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7. *Revue de Médecine*, 1898.
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9. Kroumbmiller, *ibid.*
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Decrease of General Paralysis of the Insane in England and Wales.

By R. S. STEWART, M.D., D.P.H., Deputy Medical Superintendent, Glamorgan County Asylum.

TO anyone watching carefully the figures given in the last five annual reports of the Commissioners in Lunacy for England (1) it is quite apparent that one very distinct and unmistakable change has during each of the five years ending 1897 been taking place in the character of the admissions into asylums. There is no indication that lunacy is diminishing, rather the reverse, for the proportion of the average annual admissions in which the attack is stated to be the first, *i. e.*, *occurring* insanity, which in the quinquenniad 1888–92 was 3·7 per 10,000 of population, rose to 4 in the five years ending 1897. The change of type in the admissions to which we refer is the diminution in the proportion of general paralytics. Not only is this characteristic of the quinquenniad as a whole, but it applies to each of the individual years, the percentage proportion for each five-year period ending with that for 1893–7 being 8·7, 8·5, 8·4, 8·2, 7·8. The change is all the more striking inasmuch as each of the three quinquenniads preceding this one was characterised by a steady increase in the occurrence of the disease,(2) so striking, indeed, that one might have supposed that the Commissioners would have been justified in making a much more affirmative pronouncement than the one they do in their Fifty-third Report, viz. that "it would not appear that general paralysis is increasing in the general population." Not only is it not increasing, it is diminishing, and that, too, progressively, during the past five years.

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For this change in the character of the insanity of England there must be some explanation, and in seeking for a possible solution certain questions arise. What bearing upon the subject have age, sex, social position, marriage, rural or urban life? and are there any noticeable differences in the "assigned causes" of the disease?

In the two periods compared the percentage of general paralysis to total admissions was as follows:

Years.	Males.	Females.	Total.
1888–92	14·7	3·4	8·9
1893–97	13·1	2·8	7·8

The diminution appears to affect males more than females, but this is apparent rather than real, for the ratio of males to females, which in the first period was 4·1 : 1, becomes in the second 4·38 : 1. The average annual admissions of males in the second period is four more than in the first, representing a percentage increase of 0·35; while in the case of females there is an actual diminution of thirteen, a percentage decrease of 4·66. The percentage increase of first attacks in the second period, as compared with the first, is practically identical for the two sexes—males 15·9, females 15·7; so that it appears that, while both sexes are in an equal degree increasingly liable to insanity, both are less liable to be affected by general paralysis, and that this latter tendency is much more pronounced in the female sex.

In considering the relation of social position to the occurrence of the disease one particularly striking feature becomes evident. The following figures give the percentage of general paralytics to total admissions during the two periods contrasted, distinguishing the sexes and social position:

Years.	Private.			Pauper.		
	M.	F.	T.	M.	F.	T.
1888–92	12·9	1·1	7·4	15·0	3·7	9·1
1893–97	13·2	0·9	7·1	13·0	3·0	7·9

The yearly average of the total number of private patients admitted in the second period, as compared with the first, represents a percentage decrease of males 9·6, females 1·3, total 5·6; while in the case of general paralytics the decrease amounts to males 7·3, females 16·7, total 8·0. In the case of pauper patients there has been a percentage increase of the yearly average of the total admissions of males 17·1, females

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15·4, total 16·3; but with regard to general paralytics the percentage decrease of 5·2 among females is more than sufficient to counterbalance the slight increase among males (1·6), so that the result for both sexes is a decrease of 0·2.

In only one class of society is there any exception to the general tendency, and that is the one which provides the private male general paralytic. The proportion in this class continues to increase, though, it must be said, at a slightly diminishing rate, until now it has arrived at that point that the proportion of private male general paralytics for the first time since records were available overtops that for male pauper patients. The steady progressive decline of general paralysis among private female patients, which has been going on uninterruptedly since 1878, is continued, and unless some material change takes place in the social environment the disease will apparently be extinct in half a century from the present. These various changes are represented graphically in the accompanying chart.

Among the better-to-do classes fewer of both sexes tend to become insane; fewer women are liable to general paralysis, but more men become paralytics. In the case of the poorer section of the community there is an apparent increasing tendency to lunacy, but a diminishing tendency towards general paralysis.

The following figures show the ratio per cent. which the yearly average annual admissions of general paralytics bear to the total admissions for the two periods, arranged according to sex and condition as to marriage:

Years.	Single.			Married.			Widowed.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1888–92	6·9	1·5	4·2	23·0	5·2	14·1	11·0	3·1	5·9
1893–97	6·3	1·3	3·8	20·5	4·3	12·4	9·4	2·7	4·5

Married men participate most in the general improvement, and next in order come widowers, single men, wives, widows, and single women.

The admissions of general paralytics during the year 1898 have been such as to indicate a continuance of the decrease of the disease which has characterised the five preceding years. The following figures appear in the Fifty-fourth Annual Report of the Commissioners in Lunacy for England and Wales recently published.

