

I think that we are by degrees building up a knowledge of the pathogenic nature of insanity, and that there is a chapter in psychological medicine in which toxæmia takes a very large part.

The Use and Abuse of Travel in the Treatment of Mental Disorders. A Paper read before the Medico-Psychological Association at the General Meeting, London, 21st November, 1900. By GEO. H. SAVAGE, M.D., F.R.C.P.

I need hardly apologise to you for my appearance once more before you as a reader of a paper, yet I think it well to give you my reasons for selecting this subject for to-day's discussion. For years past I have been feeling more and more strongly that travel as treatment was being carried too far, and having often in private expressed this feeling, I think it right to assert my belief here, fully recognising that I may be looking at the subject from a wrong standpoint, and being quite ready and willing to learn by the experience of others. I recognise in myself a tendency to believe in my own experience, and thus I may be warped.

First, I was struck by finding that not one class of neurotics, but all, I might almost say, indiscriminately were sent on voyages. This necessarily refers to those who were able to afford the luxury of travel, though often I saw people sent away who had to draw on their slender capital to provide the means. I seemed to see a double column with mental diseases written on one and travel on the other, after the fashion of the industrious but youthful hospital student, who, notebook in hand, follows a teacher and writes down the name of the disease from the bed-card, the name of the attending physician next, and the drugs prescribed last, thus taking it for granted that the *disease* was being treated, not a person. So my doubts grew apace, and I was keenly alive and on the look-out for the effects of these prolonged voyages; the result I now place before you.

The reasons for sending patients abroad may be summed up as follows :—Firstly, to get rid of them for a time. Most of us from life-long experience know the irksomeness of looking after persons who are suffering from the slighter forms of mental

disorder. The friends and relations, as I shall point out later, are in many cases willing to send the sufferer away, anywhere and anyhow, so that no social stigma may arise in consequence of their having an insane relative. And not only is the patient sent away to gratify this wish, but the family doctor is often driven nearly to desperation by the neurotic friends, and feels that if the invalid remains he will run a chance of becoming a nervous patient himself. The first group, then, must, without any masking of facts, be considered the one in which patients are sent away to be out of sight.

Next we have a large number who are sent away to avoid certification. Both doctors and friends recognise that there is mental disorder of a serious kind, but they will not consent to have the patient sent to an asylum, and, what is more troublesome, they will not consent to have him *certified*, though the symptoms are such that no self-regarding practitioner will accept him uncertified. The certifying is an awful bugbear; *lunatic* is one thing, but *certified lunatic* is quite another. The Lunacy Law of 1890 added certain duties, and had a few good points, but the legal minds guiding its birth were proud of its weakest feature—the magisterial interference. This interference compels many persons to travel. No sooner has the consultant given a definite opinion as to the insanity of a patient than the friends ask, “What about travel?” This second plea for travel treatment is similar in many ways to the first, but the present state of the law makes it more justifiable than the first plea.

The last, and to us the most important, reason is, travel as a medical measure for definite treatment of definite morbid conditions. This group naturally divides itself into two: in the first we have patients who are suffering from bodily disease which, insanity apart, would be benefited by travelling. One sees cases of phthisis, asthma, gout, or chronic rheumatism, which would benefit by change and travel, and such becoming insane, whether as a result of the original disease or not, might be expected to gain by this treatment. I have thus seen good results follow a voyage to Teneriffe or Madeira in patients who were melancholic and suffering from bronchitis or phthisis. Similarly, in the depression following influenza, with some of its pulmonary and nervous sequelæ, good has resulted.

The other subdivision of this class contains such patients as

are sent away on voyages and prolonged travel because of their mental disorder, and for nothing else. This group, so far as such treatment being essential, is, I think, really very small. These patients are sent travelling for travelling's sake. They are sent to have change of air, fresh scenery, and constantly moving surroundings. It will be my duty now to see what the effect of such conditions is on the mental sufferer. In this, as in so many other instances, the habits, fads, or fancies of the medical attendant influence his recommendation, whether as to travel or to diet. The stay-at-home will not advise travel ; and the amateur yachtsman thinks there is nothing like sailing. This reminds me of the medical man who, having become habituated to the use of morphia, soon regarded the drug as almost harmless, and ordered it in poisonous doses for his patients. We have, therefore, to be careful not to inflict our pet vice on those who consult us.

I felt some difficulty after starting this paper in defining travel, and now that I have thought over the matter, I am not less in a difficulty, for though a long voyage is the ideal of travelling, yet shorter yachting trips are to be considered, and the general mixed globe-trotting must not be forgotten ; while the Americans have introduced the week-long journeys across their continent as useful and interesting nerve stimuli.

