Part II.—Epitome.

Progress of Psychiatry in 1912.

AMERICA.

By Dr. WILLIAM MCDONALD, Jun.

IF, in this the ninth annual letter of your correspondent to the Journal, he should leave out the usual introductory plaint as to the impossibility of crowding the important psychiatric news of the year, even in shortest form, into the allotted space, the patient reader—if there be such—might welcome the change of style. Some vindication, however, is due the writer if he seems to supply a parcel of fragments rather than a true epitome.

A review of the subjects, something over a hundred in number, treated in the preceding eight years, fails to inspire confidence in one's ability to select topics of enduring interest, since a considerable number of those chosen are dead, and, save as signs of the trail, are already forgotten. And the history of 1912, even more than other years, offers a wealth and variety of items fit to fuddle the most discerning prophet who seeks, not so much what he should put on, as what he should leave off, the record.

We may take up, where we left off in last year's letter, the subject of *immigration of the foreign insane*, for it is safe to assume that scarcely anything is of greater interest or importance to America than the study and control of the defective, delinquent and degenerate classes which unremittingly pour into our ports with the stream of settlers from other countries. And to you of Great Britain and of other nations, our methods of attacking the problem are of vital concern, since our policies must unavoidably react upon you. Those of the foreign insane whom we admit are no longer a care to you, and some of those debarred by us may be on your hands. It would be well if all countries might act in sympathy in dealing with the insane wanderer, since, in the last analysis, it is the ultimate welfare of humanity, and not the temporary profit of any single nation, which should direct the minds, the hearts and hands of all.

The publicity given to the friction between Federal and New York State officials (1) respectively concerning the administration of the law regarding admission and deportation of insane foreigners has aroused wide-spread interest, and particularly has focussed attention upon the injustice of giving to New York State, simply because it happens to include the largest port of entry for the foreign insane, the heaviest part of the burden of caring for these unwelcome arrivals.

Some idea of the burden undertaken by the State of New York may be obtained from the fact that the Legislature of 1913 was asked to appropriate $11,792,790.00 for the insane, an increase of $3,422,418.00 over the amount required in 1912. Moreover, the United States alone has the right to deport the insane, and this only within the three-year

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limit of the Federal law, and where the insanity is due to influences arising before landing. The States may only repatriate insane patients when they go voluntarily.

The insane deported by the Federal Government are returned to their homes abroad by the Steamship Company at practically no expense to the Government, while the entire expense of the return of the insane whom the State of New York repatriates is paid by the State. It would seem only fair, if the Federal Government is to control entirely the admission and return of those entering this country, that it, and not the several States, should pay for the care of the mental defectives it admits but does not send home.

Some time in December, the States most affected by the problem of the alien insane accepted an invitation to co-operate with New York State in an effort to have Congress enact legislation designed to relieve the States of the care of insane aliens admitted to this country.

The history of *pellagra* in the United States forms one of the most remarkable and instructive records of medical science.

When, in so short a period as seven years, it can happen that a disease practically unknown or unrecognised is found to be present throughout the length and breadth of the land and in single States to have thousands of victims, it becomes evident that, unless the disease has suddenly assumed an alarming and almost unprecedented aggressiveness, the medical profession is either to be congratulated upon a wonderful improvement in its diagnostic ability or condemned for its former obtuseness.

Of such uncommon or unsuspected occurrence was pellagra in 1906 that Sir William Osler (2), than whom no more reliable authority could be quoted, says, "Pellagra . . . occurs extensively in parts of Italy, in the south of France, and in Spain. *It has not been observed in the United States.*"

In 1911 the total number of pellagrins in the State of South Carolina alone was reported as about 2,100 (3).

In Rhode Island, the smallest State in the Union, 37 cases have been reported (4) as occurring at the State Hospital for the Insane (32 cases), and other State Institutions (5) during 1910–11–12, and Dr. Harrington, Superintendent of the State Hospital, and the author of the article referred to below, informs me that an additional case has been found. Every other New England State with the exception of New Hampshire (5) has reported two or three cases.

Without doubt the number of reported pellagrins is far less than the total number of victims of the disease, and in my own private practice I have seen a classical example of the disease in a girl of sixteen who had come on a visit from a neighbouring State which had reported no pellagra.

The number of pellagrins now living in the United States has been variously estimated at between 10,000 and 50,000.

Whatever may be the facts as regards the number of pellagra victims it may be seen that America is face to face with a new and unpleasant problem in public health, and since pellagra sooner or later manifests itself in mental symptoms, it becomes a fitting topic for this letter.

An occurrence of inestimable importance to psychiatry and an achieve-

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ment reflecting credit upon the whole field of medicine is the not altogether unexpected, though none the less gratifying, demonstration of the *Treponema pallidum* in the brain in cases of general paralysis. Drs. Hideyo Noguchi (6) and J. W. Moore, from the laboratories of the Rockefeller Institute for Medical Research and the Central Islip State Hospital, New York, have announced that they have found the *pallidum* in twelve out of seventy paretic brains. Dr. Noguchi states that these findings were later confirmed by Dr. Moore, Dr. Flexner, Dr. Dunlap and others.

