Is American Insanity Increasing? A Study. By F. B. SANBORN, Esq., late Inspector, Massachusetts State Board of Health, Lunacy, and Charity.

I read, at the time of its publication in 1886, and again in 1890, after a visit to Dr. Tuke in London, his first paper on the "Alleged increase of insanity," and I await with much expectation the full text of his recent paper on the same topic. The conclusion that I draw from the statistics there presented (in 1886) is not exactly the same that my friend Dr. Tuke draws. I distrust very much the records *of first attacks*; so far as my observation goes—extended now over a period of 30 years, and many thousand cases of insanity whose certificates I have separately examined—there is nothing in the proverbially doubtful statistics of the insane more dubious than those affecting to give the date of a "first attack." Even for purposes of comparison, year by year, they have scarcely more value than a mixture of pounds sterling, years of our Lord, bushels of wheat, and a few other numbers jumbled together in an account, so totally varying are the judgments and the exactness of the certifiers who set down the alleged "first attack." Until these variances can in some way be reduced by the better observation of the asylum physician, I, for one, am inclined to leave the tabulation of "first attacks" where good sense has long left the asylum tables of "causes of insanity." One may possibly be as good as the other, but neither can throw any clear light on the real facts of insanity.

The statistics of all known countries, I think, that give figures of any value, report the existing number of the registered insane as much greater in each successive decade than the growth of the sane population would require, some countries even (like Ireland) reporting increased insane while the inhabitants have decreased. Formerly it was held, and with reason, that this accumulation of the insane was due partly to better care, by which life had been prolonged (as Dr. Tuke shows); partly to better observation, bringing cases to light that were overlooked; finally, to stricter classification of diseases, assigning wider limits to insanity. All these agencies may be allowed up to a certain point; but we long since reached that point in Massachusetts, probably, too, in England and Scotland; still we find this insane accumulation going on as fast as fifty years ago, and in the face of in-

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fluences that ought to yield just the contrary result. How, then, can we account for it, save on the hypothesis that "occurring insanity" (new cases) is also increasing beyond the population ratio? This, I believe, is true, and will give some reasons for the belief.

Doubtless the insane die faster than the sane; hence they should relatively diminish just as a feeble race relatively decreases among a sturdier race. In northern climates like ours tropical races (the negro, for example) grow fewer, unless reinforced by constant immigration, in comparison with the acclimated and hardy Teuton or Celt. *Pro tanto*, even if they did not recover often the insane should decrease by virtue of a greater death rate, unless a constantly increasing number of fresh cases neutralizes the effect of speedier death. But if both the surviving insane and their deaths increase in number steadily (as with us they do), must there not be an increasing source of supply, viz., new cases?

If we found 20,000 negroes and Mulattoes in Massachusetts with a mortality twice as great as that of whites, and then found them grown to 30,000 in ten years, must we not infer newcomers from some source? I would suggest this argument, without insisting on it too far, in reasoning on the accumulation of the insane.

Now we have had for fifteen years in Massachusetts a reasonably exact registration of the insane, which shows the first admissions *to any hospital*, and also the number resident in all, the recoveries, death, and discharges without recovery. The tables of these and other statistics give the following (see Table on next page):—

During the years covered by this Table the population of Massachusetts increased from about 1,725,000 in 1879 to 2,500,000 in October, 1893; to be more exact, the gain by census was from 1,783,086 in 1880 to 2,238,943 in 1890. Thus, while the population only gained 45 per cent. in the years specified (or less), the strictly first admissions *to any hospital*—not merely to the one making the return—increased about 100 per cent.; and the deaths in all the hospitals and asylums of the State increased nearly 130 per cent. The resident insane in these establishments have increased about 94 per cent., or nearly doubled; while the unrecovered insane discharged or transferred each year have exceeded the recoveries and deaths put together, and fully account for the many recommitments in the whole period of the Table. Let me sum up the figures more clearly. In the Massachusetts

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hospitals and asylums since October 1, 1878, when the State population was about 1,700,000, the resident insane have gone up from 2,836 to 5,488 on the same day in 1893, when the estimated population was not 2,500,000; that is to say, the insane have increased twice as fast as the whole people, including the insane.

TABLE OF FIRST ADMISSIONS, ETC., IN ALL MASSACHUSETTS.

Years.	Resident in Asylums, etc.	All Admissions.	First Admissions.	Recoveries.	Deaths.	Discharged unrecovered.
1878	2,836 Oct. 1					
1879	3,017 „	1,084	849	282	253	577
1880	3,168 „	1,163	900	319	279	632
1881	3,287 „	1,267	949	307	297	722
1882	3,468 „	1,518	991	282	385	755
1883	3,657 „	1,545	1,078	316	374	736
1884	3,714 „	1,544	1,093	337	378	837
1885	3,862 „	1,471	1,131	365	357	755
1886	4,042 „	1,731	1,136	348	347	1,017
1887	4,276 „	2,030	1,242	357	376	1,133
1888	4,379 „	1,868	1,235	400	412	1,112
1889	4,690 „	1,884	1,360	421	408	934
1890	4,849 „	2,111	1,352	457	444	1,059
1891	5,075 „	2,246	1,501	501	443	1,167
1892	5,367 „	2,202	1,634	448	526	1,184
1893	5,488 „	2,312	1,617	459	579	1,231
Averages	4,074	1,725	1,205	373	391	923

Meantime the deaths of the insane have kept up with this increase of residents and first admissions, having risen from

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253 in 1879 to 579 in 1893; the first admissions rising from 849 to 1,617 in this period; but the recoveries have not kept pace, being 282 in 1879, and only 459 last year. The recoveries and deaths together have in no year equalled the unrecovered discharges, the comparative figures being for the period:—Recovered and died, 11,457; discharged without recovery, 13,851, or nearly 2,400 in excess of removals from the list of insane by these two chief methods. A third method (emigration) has withdrawn some thousands of these unrecovered insane from Massachusetts; while in the 15 intervening years a few thousands have died, a few hundreds virtually recovered, and probably a thousand or two have gone back to die in the asylums, or are in the local asylums and poor-houses not included in the sources of the table. It is the presence in Massachusetts of these unrecovered insane that makes the steady accumulation of the chronic class possible, and, indeed, inevitable; while the strictly first admissions (nearly 18,000, or 1,200 a year) have prevented the deaths and recoveries from checking in the least the rapid increase of cases new and old.