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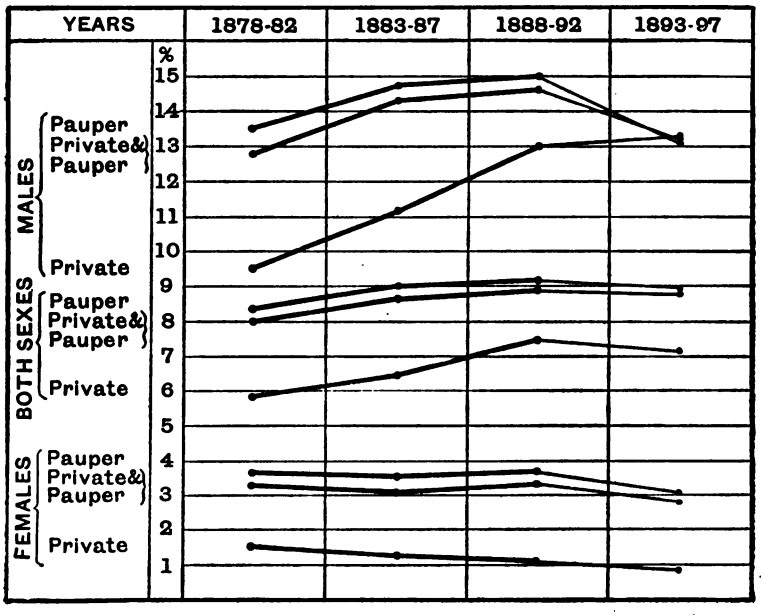
Proportion (per cent.) of General Paralytics to the Total of the Yearly Average Number of Patients admitted during the five years 1894–8.

Private.			Pauper.			Total.		
M.	F.	T.	M.	F.	T.	M.	F.	T.
13·8	1·0	7·5	12·5	3·0	7·6	12·7	2·8	7·6

The affection remains practically stationary among females. The decrease is one which affects males only of the pauper class, and the increase among private males is more pronounced than ever.

All age-periods are not affected alike in the general decrease which has taken place. The following figures show in five age-periods the proportion per cent. of general paralytics admitted to the yearly average of the whole number admitted in the two quinquenniads:

CHART *showing, in the Four Quinquennial Periods 1878 to 1897, the Proportion (per cent.) of General Paralytics to the Total of the Yearly Average Number of Patients admitted.*



Years.	Under 15.	15—34.	35—44.	45—54.	55 and up.	Total.
1888–92	0·0	5·0	17·7	13·7	3·0	8·9
1893–97	0·5	4·8	15·6	11·3	2·3	7·8

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The greatest decrease takes place at an age-period which, for general paralysis, is an advanced one, viz. 45—54, and the next greatest in the period in which the disease is most prevalent, 35—44. At the earliest period there is an actual increase, pointing to an increasing prevalence of juvenile paralysis, and in the age-period 15—34 the decrease is considerably below that for all ages combined.

Though there has been a decrease in the percentage of general paralysis to total admissions throughout England, this diminution is far from uniform. Some parts, indeed, still show an increasing prevalence of the disease. Of twenty-nine counties whose figures are available, there are fifteen which show an increase. With very few and unimportant exceptions these are mainly the industrial counties, and those in which the increase is still considerable are coal-mining counties. Fourteen counties show a decrease, and these, with three exceptions, in which the diminution is an inconsiderable one, are chiefly rural in character. While five towns show an increase, in the case of eight there has been a diminution, mostly considerable in amount. The increase is still considerable in Derby, and the two coal-exporting towns of Cardiff and Newcastle-on-Tyne; but decreases are noticeable in the three seaports of Hull, Liverpool, and Bristol, while the largest diminution of over seven occurs in Birmingham.

Except on three points the tables of "assigned causes" of general paralysis and of insanity in general present little dissimilarity. These three points refer to alcoholic and sexual intemperance, and venereal disease. So far as these three factors are concerned, the variations which have taken place in the five years 1893–7 compared with the preceding quinquenniad are shown in the following table, which gives the proportion per cent. in which these causes were assigned to the yearly average number of admissions:

		Alcoholic Excess.		Sexual Excess.		Venereal Disease.	
		M.	F.	M.	F.	M.	F.
Total Private Admissions,	1888–92	17·3	6·6	1·7	0·5	2·8	0·2
„ „ „	1893–97	21·4	8·6	2·7	0·4	4·2	0·3
„ Pauper Admissions,	1888–92	21·1	8·3	1·1	0·7	1·1	0·4
„ „ „	1893–97	22·1	9·1	0·8	0·6	1·8	0·5
General Paralytics,	1888–92	26·1	20·1	3·9	5·4	3·9	1·4
„ „	1893–97	25·6	18·6	3·5	4·6	7·6	3·0

As an ætiological factor in insanity, drink is on the increase for both private and pauper patients, and for both sexes. In

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the case of general paralysis the reverse holds, and the same may be said of sexual excess. A different condition prevails with regard to venereal disease. Here this factor is on the increase both for insanity and for general paralysis, but the increase is much more pronounced in the latter than the former, and this applies to both males and females. With regard to the relation of syphilis to general paralysis, the view that has received most wide acceptance of late years is that syphilis is to be looked upon rather as an agency which so affects the nervous system as to make it more liable to organic affections, such as general paralysis; in other words, it acts as a predisposing, not as an exciting cause. At first sight it seems anomalous that while general paralysis is on the decline, venereal disease as a cause of the disorder should be on the increase; but in all likelihood the real reason of this is that more careful inquiry is being made as to the possible existence of this cause, for the number of cases of general paralysis in which the cause is unascertained has diminished nearly to the same extent as venereal disease has increased.