There has recently been much discussion concerning the relationship between the *size and the efficiency of hospitals for the insane.* The enormous growth of our hospitals, many of which number their patients in the thousands, whereas they were originally planned to house but a few hundred, naturally arouses the query as to what limit, if any, should be placed upon the number of patients to be cared for in any one hospital and in the charge of any one superintendent.

Dr. Channing (7) sums up his opinions as follows: "First, it appears that the history of State insane hospital development in Massachusetts shows that hospitals built for small numbers gradually increase these numbers, until they become large institutions. Second, that every dictum as to the standard of size of hospitals has of necessity been raised as numbers have augmented. Third, that at the present time we cannot determine what the maximum size of an institution should be to obtain the greatest degree of efficiency and economy. Fourth, that with a population of 2,000 patients, provided the buildings are adequate and the organisation efficient, the results will be as good as in smaller hospitals. Fifth, that psychopathic hospitals will supplement the work of the large hospitals and permit opportunities for the study, close observation and early treatment of patients."

Sir Thomas Clouston (8), on the other hand, deplores the tendency on the part of America in late years to follow the bad British example of concentrating an excessive number of patients under a single administration.

On June 23rd, 1912, *The Boston Psychopathic Hospital*, with Dr. E. E. Southard as director, was opened for the reception of patients. Up to October 1st, 1912, 301 patients had been received. The hospital contains 100 beds--50 of which are in a separate pavilion called the Reception Ward, which has a *clearing-house* function for the insane of Boston. The out-patient department has several physicians who are paid for part-time work and one who is not paid, a paid non-medical secretary, and a social worker who is making an investigation into eugenics and is not paid by the hospital.

As an indication of the effort to remove so far as possible the unwarranted stigma too generally attached by the community to sickness of mind, the *New York State Commission in Lunacy* has been renamed *State Hospital Commission*, the term "lunatic" for many evident reasons being undesirable.

John Schrank, who shot and seriously, though fortunately not mortally, injured *Ex-President Roosevelt* on October 14th, 1912, was committed on November 25th, 1912, to the Northern State Hospital for the Insane, near Oskosh, Wisconsin.

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The medical and legal proceedings relative to the disposition of Schrank contrast favourably with many of our former celebrated murder trials. Dignity, brevity and conclusiveness tempered the application of justice from the beginning to an end against which there has been no complaint worthy of utterance.

(1) *Journ. Ment. Sci.*, vol. lviii, No. 242, pp. 494, ff.
(2) Osler.—*Practice of Medicine*, 6th edition, 1906, p. 384.
(3) J. W. Babcock.—"How Long has Pellagra Existed in South Carolina?" *Amer. Journ. of Insan.*, vol. lxix.
(4) A. H. Harrington.—"Pellagra in Rhode Island," *Boston Med. and Surg. Journ.*, vol. clxvii, No. 1.
(5) David Edward Hoag.—"Pellagra," *Journ. Am. Med. Assoc.*, vol. lix, No. 16.
(6) Hideyo Noguchi and J. W. Moore.—*Journ. of Exper. Med.*, vol. xvii, No. 2, 1913.
(7) Walter Channing.—*Bost. Med. and Surg. Journ.*, vol. clxvii, No. 5, pp. 156–158.
(8) Sir Thomas Clouston.—*Ibid.*, February 27th, 1913.

FRANCE.

By Dr. René Semelaigne.

Two Bills presented to the Chambre des Députés, recognising insanity as a ground for divorce, have not yet been debated. According to the motion of M. Maurice Violette, detention in an asylum during three consecutive years is necessary, and the applicant must submit, with an interval of one year, three requests for the nomination of two physicians for the purpose of examining the patient and attesting incurability. The writ has to quote the three reports, and divorce cannot be granted unless the signers unanimously certify that such insane person no longer presents any prospect of recovery. The Bill of M. Maurice Colin requires also as an indispensable condition a detention of three consecutive years in an asylum and a certificate of incurability; but even subsequently to the divorce, the successful applicant remains responsible for the maintenance of the lunatic. M. Maurice Colin gives as a characteristic mark of incurable insanity the disappearance, without any possible return, of intellectual and moral personality. But he repels the plea for divorce when this condition is a consequence of senility.

Drs. Filassier and Juquelier read at different meetings, and more especially at the Société Médico-Psychologique, interesting papers on the same question, and Dr. Lucien Graux, director of the *Gazette Médicale de Paris*, sent to lawyers and alienists a circular soliciting their opinion on this subject. Many replies were received *pro* and *con*.

The opponents declare that an insane person, being a patient, has a right to be helped, and that such disease does not seem to offer a legitimate occasion for breaking the matrimonial bond. Divorce, according to the French law, is a penalty, and lunacy is not a fault but a misfortune. The motion would create a new and serious peril as regards the stability of marriage. Sometimes insanity is a direct consequence of matrimony (syphilis, ill-treatment, etc.), and in such a case

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