I shall incidentally refer to the ordinary forms of travel, but as a rule I shall stick to the sea voyage of shorter or longer duration as the ideal. I take it that the points which are aimed at in travel are to change the whole environment, and to produce many varied and fresh sensory impressions, these latter being highly important, the object being to cause a diversion from past or present painful ideas and feelings, or else to stimulate the general nervous system by the recurring fresh stimuli. I fear I shall have to say that, even if such results follow, I am inclined to doubt their utility in many of our insane patients. Sea voyages, if of some duration, undoubtedly provide, under favourable conditions (which, by the way, cannot be always ensured), rest and removal from the daily worries of the business or family, and from the old surroundings. Such are desiderata in many forms of nervous exhaustion ; but there is all the difference in treating merely nerve exhaustion as contrasted with mental perversion. Most of those who have had experience of Weir Mitchell treatment

have been grievously disappointed to find that when the insane line has been crossed, little or no good, but often harm, is done by the seclusions, feeding, rest, etc., of this treatment ; so we must remember that what is good for weakness is not necessarily good for disease.

In dealing later in more detail with the cases which should or should not be treated by travel, one has to consider not only the patient and the form of mental disorder, but also the cause of that disorder. Thus while a patient suffering from depression amounting to mild melancholia, due to some moral shock or local disappointment, a love affair, or a failure in an examination, may be properly treated by a voyage, I do not think the melancholiac of the deeply religious type, who has slowly built up a belief in his eternal damnation, would derive any benefit therefrom. Let it be considered, then, that the cause of the disorder must affect the advice as to treatment.

To proceed, now, to the more definite instructions. I would protest against a very general practice of sending persons suffering from true melancholia for voyages, and this I do on two grounds, though one would be enough ; first, I do not find that they benefit by such treatment ; next the increased danger of this treatment is great. Patients suffering from mental depression are in a state of mental tenderness, they need rest much more than action ; the old plan of stirring up is in my mind as pain-begetting as the old treatment by the rod. We have raised a protest against appealing to painful skin impressions as stimuli, but we are pleased to give and to encourage the giving of any amount of painful impressions to the over-sensitive nervous system of the melancholic patient. Most of us have suffered from temporary depression due to bodily illness, such as influenza ; and I wonder if we wished to be stirred up, or if you think we would have been assisted in recovery by early activity. No ! I believe rest is the best treatment for most cases of melancholia, at least in the earlier stages. I think the Commissioners in Lunacy were not free from blame in the praise they used to give, in my asylum days at least, to the asylum at which they found few or no patients in bed ; surely most of the melancholic patients are sufferers in body as well as mind, and require rest rather than stimulation. It is thought by some that travelling leads to sleep in the sleepless. Sea voyages in some cases doubtless assist, but

in many others I find the sleeplessness is most distressing on a voyage. A ship at sea may or may not be a quiet place ; what with engines and foghorns I can say I have had very disturbed nights at sea. Again, to the nervous the dangers of those who go down to the sea in ships are very present. Therefore I can see no special advantage in the sea voyage, and I do see special dangers. I have suggested in years gone by that instead of another huge asylum, a large ship should be taken as an experiment for cruising in summer seas, but then the precaution of having torpedo netting always out would be necessary. Suicide is doubtless suggested by sea voyages, just as precipitation is by heights, and many a melancholic sufferer has found rest in an ocean grave.

If sea travel is not a generally good treatment of melancholia, I can only say more emphatically that the railway travelling or the sojourn in foreign cities is much worse. I shudder when I think of the misery of patients I have known dragged from one so-called pleasure to another, from being driven early about gardens and parks, and later being made to sit out plays or operas.

When Abernethy suggested that the man who still tried to move his elbow, though it pained him, was a fool, I think the person who makes the melancholiac rush from dissipation to dissipation is a brute, an ignorant brute. A sailing yacht is all very well for the few who can afford it ; but here the danger of suicide is even greater, and, besides, another danger is increased ; the watching of such a patient on board ship to be of any service must be so constant as to be irksome, thus causing the patient to say, as one did to me, that he would not have been half so determined on suicide if he had not been always surrounded by persons who brought the idea before his mind by their supervision. As a general principle, I would say that if we believe every melancholiac should be treated as a possible suicide, we should rarely send them travelling. Some of the lighter cases of weakness of will, indecision, and doubt are improved by complete change, and by the monotony yet interest of a voyage, and when some persons, who having been used to travel in their normal days, show signs of mental weakness or depression, voyages are useful. I believe, too, in the great utility of voyages and travel in patients who have recovered, or are convalescing