General paralysis is an affection which prevails chiefly among men, in the prime of life, members of urban and industrial communities. What has occurred in their environment that can in any way account for the fact that when they do become insane their insanity should be less liable to take the form of general paralysis? So far as regards men of the better-to-do classes of society, apparently no material change has taken place, for the increase of the preceding fifteen years is not materially checked, so that the improved condition of affairs is one which affects men of the less well-to-do classes. Some improvement must have been taking place in the conditions of present-day urban life to account for this noticeable change in the type of its insanity. Even though figures point in a contrary direction, it is more than doubtful that syphilis is now more a cause of general paralysis than it was. Amongst the younger working men of large towns there is less liability to this grave form of insanity, and this is found to go along with less drunkenness and less sexual excess. These two latter may be regarded as evidences of a vicious form of outlet for surplus energy, and some more healthy outlet must have been found to take their place. As healthy outlets, athletics and sports, such as cricket and football, have no doubt had

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their influence upon this class of men; but if there is one thing which, more than almost anything else, has of late years benefited the younger men who live in towns, it is cycling. The introduction of this healthy pastime is one which has enormously altered for the better the conditions of town life, an evidence of which is furnished by the diminishing prevalence of this grave form of insanity.

The diminution in the prevalence of general paralysis, which first began to be apparent in England in 1893, indicates a tendency towards greater power of resistance and increased vitality, whatever the explanation; and so far as one can judge it is in England alone that the improvement has so far begun to manifest itself. On the Continent ([3]) the disease continues to increase, and this increase is particularly marked in women. The tendency on the Continent appears to be different from what it is in this country. Greidenberg speaks of the disease as one which, beginning in the higher classes, tends to increase more in the middle and lower classes, the reverse being the case with women. In men the affection, from being an aristocratic disease, is becoming more a democratic one. Here, it is in men only that the disease becomes increasingly an aristocratic one; in all other classes the tendency is towards diminution. The condition of affairs in Scotland and Ireland is indicated in the following tables:

Percentage proportion of general paralysis as a cause of death in Scotch asylums.([4])

Years.	Males.	Females.
1870–74	16·2	4·5
1875–79	17·9	3·4
1880–84	16·3	3·7
1885–89	18·3	4·9
1890–94	21·5	4·8
1895–99	22·4	4·9

In Ireland statistics relating to this affection are available since 1890, and dividing the ten-year period ending 1899 into two periods of five each, it becomes quite evident that the tendency is in the direction of increasing prevalence, slight though that may be.

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Table showing the proportion of general paralytics per cent. of the total admissions during the two periods 1890–94 and 1895–99.[5]

Years.	District Asylums.			Criminal Asylums.			Private Asylums.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1890–94 ...	1·84	0·19	1·08	3·03	0·00	2·59	5·02	0·26	2·76	2·00	0·20	1·17
1895–99 ...	2·03	0·29	1·23	0·00	0·00	0·00	7·14	0·42	3·87	2·43	0·29	1·44

In both these countries the increase continues unchecked, and in both it is amongst private males that the increase is most pronounced. The favourable change in the social environment which has manifested itself in England has not so far made itself felt in either of these countries or the continent of Europe.

(1) Forty-ninth to Fifty-third Reports of the Commissioners in Lunacy (England and Wales).—(2) Stewart, "Increase of General Paralysis in England and Wales," *Journal of Mental Science*, 1886.—(3) Kraft-Ebing, *Jahrbücher f. Psychiatrie*, 1895. Greidenberg, *Neurologisches Centralblatt*, 1897 and 1898.—(4) Fortieth Report of the General Board of Commissioners in Lunacy (Scotland).—(5) Fortieth to Forty-seventh Reports of the Inspectors of Lunatics (Ireland).

Legislation for Inebriates in England, with special reference to the Act of 1898.

By WILLIAM COTTON, M.A., M.D., Honorary Medical Officer Royal Victoria Home for Inebriates, Bristol.

IN view of the fact that a considerable amount of confusion exists in the mind of the profession as regards recent legislation for inebriates, I have ventured to bring this somewhat dry-as-dust subject before the readers of the *Journal of Mental Science*.

There is no statutory enactment as yet concerning those suffering from the intemperate use of alcohol or other drug of an intoxicating or narcotic nature who, from sincere desire to overcome their besetting sin, and from the friendly compulsion of friends and relations, who do not bear the purse in vain, become "voluntarily," by various forms of private contract, the inmates of the various well-known unlicensed retreats and homes for inebriety, or (it may be) the resident patients of medical men. There is no official cognizance of such homes or patients, and no Government inspection, except casually,

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