892	0.67	5.10	0.06	5.83
1893	0.65	5.29	0.06	6.00
1894	0.63	5.19	0.06	5.88
1895	0.67	5.35	0.07	6.09
1896	0.64	5.36	0.07	6.07
1897	0.66	5.34	0.07	6.07
1898	0.66	5.42	0.07	6.15

We observe from these figures (1) that any increase in the ratio referred to is entirely due to an increase in the number of admissions in the pauper class; and (2) that although there are occasional fluctuations, the increase in the ratio is fairly steady. The possible fallacies in this table are, (1) the figures include readmissions due to relapses, and are not confined to absolutely new cases; and (2) some of the increase may be due to the transfer of lunatics from the unregistered (census) list to the registered (Commissioners') list; although, as has been already pointed out, it is scarcely justifiable any longer to give the latter explanation much weight.

Unfortunately, the Commissioners in Lunacy give no figures concerning absolutely "new cases," which would give us the most reliable indication with regard to increase in insanity.

INSANITY IS INCREASING.

After a consideration of all the statistics I have referred to, and giving due weight to possible fallacies affecting the deductions which may be made, it seems to me that we are compelled to honestly face the conclusion that insanity is increasing.

Can any reasons be put forward which would help to account in any way for this increase? I think that we may say there are—some general, some special.

Among all classes life goes on at a much higher pressure than it used to do. England has become over-populated. In all professions, commercial businesses, trades, and forms of manual labour there is an ever-increasing competition. The "almighty dollar" has more attractions now than it ever had. The increased strain involved in increasing competition carries with it a greater desire, indeed a greater necessity for recreation. In times of plenty that recreation is accompanied by indulgence—it may be by over-indulgence and vice. There is an increased desire for excitement, and with all this there is apparently a loss of inhibition—of self-control—a want of strength in meeting reverses and adversity, which has shown itself conspicuously the last few years in the steadily-increasing number of suicides.

ETIOLOGY.

Of the alleged causes of insanity tabulated by the Commissioners in Lunacy, the "physical" bear to the "moral" the proportion of 3 to 1; and of the physical causes by far the most frequent are hereditary influence, previous attack, and intemperance.

In their last report the Lunacy Commissioners state that hereditary history of insanity had been ascertained in an average of 23.1 per cent. of all cases admitted during the previous five years. Taking into consideration (1) the fact that the relatives of patients are extremely reluctant to give information on this point, and (2) that hereditary history of insanity is sometimes obtained some time after the admission of the patient under care, and is consequently not included in the Commissioners' returns, we may fairly assume that the percentage given is far less than what actually exists. Indeed, we must look upon hereditary influence as the most potent as well as the most frequent cause of insanity.

In agricultural districts, where small communities are considerably isolated, intermarriage going on through several generations is an important cause of inherited weakness. In the county of Wiltshire, for example, I believe I am correct in stating that there is a higher percentage of insanity due to hereditary influence than in any other county in England and Wales. In Wiltshire, according to the census of 1891, there was 1 lunatic to every 290 population, and in one of the unions of Wiltshire—namely, Calne—where intermarriage is extremely prevalent, the rate was 1 to 189.

In relation to the subject of increase of insanity, the incidence of previous attacks is intimately connected with that of hereditary taint. A person who has once had an attack of insanity is liable to relapse, and the greater the number of relapses the less hope there is of recovery. Too often the patient's relatives remove him, or her, from the asylum too soon after signs of recovery have shown themselves and before they have been confirmed, whereas a slightly longer time under proper care would have rendered the patient more able to bear the worries and anxieties of everyday life, and less liable to relapse. Of all lunatics admitted into institutions for the care of the insane during 1898, no less than 20 per cent. had had a previous attack of insanity. In some counties, taken separately, the percentage was greatly in excess of this rate; for example, in Norfolk it was 28.8 per cent., and in Wiltshire it was 32.27 per cent. Now what does this mean? That of all lunatics admitted into asylums, etc., during that year, at least 20 per cent. had had a previous attack of insanity, had subsequently resumed their social position, and had possibly assisted in increasing the population, and handed down the taint of insanity to generations to come. To give you examples I will quote from the annual reports of one or two asylums. In the Suffolk County Asylum report for 1894, Dr. Eager writes:

J. W., a woman admitted in a state of mania on February, 18th 1893, gave birth to a male child on May 19th, and was discharged on September 26th, having regained her reason; and J. L., who was pregnant on admission on March 26th, and who was delivered on September 11th, remains under treatment, there being no evidence of any mental improvement being likely to take place. The former of these cases had been treated here on two occasions previous to her marriage, and the latter also, on two occasions, suffering from puerperal mania.

