

## Correspondence.

"Audi alteram partem."

## THE ALLEGED GROWTH OF INSANITY.

To the Editors of THE LANCET.

SIRS,—The fact that on Jan. 1st, 1905, the total number of notified insane in England and Wales stood to the estimated population in the proportion of 1 to 285 is in itself sufficiently important and interesting to merit close and careful consideration. Whether the country ought to regard this condition of things, where all is human, as matter for modest gratulation or for penitential self-reproach it is difficult to say off-hand. There are those, on the one hand, who are pleased that things are no worse and who are thankful that there are as many as 285 persons not "notified insane" to one person so notified, and there are, on the other hand, those who take a gloomy view of the situation, not because they are ratepayers but because they have persuaded themselves that the proportion of notified insane is excessive and blameworthy, not to say discreditable. To this latter category belongs assuredly a writer who, taking as his text the "Growth of Insanity," occupied several columns of the *Times* of April 14th and 21st with articles in large type dealing with his subject and serving up enlightenment to "the many estimable people who like to amuse themselves with hypotheses, while they close their minds firmly against unpleasant facts." The writer commences by giving, on a process of calculation peculiarly his own, 1 to 272 as the proportion of insane to population and not 1 to 285 as given by the Commissioners in Lunacy in their report; but this is a mere trifle in his way of stating "unpleasant facts," for he goes on to say, and this is the *raison d'être* of his lucubrations, that "in insanity we have a disease which has increased five-fold in the last 60 years during which the population has only doubled itself." After reminding us that "the effect of the mere sweeping up and incarceration of the harmless so-called 'naturals' of country villages was exhausted within a very few years of the passing of the Lunacy Acts of 1845," he goes out of his way to take, as the basis of his comparative statement, the number of the insane and the population in the year 1844, a date antecedent both to the passing of those Acts and to the influence of the "sweeping up" operations referred to. The writer has to this extent vitiated his case and has therefore, possibly unwittingly, done his subject an injustice. He has presented to the general public such an overdrawn, not to say startling, picture that I have taken the liberty of asking you, Sirs, to kindly afford me some space in THE LANCET to lay before your readers what appears to me to be the interpretation that should be put upon the most recent official evidence as to the numerical growth of insanity in England and Wales. Comparative statistics are ever a source of danger, even when expressed in the least complicated terms, but those given on this question by the Commissioners in Lunacy in their fifty-ninth report (1905) have at least the merit of being compiled without bias or prejudice upon as complete a scale as the nature of the circumstances permits. The last 35 years—i.e., from 1869 to 1904—may fairly be regarded as a period of uniformity with respect to the notification and registration of the insane in England and Wales and the figures given by the Commissioners are the only trustworthy ones. In their report they tell us that the total insane were 53,177 on Jan. 1st, 1869, and 119,829 on Jan. 1st, 1905, and they add that "in spite of this large numerical increase, it will be found that when considered in relation to the growth of population the proportion of insane has *not* increased as much as the population." The figures given for the 35 years ending with 1904 show that the rate of increase per cent. of the population was 53·6, while that of the ratio of insane to population was 46·6. With this definite expression of opinion on the part of those who are in the best position to know I am content to leave this aspect of the question.

Large as the actual increase in the total number unquestionably is, there can be no doubt that the segregation of the insane in asylums and the restrictions placed upon them, although somewhat costly, have been the means of checking the rate and the extent of the increase by so far preventing

them from propagating their kind, the influence of heredity being admittedly one of the most consistent as well as one of the most potent factors in the causation of insanity. On the other hand, the conditions of asylum life are now so well ordered that they must to some extent be held responsible for furthering the asylum accumulation of the insane by obviating the tendency to death and by engendering in the convalescent inmates more contentment with their surroundings and less longing to be at large and to engage in the struggle for existence in the hurly-burly of life. Nor must it be left out of consideration that the domestic life of the poorer classes is not always well adapted to looking after weaklings from asylums and that the relatives, knowing how well housed and looked after they are, refrain from clamouring for their discharge. What is the meaning of the large numerical increase of the total insane? Referring again to the Blue-book of the Commissioners (1905) a chart is given representing the gradual growth of the ratios of insane to population from 1859 onwards and of the private and pauper class respectively. "The curves demonstrate clearly that whereas in the pauper class the proportion of insane to population has grown almost *pari passu* with the increase of total insanity in the population, there is no such parallelism in regard to private patients ..... This variation is the more striking when it is borne in mind that every year an increasing number of patients admitted as paupers are transferred to the private class, the transfers in the opposite direction showing no such increase." Taking the years 1859 to 1905, the ratio of the total insane per 10,000 of population rose steadily from 18·67 to 35·09 (not quite doubling itself), while that of the pauper patients rose with the same steadiness from 15·95 in 1859 to 32·0 in 1905 (as nearly as possible doubling itself) and that of private patients only rose (and with irregularity) from 2·38 to 2·8 (the highest point reached being 2·97 in 1879). In other words, while the proportion of pauper patients has doubled itself in the last 45 years that of the private patients has remained to all intents and purposes stationary, which, being interpreted, means that impecuniosity and straitened circumstances (the *res angusta domi*) must be held responsible for the numerical growth of insanity and that a large proportion of the insanity upon which the ratepayers so freely expend their money is a kind of insanity which has for its test or gauge not the mental condition but the pecuniary resources of the patient. From this kind of insanity the well-to-do can, as it were, purchase their discharge, while the impecunious have to remain in the asylum and on the notified list. In this way an explanation is afforded of the disproportion of the discharge-rate among private patients as compared with pauper patients, as also of the great difference between the ratios of increase in the two classes. This is a matter of such vital importance in any unprejudiced inquiry into the question of the growth of insanity that I give in full the clear statement of the Commissioners (Report for 1905) on the subject:—