There are slight errors in the table, no doubt, but in the main its results may be trusted. It has been compiled according to the forms arranged by the late Dr. Earle and myself long since, which have served to make the Massachusetts returns practically uniform since 1879. In that year the commitment laws were revised, and have remained substantially the same since, except that provision has been made for the commitment of dipsomaniacs and inebriates to a special asylum, opened in 1893. Slightly, but not materially, the first admissions have been swollen since 1886 by the few inebriates (not also insane) who were sent to insane asylums. Transfers are excluded from the table, and the original commitments have been certified, to a great extent, by the same ten or fifteen chief certifying physicians who began the work under the law of 1879, one eminent physician alone having made the certificates in, perhaps, one-fourth of all the cases for fifteen years past. Moreover, the task of compiling the returns yearly, under the direction of experts, has been done by one person since 1878, so that variations due to the "personal equation" are excluded; and this person had no theory to maintain, nor to refute. These conditions will be seen to give steadiness and credibility to inferences that may be legitimately made from statistics thus accurately gathered and impartially tabulated.

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The insane life in Massachusetts, according to the returns since 1879, has not lengthened, as Dr. Tuke's hypothesis requires, but appears to have shortened, for the reported duration of insanity from the first attack, in the ten years 1880-89, was six years and a month in 2,858 persons who died; while in more than 1,500 deaths in the four years since it was less than 5½ years. I do not attach much importance to this calculation, seeing the uncertainty attaching to the term "first attack," still it may well be compared with the computation as to lengthened life given by Dr. Tuke. In the cases of recovery the insane period has lengthened since 1890, which, of course, would tend to increase the resident insane in some degree.

The death-rate in the establishments has varied, but, on the whole, is not much more or less than it was 15 years ago; but the constant numerical increase of deaths seems to prove that new cases of insanity are fast gaining, for otherwise this death-rate could not be kept up, but must fall after a time from lack of new subjects, it being well known here that new cases furnish proportionately more deaths than the chronic insane in a given time. The deaths since 1878 in these establishments have been considerably more than the whole resident number in the years 1879-80, so that, had not new cases come in about as fast as the deaths gained in number (that is, nearly 100 per cent.), the yearly death-rate must have fallen. It was a consideration of this view of the problem, no doubt, which lately led Dr. W. A. Gorton, of the Butler Hospital, in Rhode Island, to write me: "It is, after all, the number of *deaths* of insane persons, as compared with deaths occurring among the insane, that best and most conclusively proves whether or not insanity is increasing as a disabling and destroying force." Such seems to be its increase in Massachusetts, and, I doubt not, in most of the United States.

No State has for so many years so carefully collected the important statistics of insanity as Massachusetts, therefore I cannot demonstrate in the same way the increase of "occurring insanity" elsewhere; but of the general fact I have no doubt, inasmuch as the general conditions are everywhere much the same, and the accumulation of chronic insanity is even greater in some States than with us. The tables of the New York Lunacy Commission are so clumsily made up that it is impossible to draw exact conclusions therefrom; but certain facts appear amid the blunders and omissions there. Thus, in the city of New York, if I read

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the tables aright, the first admissions were 1,206 in 1889, and 1,420 in 1892—an increase of 17 per cent. in four years; while the death-rate in the city asylums would indicate a much larger increase of new cases. For, in an average asylum population increasing from 4,835 in 1889 to 5,575 in 1892, the deaths and recoveries were 1,874 (deaths), and 815 (recoveries)—the deaths increasing from 193 in 1889 to 589 in 1892; while the recoveries were only 186, 273, 190, and 166 in the four successive years, at the end of which the resident population, which had been about 4,800 in October, 1888, had risen to 5,767 in October, 1892—a gain of 20 per cent. in four years, in spite of deaths amounting to nearly 40 per cent. of the population resident at the beginning of the period. Here the supply of new cases must have been enormous, unless the mortality was unnaturally great. And accordingly we find that 951 of the 1,874 deaths in four years were either in acute mania (233) or acute melancholia (316), or general paralysis (402)—forms of disease that imply cases mostly admitted within the four years' period.

These facts and inferences are submitted to the judgment of those experts who do not find that "occurring insanity" is fast gaining, as I am sure it is here. If any other interpretation can be put upon the figures given, nobody will be more pleased than the writer; but that seems to me hardly possible.

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*Alleged Increase of Insanity.** By D. Hack Tuke, F.R.C.P.

I propose in the following article to state succinctly, and I trust fairly, the arguments and facts on the affirmative and negative sides of this question, confining myself to England and Wales, and endeavouring to determine on which side the greater weight of evidence lies.

Attention to this vitally important subject was drawn afresh in the early part of the year by Mr. Corbet in a forcible article in the "Fortnightly Review." The following pages are not, however, written for the purpose of controverting the conclusions at which he arrived.

Those who maintain that insanity is on the increase point out:—

That during the 20 years † succeeding 1870 the number of

* Paper read at the Psychology Section of the B. M. A., held at Newcastle, July, 1893.

† There are statistical reasons why, as regards England and Wales, the inquiry should not extend further back than 1870.

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