In the annual report of the Wilts County Asylum for 1889 Dr. Bowes writes:

Five women were admitted in a state of pregnancy and subsequently safely confined. The babies all did well, and were in due time removed by their respective fathers, but the mothers were less fortunate: only 1 recovered her mental faculties and 1 remains under treatment, the other 3 dying from general paralysis, phthisis, and exhaustion from maniacal excitement.

Truly these babies started in this life very heavily handicapped!

INTEMPERANCE.

It is not for me here to enter into the question whether intemperance is on the increase generally or not. I have only to deal with intemperance as a cause of insanity. Although we must recognise that in the returns from which the Commissioners compile their statistics the "personal equation" has to be considered, as also has the relative amount of care with which the information is obtained, we are obliged, I think, to accept the fact that intemperance as a cause of insanity is steadily on the increase, chiefly as an exciting cause, in some cases as a predisposing one. To take only the last ten years; we find that in 1887 intemperance was returned as

	Wilts.	Dorset.	Norfolk.	Yorkshire (Wakefield).	Lancashire (Rainhill).	London.	Durham.	Glamorgan.
Degree of General In- temperance	1	2	2	4	5	5	6	6
	*	*	*	*	*	*	*	*
1888 : Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.	Ratio per cent.
Intemperance	—	—	—	—	—	—	12.27	28.01
General paralysis	—	—	—	—	—	—	15.20	12.05
1889 : Ratio per cent.	—	—	—	—	—	—	—	—
Intemperance	5.55	—	7.82	19.01	19.60	—	—	—
General paralysis	3.96	—	3.30	13.80	11.20	—	—	—
1893 : Ratio per cent.	—	—	—	—	—	—	—	—
Intemperance	—	—	—	—	—	12.49	18.54	28.22
General paralysis	—	—	—	—	—	7.90	10.70	13.50
1894 : Ratio per cent.	—	—	—	—	—	—	—	—
Intemperance	6.66	9.57	7.71	18.54	34.54	—	—	—
General paralysis	6.66	6.30	5.70	10.70	15.20	—	—	—
1898 : Ratio per cent.	—	—	—	—	—	—	—	—
Intemperance	8.22	7.05	3.60	—	—	14.73	18.23	18.48
General paralysis	3.70	5.60	3.09	—	—	6.50	5.80	11.60

* Proportion of admissions in which intemperance was returned as cause of insanity, and proportion of general paralysis to admissions.

NOTE.—The figures indicating the degree of general intemperance in the counties referred to are taken from the criminal statistics published in Blue Books.

a causal factor in the case of 13.4 per cent. of all lunatics admitted during the year. The average-rate for the five years ending 1892 was 14.3 per cent., while for the five years ending 1897 the average-rate had risen to 15.5 per cent.

Time will not allow of a detailed analysis of the relation of intemperance to insanity, but several somewhat interesting points appear in the table given above, in which are arranged the relative proportion to population of charges of drunkenness in some of the agricultural, manufacturing, and mining counties for the quinquennial period 1894-98 side by side with the relative percentage, for the admissions into the asylums of these counties in specified years—of cases of general paralysis, and cases in which intemperance was returned as a cause of insanity.

I have introduced general paralysis into this table because the figures concerning it are decidedly suggestive. Great difference of opinion prevails, both in England and on the Continent, as to its etiology. It is the fashion just now to refer all cases of general paralysis to syphilis, either inherited or acquired, but while fully recognising the fact that syphilis is a very frequent and important cause of the disease, it seems probable that a large number of cases are due to a generally fast life combined with intemperance. In this connection it may be noted that although syphilis is extremely prevalent in Cairo and parts of China, general paralysis of the insane is scarcely known there.

This table gives the following indications :

1. That intemperance exists as a cause of insanity in a relative degree to the general intemperance in the districts referred to.
2. That it exists, as such a cause, to a much less extent in agricultural than in manufacturing and mining districts.
3. That apparently the percentage of general paralysis to occurring lunatics bears some relation to it.

The sudden fall, in some years, in the percentage of cases in which intemperance was returned as a cause of insanity is interesting, as it can be referred to times of depression in the districts where it occurs. This is very noticeable in the returns of the Glamorgan Asylum for the year 1898, at which time the miners' strike was going on ; and in those for the Norfolk Asylum for the same year, when there was great agricultural depression in the county.

