

THE PROGRESS OF PSYCHIATRY IN 1902.

GREAT BRITAIN.

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The year now ended has been productive of very considerable advance in psychiatry in Great Britain. At no previous period have the workers in this department of medicine been more active. We may regard the future with confidence if the methods and aims of our specialists are correspondingly developed in the coming years. The position of scientific medicine has vastly changed during the past century; those who are interested in the development of our profession from the bonds of narrow theories, flourishing in ignorance, can find no better illustration than in the effects of painstaking work in regard to disorders of the nervous system. We may well take courage and persevere year by year in adding to the sum of absolute knowledge. Of course the year that has closed has been filled with results gathered from former experience, but it has also given rise to improved methods and in some respects marks the epoch. Notably, we have had reports on work done by the members of the Medico-Psychological Association at home and abroad, and the Association has busied itself in regard to important subjects which are already bearing fruit.

Scientific Papers.—Among those who have published important communications during the year, Dr. Warnock, who has already revolutionized the lunacy department in Egypt, and rescued the insane of Cairo from the awful state in which they were on my visit to the asylum there in 1877, has described the *pellagrous insanity*, which is common to the extent that 141 cases were treated in the 5 years from 1896 to 1900. These came from the country districts in contrast to the general paralysis and hospital cases from the towns. The prominent symptoms noted were melancholia and apathy, although cases of *bien-être* have been noted. This report should be studied in detail.

Dr. Mott, pathologist to the London County Council, has published two papers of special importance. The first deals with *Stimulus in Repair and Decay of the Nervous System*. After a consideration of the nature of stimulus, he passes to the effects of excessive stimulus, owing to which, in neurons in a low state of nutritional equilibrium, disintegration is in excess of integration. Thus these degenerations begin in the fine collaterals and terminals and proceed back to the cell of origin. He points out the dangers to the neuropathics of taking alcohol to give fresh nerve energy, as they are specially liable to suffer toxic effects. He supports Edinger's statements, after a large number of observations on tabetic cases, and concludes that stress plays an important part in determining the position of the degeneration. Although these facts have long been known empirically, it is important to have them confirmed by experimental and pathological research. Dr. Mott suggests hydrotherapy, massage and electricity in asylum practice on a wider basis than at present.

His second paper deals with *Syphilis as a cause of insanity*. The worst forms of brain syphilis are those occurring within 4 years of infection; they are intractable and rapid in fatal issue. Acquired or congenital syphilis is potent in the production of general paralysis. 70 to 80 per cent of general paralytics can be shown to have been infected with syphilis. This observation closely tallies with my own records, which though limited in number are important because they are all drawn from the middle-class of society, where we can get more trustworthy information than can be obtained in State asylums. Dr. Mott went so far as to adopt the thesis "No syphilis, no general paralysis," and in the discussion founded on that thesis a resolution was adopted by the section of Psychiatry of the British Medical Association, calling on Parliament to take measures for the prevention of syphilis. This is an old formula, but it requires to be reiterated. Again and again the medical profession has demanded such a law for the protection of the vital interests of the country; but the Puritan party is as strenuous as ever in the opposite determination.

Administrative Affairs.—The revolution in medical opinion as regards *tuberculosis* has made itself felt within the bounds of

our specialty, and the prize essay of the Medico-Psychological Association in 1899 was awarded to Dr. F. G. Crookshank for his work on "The Frequency, Causation, Prevention and Treatment of Phthisis Pulmonalis in Asylums for the Insane." In the same year Dr. Eric France read a paper on "The Necessity for Isolating the Phthisical Insane." Following a discussion, a committee was appointed to report upon the subject. Their report was published in the July number of the *Journal of Mental Science*, and the whole matter is summed up in a brief statement that phthisis is prevalent in asylums to an extent which calls for urgent measures; that many patients are infected in asylums, and that the following means of prevention should be adopted: early diagnosis, isolation, limitation of size of asylums, checking of overcrowding, improved ventilation, attention to dietary and sanitation in detail. Many asylums have provided isolation wards or blocks for these cases, and it is inevitable that the results of these measures will be attended by success.

The question of *Asylum Dysentery* or *Colitis* has also been investigated and discussed. It is disappointing to find that this disease is prevalent in newly erected asylums, fitted with the most modern sanitary appliances. Dr. Macmillan, of the London County Asylum, Claybury, in a paper on the subject, states that cases have occurred almost since the opening of the institution in 1893, and during the winter of 1898-9 it was epidemic and so severe that nearly one-third of all the patients dying during that time showed dysenteric lesions. A special investigation by Dr. Mott and Dr. Durham showed that colitis does not essentially differ from ordinary dysentery. Marked success has attended isolation and disinfection of a thorough kind. As relapses occur so frequently, all cases are kept under special medical observation after apparent recovery.

Night nursing has claimed a great deal of attention, and it is reported from various asylums, where experiments have passed into practice, that a great increase in the night staff has resulted in undoubted benefits to the patients. Of course we are familiar with the restricted staff who come on duty at night to attend to the sick and acute cases as well as to minimize danger of fire, but the newer proposals pass far beyond that, and advocate an

administration by night which will secure attention for all patients continuously, except those of quiet habits, for whom single rooms are reserved. There is of course danger in pushing this ideal to an extreme, but there can be no doubt that we must look to an increase of the nursing staff and a higher scale of knowledge among them for improvement in the daily work of asylums. Several asylums continue to develop the system of nursing male patients by women, as has been done at Copenhagen for many years.