from mental disorders. It is well that there should be no rude awakening from their sad dreams ; let them slowly come to themselves ; let them have time to get confidence before they return to their old work and old surroundings. But here, again, I must say that there is increased danger in sending such persons away. I believe as many suicides occur during convalescence as during the period when the symptoms of insanity are well marked. I could record the history of many patients who, having been sent on leave or discharged recovered from asylums, have killed themselves shortly after. The friends of sufferers from adolescent insanities are all hopeful that the grand tour will establish health of mind and body. I hoped I should find this to be the case. When at Bethlem I had no chance of sending patients on such trials, but now I see the weakly girl or boy go abroad, only to come back weaker in mind or morals. These young cases may be sent abroad to get them out of the way, but their future is not a bright one. They are parallel to the "ne'er do wells," who are sent to our colonies, where perhaps they pave the way to civilisation, as rubbish helps to form our city roads. They are crushed into or out of shape.

I need hardly speak against sending excited or maniacal patients travelling, but I see grave and serious consequences arise from sending persons who are classed under the wide label of hysteria on trips. They are frequently excited, and the mild symptoms due to slight loss of higher control pass into true and violent manias. As to delusional cases, these persons, with their exaggerated self-consciousness, appropriate every fresh impression as directed against them, so that, in my opinion, the fewer new and strange impressions such people have the better. Yet I meet with such persons being sent to travel. I will admit that in some cases of harmless obsession, of simple monomania, if I may use such a term, travel passes time, and does no positive harm. In persons suffering from partial dementia, if due to physical causes, such as fever and the like, good may follow travel if the stirring up is left alone.

The group of cases which I think suffer most of all are the general paralytics. Such, in my opinion, ought never to be sent abroad. If you are in your mind sure the patient is suffering from this disease, if he has both mental and physical signs, and if there is no true history of drink as a cause of the

excited state, then never send him travelling. I know friends will be hard to persuade, and will almost certainly over-ride your opinion and judgment ; but you must enter a protest. It is certain that in states of remission, when it is desirable to keep the patient away from work and from domestic relations, which would be fatal to him, we must compromise ; but this must be done with caution, and with warning of the dangers involved.

To conclude this paper, I must say that in my opinion many patients are sent travelling who had better be at home, and that, instead of excitement and the so-called stirring up, it were better they were left alone or kept in bed. I believe great risk is run in sending melancholic patients travelling, and I do not think that the possible gain in any degree justifies such a risk. I have seen very many patients on their return from voyages almost in the last stage of starvation, because artificial feeding could not be carried out at sea.

By all means let us use the best forms of stimulation where we are convinced that stimulation is needed, but do not goad the already miserable melancholiac to further mental effort, which must be painful.

Still more must I, as I have said, protest against sending any patient abroad who has distinct bodily and mental symptoms pointing clearly to general paralysis of the insane. I could fill a paper with a recital of accidents, some serious and others comical, following the sending such persons abroad. In many cases the patient himself is anxious to travel, and friends prefer to yield to this wish rather than to control him, as he appears to them to have little beyond excitement the matter with him. I have already said that in a later stage, or during remissions, travel may be considered, but I would much prefer to send such patients to vegetate in some out-of-the-way spot rather than run the risk of explosions in distant parts. I have known of one patient, who broke down in the Mediterranean, being confined in an underground cell, little better than a pit, till he was rescued by English doctors.

DISCUSSION

At the General Meeting, London, 21st November, 1900.

Sir HERMANN WEBER, having been called upon by the President, said : I will mention a few experiences which may not be without interest, though they will fall short of the very intelligent and caustic way in which Dr. Savage has treated