"There is another reason than that of the admission-rate which largely explains the fact that private insane patients have not increased in like manner to the pauper insane, and that is the much higher proportion of those discharged annually from the private class. Of the total admissions during the decade (1895 to 1904) the discharges amongst private patients amounted to 78·1 per cent., or 43·9 recovered and 34·2 not recovered, these discharges being exclusive of transfers from place to place. Amongst pauper patients in the same period the total discharge-rate was 44·5 per cent., or 36·5 recovered and 8·0 not recovered. There must, therefore, be a far greater accumulation of the pauper insane than there is of those in the private class. There is, no doubt, sufficient reason for the marked discrepancy between the proportion of non-recoveries amongst the discharged cases in each class. That an insane patient should be discharged from an institution 'not recovered' must not be taken to imply any laxity of administration. No patient considered to be dangerous to himself or others would wittingly be so discharged, and the probability is that they are mostly of the harmless, feeble-minded type who, if paupers, would be unable to obtain their own living but who, if belonging to a better station of life, could be well looked after and cared for in their homes. Naturally a certain number of such discharged non-recoverables again find their way back to institutions to form part of the 20 per cent. or so of the annual admissions who enter asylums not for the first time. The pauper whom it is not deemed

advisable to discharge so readily, seeing that he is far more likely to return, is retained in the asylum under control and there engages in useful work, which he can do under such conditions, yet is quite incapable of performing it under the strain and stress of earning a livelihood."

This retention and accumulation in asylums of pauper inmates who are "insane" only by force of circumstances, of persons whose insanity is potential rather than actual, are undoubtedly the cause of the growth in the number of the notified insane. Further, it is not too much to say that this numerical growth of insanity is preternatural in so far as it is due to external and adventitious, and not to pathological, conditions, a fact which may be taken to indicate that a considerable proportion of it is unreal and, in some sense, fallacious. From what has been said it will have been gathered that in relation to our inquiry the official list of insane persons under the cognisance of the Commissioners consists of two classes which are made up of three groups, thus:—

- |                     |     |  |
|---------------------|-----|--|
| 1. Private patients | ... | a. Private patients actually insane.   |
| 2. Pauper patients  | ... | b. Pauper patients actually insane.    |
|                     |     | c. Pauper patients potentially insane. |

For reasons which have been explained the private patient class shows no residuum of inmates potentially insane, such as is shown in group *c* of the pauper patient class. We have also learnt that it is only their impecuniosity and the force of external circumstances that prevent the pauper patient class from being discharged under given conditions leaving no residuum of potentially insane behind them, exactly in the same way as the private patient class are discharged under given conditions and leave no potentially insane behind them. This being so, it follows that the true and actual insanity of the pauper class is, for official and statistical purposes, the same as the true and actual insanity of the private class of patients. But it has been demonstrated that the proportion of private patients to the population has remained practically stationary throughout the last 45 years; and, the true and actual insanity in the two classes being essentially the same, the conclusion is forced upon us, first, that the proportion of true and actual insanity among pauper patients has remained practically stationary as it has among private patients; and secondly, that the numerical increase of the notified insane is due to the retention and accumulation in pauper asylums of inmates who are only potentially insane (and who if at large possibly could not be re-certified unless some change for the worse took place in their mental condition).