So much for the past ; but what of the future ? While almost every other branch of medical science has been, and is, making such progress in the prevention and cure of diseases related to them, have we to acknowledge that the branch of Psychological Medicine is being left behind ? I think not ; though it would seem that something ought to be done—that something could be done—to stay this steady increase in the number of lunatics.

PREVENTION AND CURE.

When the history of the present century comes to be written one of the darkest of its earlier pages will refer to the time when those who were afflicted with insanity were looked upon as being "possessed by devils or evil spirits," when lunatics were treated almost as wild beasts, beaten and chained, when those afflicted with the more violent forms of

insanity were regarded with extreme horror and loathing, and the vagaries and extravagances of the quieter ones formed a source of amusement. How different it is now ! We have our large asylums, comprising in the buildings the most modern sanitary improvements, furnished and decorated with every homely comfort. The inmates are well supplied with food, clothing, recreation, and amusement, and everything in the way of moral and physical treatment, which is conducive to the recovery of their reason, is carried out. Much has been done during recent years to develop our knowledge of physiological psychology and brain pathology, and the labours of the pathologists who are working in the laboratories attached to some of our public asylums should bear good fruit.

The remedy to the present condition of affairs is to be sought both in the line of prevention and cure. In both these directions the most important factor, and one without which the efforts of the medical profession are useless, is the education of the general public on the subject.

In prevention, the all-important aim is to discourage the marriage of those who come of insane stock. These marriages will never be prohibited by law, but it is to be hoped that people will in the course of time be persuaded that such marriages are cruelly selfish, that it means the risk of an insane inheritance and all the miseries attached thereto, for their children and their children's children.

It is the general practitioner who has the best opportunities of imparting this knowledge and of emphasising it. It is he who is, perhaps more than anyone else, the confidant and adviser in family matters. It is he who so often holds the key of the cupboard that hides the skeleton. It is he also who would probably have most influence in restraining any habit of excess—in advising parents regarding the education of children who are mentally weak and in drawing attention to any eccentricity that may manifest itself.

As to cure it is impossible to lay too much stress on the importance of early treatment. It is no exaggeration to say that many hundreds of patients are annually admitted into institutions for the care of the insane, whose chance of ultimate recovery has been lost because their relations hesitate so long before they make up their mind to "put them away," as they express it.

Though much has been done to remove the popular prejudice against asylums, and to relegate the mystical and superstitious view of insanity to past history, it will probably be a considerable time before the general public can be made to understand that insanity is as much a physical disease as phthisis is.

We know that in giving a prognosis with regard to the chance of recovery in the case of a phthisical patient who has been ordered to Davos, St. Moritz, or any of the Alpine sanatoria, we are guided almost entirely by the length of time the disease has existed, that unless it is in its early stage we cannot hope for cure, and only possibly for relief. So it is with insanity. The chance of recovery diminishes in propor-

tion to the time that elapses between the earliest manifestation of the disease, and the time the patient is brought under appropriate treatment.

In this connection it is impossible to avoid reference to the unsatisfactory state of the law as it affects medical practitioners and the signing of lunacy certificates. In theory, in their action in such cases—in *bonâ fide*—they are safeguarded against loss or injury resulting from legal proceedings. In practice it is not so. The present state of affairs is very largely responsible for the difficulty that exists in bringing many cases of insanity under treatment in the early stages of the disease.

THE FUTURE OF THE PROFESSION AND OF THE ASSOCIATION.*

By SYDNEY WILSON MAC ILWAINE, L.R.C.P.,
M.R.C.S.
Redhill, Surrey.

THE future of our profession, like its present and its past, divides itself sharply into two parts, which must be considered from quite different standpoints. The investigation of disease—the tracing of diseases to their causes—is part of the study of Nature; the knowledge gained is science in precisely the same sense as the knowledge gained by the astronomer and the geologist in science. When we come to the application of this science to the relief of humanity, and put the art of medicine into practice, we find ourselves in very deep water; we no longer breathe the pure air of science. It is in connection with the turbid waters of practice that I wish to refer to the future of our profession.

When a practically unlimited number of men are turned out to gain a living by the practice of medicine amongst a public who are bent on obtaining what they think they require, often at the lowest possible price, it is evident that mercantile principles will be applied by the public, and that competition in the ranks of the profession may not always be conducted on strictly ethical lines. That the arrangements existing between the public and the profession are in many ways unsatisfactory is probably recognised by all of us; that they will automatically improve is the belief of every good optimist.

The question of immediate interest is whether these relations can be promptly improved by anything that it is within our power to do. Legislation, including revision of the Medical Acts, is advocated by many, and, while it is undeniable that it might do good, it is equally certain that it might also do harm. Legislation means agitation, and to plunge a profession, necessarily disunited in their plan of campaign, into a struggle of the kind would certainly be a rash experiment.