this question. Above all, I agree with him entirely as to the dangers of long sea voyages in cases of insanity. Three intimate friends of mine, after great family losses, suffered from grave melancholia, and were sent on long sea voyages. Two of them had an attendant each; the other had two attendants and a doctor. Two of those patients drowned themselves by jumping overboard. The third repeatedly made similar attempts, but having a doctor and two attendants was prevented. He was not improved by the voyage. On the other hand, I have certainly seen much good from sea voyages in conditions of great mental depression, more or less combined with delusions, produced by various causes—especially by shock or failure, by "overwork," or rather, unsuccessful work. I have seen a number of students recover after long sea voyages. They had despaired of accomplishing anything, but on return began to work, and have worked successfully. Health was completely restored. Dr. Savage has stated with approval that those delusions which remain after acute diseases, such as influenza, are removed by long sea voyages. They have been removed in five or six cases under my care. That method has also been beneficial in phenomena of paralysis, with a kind of dementia following on diphtheria. Sea voyages act in such cases not only by the tonic influence of the sea air, but also, and perhaps principally, by occupation of the mind. The latter influence can often be obtained at least equally well by other means. I may mention a case. Disappointed love led a highly educated man to form delusions. One of them was that he was totally unfit—that he was no man. Partly under my influence he was sent to Switzerland. He was a great botanist, and there, by accident, he met another botanist, who pointed out some peculiar plants and ferns and asked him about them. That awakened his interest, and in the course of several months the cure of the patient was complete. But after all that is not much more than occurred in a case, which I saw with Dr. Savage, without travel being prescribed. It was that of a great coach driver, who engaged himself to be married. Immediately after his engagement he became quite insane, entertaining similar delusions. I advised that he should be put on a four-in-hand. Dr. Savage had the courage to recommend that course in spite of the natural objection of his friends, and that gradually led to his permanent recovery.

Dr. SYMES THOMPSON: I quite feel with Dr. Savage, that in the large class of cases which he has described it would be exceedingly unwise to send people across the seas when they had already passed the line dividing sanity from insanity. I cannot help thinking he has done in this paper what I have been constantly doing, as have other physicians who have a good deal to do with climate treatment, that which is so commonly our duty—to discourage people from taking a sea voyage or from going abroad when they are too ill to gain benefit from it. But, on the other hand, I think we may wisely do a great deal in advising people to travel when the disease is rather threatened than established. When the conditions of the nerves are such as to lead us to believe that ere long there will be a serious disease, then I think we may often with enormous advantage recommend climate treatment. When Dr. Savage employed the word "travel," I did not assume that he intended to limit it so closely as he has done to travel by sea; but he seems to have taken this as being the better of the two, that is to say, better than by land, because no one in his senses would recommend a long railway journey for those whose nervous systems are in the condition he has so well described. I think, then, we are all at one with reference to the question of sending people on voyages for the purpose of getting rid of them, either for our own sake—to be free from troublesome patients—or for the sake of the friends, that they may be free from the cares and the responsibilities of watching over those whose nervous systems are wrecked.

Let us for a moment consider what travel may do for those who are in danger of deterioration. I think—if I might be allowed here to refer to the first paper—we had clearly put before us two or three points with reference to the causation of brain disease which have a bearing on our discussion as to its treatment. We heard, and I am sure with extreme interest, how very many of the defects with which we have to deal as physicians for mental affections are due to toxic influences, and we heard also how clearly the localisation of these defects is dependent upon stress. We heard also how very much heredity had to do with it. I thought the suggestion very valuable that the heredity was perhaps a

defective power of elimination rather than any textural defect. If, then, the disease is one of defective power of elimination, if it is a disease in which the danger lies in stress, surely the value of changed surroundings, of a climate in which elimination may be encouraged, cannot but be regarded as of very great value. We must admit that travel is of immense value as regards change of environment, and we must see many people whose nervous systems will go to pieces unless they can be taken away from the stress in which they are living, whether that be on the Stock Exchange, or in any other professional occupation where the nineteenth century pressure is very great. There we recognise the necessity of taking our patients far afield; and the value of a sea voyage may be, in such cases, occasionally considered. My own experience of sea voyages in that relation has not been very satisfactory. In this I regard Egypt as a place of varied interests and very great value for people whose tendencies are towards deterioration due to over-concentration in their work, such as will gain by a peaceful life in a fine air. On the other hand, we send to the Alps those who with fresh vigour can take active exercise with advantage.

I will not delay you longer. We all of us deal with cases of mental disorder in an early stage, and, happily, we also deal with cases in a convalescent stage; and I would put in a word on the value of travel under such circumstances. I accept what Dr. Savage has said, but would ask you to accept the fact that for preventive purposes and for convalescent purposes travel may be employed with the very greatest benefit.

Dr. ROBERT JONES: Some years ago, my friend the Master of Downing College, Cambridge, was ordered to travel abroad for family reasons. Before he got very far he wrote a letter, in which he stated that very great and grave responsibility lay at the doors of those doctors who recommended mental cases to travel abroad, that in a very short time two of these cases, journeying in the same vessel with himself, had committed suicide by jumping overboard. Feeling, during this summer, that there was no *ex cathedra* statement upon travel in any well-known English text-book; and feeling that there was no definite line to guide us in giving advice as to travel; appreciating also Dr. Savage's very great experience, and his sympathy with travel—himself a distinguished member of the Alpine Club—I ventured to write and ask him if he would be good enough to read to us a paper on this subject. He very kindly—being at Zermatt at the time—consented to do so.