What then would be my answer to the question so often asked, "Is insanity on the increase?" I would say: "The official returns for England and Wales show that while the number of notified insane persons is largely on the increase the proportion of true and actual insanity remains practically stationary." Our asylums are swamped by the accumulation of chronic cases among whom the "potentially insane" group figures largely and the authorities are at their wits' end to know how most economically to dispose of these cases. The unconditional and haphazard discharge from asylums of impecunious persons who are potentially but not actually insane into our midst would not be justifiable as it would introduce into the community an abundant source of anxiety and danger and create a sense of uneasiness and apprehension in the public mind. Again, the right and proper detention of the "potentially insane" in asylums cannot be regarded by the rate-payers as an unmixed evil, as they do useful work in the fields, workshops, and wards, and thereby keep down the cost of maintenance by saving an enormous outlay on the labour which would otherwise have to be employed. Finally, the stationary condition of the true and actual insanity among the notified insane is a gratifying and satisfactory indication that the mental stability of the country is not materially deteriorating and that our national decadence is not so imminent as pessimistic prophets would have us believe.

It is not to be expected that asylum authorities should be in a hurry to part with those of their potentially insane patients who are good mechanics or useful workers, and it seems to me to be quite beyond the powers of the already overworked Commissioners to exercise a crucial scrutiny in the thousands of individual cases that crop up for responsible consideration in the matter of their discharge from the asylum. Is, then, this redundant accumulation to go on

for ever? or are we to have more Commissioners? or is the Royal Commission on the Feeble-minded going to solve the problem by recommending the formation of labour colonies with the kind of work and supervision that would just suit the potentially insane inmates of asylums and enable them to be discharged with safety and utility?

I am well aware, Sirs, that this question of the growth of insanity is a problem involving subsidiary issues and points of minor influence, but these I have not dwelt upon in order to avoid complicating details which would only tend to obscure the general argument without altering the main conclusions to which this inquiry has led up—namely, that if the discharge of "pauper" patients could be brought to pass precisely as the discharge of "private" patients is effected there would be left in asylums only the "actually insane" group in each class and there would be no retention and accumulation of the "potentially insane" and therefore no such numerical increase of the "notified insane" as the official returns show. The inquiry appears to me, further, to have emphasised the fact that however necessary, and even unavoidable, for official and statistical purposes the crude division of the insane into private and pauper patients may be there is no distinctive clinical or pathological difference in the insanity occurring in the two classes.

Can nothing be done to equalise the conditions of discharge in the two classes and to help the impecunious to help themselves on convalescence and recovery? The boarding-out system which has answered so well in Scotland does not appeal successfully to English householders, but if the excellent work of the After-Care Association, which for want of funds is only as a drop in the bucket at present, could be developed a thousandfold some appreciable good might be done in this direction. There is no reason why every county should not have its After-Care Association and thus actively participate in the good work of helping those who are handicapped in the struggle for existence on being discharged from the asylum. Again, I have always found the Salvation Army most ready to give their efficient aid in this direction and it is a pity that more advantage is not taken of the services of an organisation which is not only willing but able to supply the work and the supervision that are needful at a time when a helping hand is all that is required to secure beneficial and gratifying results in individual cases.

Apologising for the length of this letter,

I am, Sirs, yours faithfully,

DAVID NICOLSON, M.D. Aberd.,  
Lord Chancellor's Visitor in Lunacy.

Royal Courts of Justice, June 5th, 1906.

## THE VALUE OF A SERUM (DOYEN'S) IN CASES OF MALIGNANT DISEASE.

To the Editors of THE LANCET.

SIRS,—It is with regret that we find it necessary to reply to Dr. Doyen's letter which appears in THE LANCET of May 26th, p. 1496, wherein he comments on a paper read by us before the Royal Medical and Chirurgical Society on March 27th, and published in THE LANCET of April 7th.

Dr. Doyen first of all complains that we have not reported on cases seen by us at his clinique and says that we "ought to have drawn up a report on these patients—viz., on the results of my method of treatment as carried out in my hospital and under my direction." With regard to the cases seen by us (together with Mr. Charles Ryall) at Dr. Doyen's clinique at Paris, we should like to state that a report was issued and presented to the governing body of the Cancer Hospital. At our first visit in March, 1905, we saw 40 cases; at our second visit in May, 1905, we saw 17 of these 40 cases; and at our third visit at the end of June, 1905, we were shown only eight cases which had been presented to us on our previous visits. Our report, then, could only deal with those cases which had been seen more than once, and these were 17 in number, of which eight only were seen on the three occasions. Our comments on these 17 cases were as follows:—

Of the cases seen at Paris there was "apparent" improvement in three—viz., L—, H—, and V—, and in one (P—) the growth was definitely smaller.

L—. In this case what was thought to be a recurrent growth in the groin was found to be an inflammatory condition due to a buried stitch.

H—. Here, although the small local nodules had sloughed after interstitial injections into them, the patient's general condition was worse, in that she had lost a good deal of flesh and her features were pinched.