It is always open to the members of the medical profession to raise themselves to a high scientific standard; the thing is in their own hands. They may rely on the support of the enlightened minority of the public, as witness, for example, the recent history of the hospitals and of the Jenner Institute; they will not be helped or hindered by the great ignorant mass of the public. On the other hand, if legislation were pressed for on matters in which the whole public as well as the profession are personally concerned, we should immediately come into forcible collision with people in a way that must lower our status whether any material profit resulted or not.

What then is open to us in the field of medical politics? We probably all honestly believe that the abolition by law of quackery would be for the benefit of the public; it is certainly also desirable from our own point of view. It does not, however, by any means follow that it would be wise for the profession to take up arms against this hydra-headed monster. What we mean by quackery and what the law and the public mean are absolutely different things. Unfortunately even registered practitioners are not by any means unanimous on the point. This, probably the largest field of possible operations, is therefore, hopelessly out of our reach.

Prescribing and advertising druggists do an enormous amount of medical practice; they make fortunes at it. Here

again effective legislation would practically have to include the prohibition of the sale of drugs to the public except by registered practitioners. The thing is impossible. There is a very obvious course open here, that is, to leave as far as possible the dispensing of drugs to the druggist, and so separate ourselves from him. The public, in learning to pay for our advice, might perhaps learn to put a somewhat higher value on it than they do at present.

Midwives stand in much the same relation to us as do the druggists; their abolition is impossible except at the will of the public. Many, I may say most, medical men are honestly convinced that it would be for the good of the public, quite as much as for our own good, if every parturient woman were to be attended by a registered medical practitioner. On the other hand, physiological labour belongs no more than any other physiological act to the domain of medicine proper: it is outside the realm of disease. The public have settled the midwifery question for themselves centuries ago. They have employed, they still employ, and they will continue to employ "mere midwives." It is not for us to bid against them. As opponents of midwives our position, however honest our convictions, can always be made to appear undignified and self-seeking. It is an untenable position, and one, therefore, to be avoided.

Other more drastic measures are sometimes advocated, such as the placing of the General Medical Council in the hands of a majority of general practitioners. This is at first sight an attractive method for righting some of our wrongs but it does not bear investigation. The idea is based on the belief that general practitioners are agreed on the subject, that they know what they want, or rather what is best for them, and that, given the power of the General Medical Council, they could obtain it.

Both the agreement as to what is desired and the supposed power to obtain it are mere illusions. We do not prescribe for ourselves in case of illness. In the same way in questions of legislation affecting us, in matters of education, discipline, and so on, it is my conviction that these gentlemen of the General Medical Council, whom we ourselves have helped to raise to their present position in our profession, know better than we do what is good for us. They can approach the powers of the State and the public in a way and with results that it is quite improbable a body ruled by a majority of general practitioners should ever do.

Then there is the question of our treatment, some would say of our neglect, at the hands of corporations, such as the colleges. The man who adopts medicine as a profession enters a corporate body. There must be examinations, regulations, degrees of magnitude and altitude; and there must be enviable positions occupied by the few; this applies to all corporate bodies. Human nature is not yet perfect, and we must not demand perfection of our corporations, they are but human. At the same time it may be questioned whether any other profession—the church, the diplomatic service, the navy, the army, or the law—is guided by a more sympathetic or approachable body of seniors than ours; for myself I do not believe that it is; let us be content as we are in this respect.

Latterly there has even been a tendency to throw stones at ourselves, so to speak; the British Medical Association has been roundly accused of "giving away" the medical profession. One can almost imagine after this that someone will be found to assert that the British Constitution is in need of mending. But, seriously, if any one can devise a plan to make the British Medical Association more democratic than it is, by all means let us have it. In the meantime the Association, with its 18,000 members, stands as the representative of union in our profession. If it is not perfect, if it does not fully perform its functions, whose fault is it but our own? There it is for us to do with as we please, and the day is long past when anyone can think of starting a rival society.

So far I have been speaking chiefly of things in the region of medical politics that in my opinion ought not to be done. I would sum up all that is to be said as to what ought to be done by urging the general practitioner to make the British Medical Association more of a living reality. The thing is so plain that one wonders only that it has not been done long ago. Why, for instance, to give but one example, are we victimised by the sweater disguised in the cloak of philanthropy and thrift? Simply and solely because we are not

* Read before the East Surrey District of the South-Eastern Branch of the British Medical Association.