Anticipating, also, that it would add to the comprehensiveness of the discussion if we could get the experience and authority of physicians who are consulted more especially with regard to their own knowledge of the subject of Climatology, I ventured to write to Sir Hermann Weber and to Dr. Symes Thompson, saying that Dr. Savage would read a paper on "Travel" particularly in its relation to Neurasthenia, and asking them if they would consent to be present and speak, which they did. I then wrote to Dr. Savage, who replied that the term Neurasthenia was not sufficiently comprehensive. (Hear, hear.) That is the explanation of how the names of Sir Hermann Weber and Dr. Symes Thompson have both appeared on the Agenda.

Bain states in his book that a continuation of the same impression is attended with unconsciousness. The converse of this suggests to us the advantages of travel, and as to the varieties of places, Sir Hermann Weber long ago stated there were three practically pure airs to which one might send patients who desired a change, viz., the air of the desert, of the highest mountains, and that of the sea. I am very glad to have heard to-night the views of Dr. Symes Thompson on one, and Dr. Savage particularly on another, viz., "Ocean Travel." I may add my very full agreement with Dr. Savage about general paralysis. Lately I have had under my care a gentleman who was ordered to travel abroad by a distinguished physician. He was advised that the best place to go to was the Cape. He was a general paralytic. In a short time his condition became deplorable. He was without a nurse, and his wife had to get special assistance to bring him home. And this is the class of case which ought never to be sent abroad.

With regard to monomania, I should like to be sure about the class of case which we ought to send abroad, and I should be glad if Dr. Savage, in his reply, would enlarge upon what I have failed to comprehend. One particular point

about monomania is the systematisation of the delusions, and the fixing of these upon any one in control of them. Some years ago, through Dr. Savage's kindness, it was suggested that I should travel with a nobleman who was suffering from this particular form of insanity, and who, when he got to Marseilles, associated his delusions with his doctor, and refused to go an inch further. I should like, in conclusion, to say that I have derived particular pleasure and much instruction from listening to this very practical, vigorous, and able paper.

DR. WEATHERLY: My experience has been that what undoubtedly is real rest and pleasure to many patients is absolute cruelty to others. We have to bear in mind three important points: Firstly, we want to improve the physical constitution of the individual and his assimilative processes. Secondly, we want to correct or to alter the association of ideas; and lastly, but by no means least, we want to stop morbid introspection. I firmly believe that if our asylum physicians will get places erected where they can keep their patients out almost all day, and if they will only allow free access of fresh air to their bedrooms and living rooms, they will do a great deal of good, and not necessitate the rush for travel which, in so many cases, leads to great disaster. I am satisfied that with regard to change, whether it be a sea voyage, travel on the Continent, walking tour, etc., each case should be judged on its own merits, and that no sort of hard and fast rule can be laid down.

DR. THEO. HYSLOP: In my experience the usual class of cases one meets when travelling is almost invariably the hypochondriac, and they nearly all say the same thing—that travelling does absolutely no good.

DR. SAVAGE: I should say that the various forms of obsession may not be cured by travel; but travel will pass the time and often remove the patient from circumstances of irritation, to the relief of himself and his family. Perhaps I do not appear to agree with Dr. Weatherly about the question being governed by principles, but one great group of cases is governed by a certain principle, viz., every melancholic patient is a potential suicide. To that I think Dr. Weatherly would agree, and that is the first thing we have to consider. I am not always as good as my principle, however, for I have said that after influenza there are periods of depression which are greatly benefited by sea voyages.

The Use of General Electrification as a Means of Treatment in certain forms of Mental Disease. A Paper read before the Medico-Psychological Association at the General Meeting, London, 21st November, 1900. By H. LEWIS JONES, Medical Officer, Electrical Department, St. Bartholomew's Hospital.

IT gives me great pleasure to have an opportunity of bringing to the notice of this meeting some matters connected with electrical treatment, because I believe that in the management of mental cases a very suitable field of application may possibly be found for electricity.

One of the chief advances which has been made of late years in electro-therapeutics, consists in the greater prominence given to the effects upon the body as a whole of electrical application. Apart from the good results which are known to follow