Nursing Education.—In this department least advances have been made, and perhaps the best index to the movement is the sale of the Handbook for Attendants and Nurses, which has now passed 15,000 copies. A great army of attendants and nurses, trained in their duties, at an enormous sacrifice of time and trouble on the part of asylum physicians, is now at work in the various institutions of the country. Many are employed in private care, and many pass to general hospitals to complete their training in other branches of medicine. The *Association of Asylum Workers* now numbers its members by the thousand and the journal of that association regularly advocates their claims in every respect.

Bureau of Information.—Dr. Miller of Warwick proposed the establishment of a bureau which should collect and classify administrative details for the information of asylum physicians, thus saving many special enquiries. Although he generously offered to organize and carry on the work, the proposal was not efficiently supported, to the regret of many to whom it would have been a great help.

Organization of Research.—The London County Council established a Laboratory of Research at Claybury Asylum, and the Scottish Asylums united to support a similar institution in Edinburgh. Similarly, in the immediate future a conjoint laboratory for the Irish asylums will be erected at Dublin. Much solid work has been done in these establishments; but it is now felt that more attention must be given to the clinical side of our problems—that more must be done by experimental and bacteriological studies. No doubt this has received an impetus from the discussion on *toxaemia* at the spring meeting of the Scottish Division of the Medico-Psychological Association.

The old school and the new were ably represented and the debate deserves careful attention. Dr. Ford Robertson went so far as to say that all forms of insanity in normal personalities are toxic in origin, the toxaemia having been established before the mental cataclysm occurred. Holding these views, it is not surprising that he urges on the laboratory work far beyond the potentialities of pathology.

Incipient Mental Disorders.—A great deal of public interest has been aroused by the efforts made to secure the treatment of incipient insanity in General Hospitals. Discussions have been held in the Medico-Chirurgical Society of Edinburgh, in the British Medical and Medico-Psychological Associations, and the managers of the great General Hospitals of Edinburgh have received a medical deputation urging the establishment of Psychiatric wards in connection with the Royal Infirmary.

And further, Sir William Gowers has lately added his influence and authority to a scheme for the reformation of the English law which has long been urged on Parliament. Briefly, it is to approximate the law of England to that of Scotland to facilitate the treatment of the insane in private care—to overthrow legal barriers which at present constitute an injustice to the patients and their families.

Dietaries in Asylums.—The Scots Commissioners in Lunacy directed Dr. J. C. Dunlop to report upon the dietary of state-supported insane patients in asylums and poorhouses, and have issued his observations as a supplement to their annual report. It is satisfactory to note that Dr. Dunlop found the existing arrangements on the whole satisfactory. Some dietaries might be reduced and some increased. Dr. Dunlop suggests that bread should be given additional with all meals; that 24 ounces of meat, uncooked without bone, should be the minimum weekly allowance; that a fish dinner or a fifth meat dinner should be given weekly; that porridge and milk must be given at least once daily; that the minimum weekly allowance of potato should be three pounds and of other fresh vegetables one and one-half pounds; that tea or coffee should be given *ad libitum* twice daily; that the minimum allowance of butter should be five ounces weekly; if margarine is used, six ounces is required; that variation of diet is necessary; and that there should be extra food for working patients.

Statistics.—The advance in knowledge and the desire for improved methods has rendered it necessary for the Medico-Psychological Association to revise the statistical tables so long in use. A committee is now considering the question, which of course includes classification and nomenclature of diseases. It is not desired to break with the past, or to render old remedies valueless, but rather to develop on the same lines in the light of experience gained. We hope to find the new tables of statistics prepared for the next annual meeting.

New Asylums.—Perhaps the most interesting new asylum has been erected at Aberdeen where the Alt Scherbitz plan has been adopted; at East Sussex also the same idea has practically prevailed; while in Edinburgh plans are being finished for a similar institution. At Lenzie Asylum a block has been erected for tuberculous patients, at a cost of £80 a bed. The construction is of wood and iron, by the firm of Spiers, of Glasgow.

Medico-legal.—Every year shows a milder system of dealing with persons of insane mind. The law, so hard in theory, is being softened in practice. Recognition of partial insanity demanding partial punishment is a notable fact of the times. Dr. Mercier has been long engaged in the consideration of these cases and his quarterly reports in the *Journal of Mental Science* show how changed the practice is.

Further, the Prison Commissioners of England have employed Dr. Mallory to prepare a book on prison nursing, which is evidence of a better system at work among criminals of every class.

Literature.—Among the notable books of the year we have two by Dr. Mercier—one a small text-book on insanity, the other a systematic treatise on Psychology, Normal and Morbid. The latter has been most favorably received, and deserves the widest recognition. The *Encyclopedia Medica*, edited by Dr. Charles Watson, contains articles of value in psychiatry, and we have also received a general index to the quarterly magazine, *Brain*, which is of great service to workers.

Dr. Yellowlees has resigned his position as Physician Superintendent of the Glasgow Royal Asylum, and his many friends have united in making formal recognition of his work and ability and the high esteem in which he is held.

We have lost Dr. Campbell Clark by death, also Dr. Strahan, whose work on "Suicide" deserved special attention. Others have also dropped out of the ranks notably, Dr. Sutherland, Dr. Wade, and Dr. Gasquet.

On the whole your readers will gather that 1902 has been eventful and not without promise.