One hundred years ago

Extract from: Address in Psychological Medicine on the Modern Conceptions of the Etiology of Insanity

Delivered at the Annual Meeting of the British Medical Association at Edinburgh, July, 1898, by Sir JOHN BATTY TUKE, MD Edin, DSc Dub, President of the Royal College of Physicians of Edinburgh; Honorary Physician to the Queen

TREATMENT OF THE INSANE

The psychiatrist has influenced public opinion in this respect very markedly. In most of the recently erected institutions for the insane at home and abroad we find separate hospitals provided for the treatment of recent and acute cases. This surely marks the reduction of theory to practice. Instead of the subject of a recent attack of insanity being mixed up with the residuum of chronic cases he is placed in a separate institution where he is submitted to systematic treatment on thoroughly hospital principles. The extreme delicacy of the brain structure demands early and assiduous medical treatment in order to prevent disintegration and destruction of tissue; and the psychiatrist has so forced this on the mind of lay asylum authorities as to have induced them to place at their disposal hospitals suitable for this purpose. This to my mind illustrates how widely diffused the change of feeling in regard to the insanities has become extended. But even with such appliances many of those working amongst the insane are heavily handicapped, as no provision is made by the public for the treatment of cases in the initial stages. Statistics show that the increase of chronic lunatics occurs amongst the poorer classes of society and not amongst the rich. I believe this to be due to the latter being able to place members of their class showing indications of incipient insanity under systematic treatment at home during the prodromal stage, whilst the former are compelled to allow matters to drift till cases become more or less confirmed. We know that if we exclude general paralysis and epileptic insanity from consideration at least 80 per cent. of recent cases are amenable to treatment. But such treatment is necessarily costly as it involves nursing, possible change of residence, and continuous medical attendance. This is out of the power of the poor to obtain. All general hospitals shut their doors against persons suspected of insanity on the ground that the asylum is the proper place for their treatment. The asylums, however, cannot receive cases until the symptoms are so far advanced as to warrant certification and in England especially the procedure for the transmission of insane persons to asylums is so absurdly cumbrous as to prevent many persons being placed under treatment until such time as the probabilities of recovery are seriously lessened or the case is hopeless. How this state of matters can be improved is one of the questions to be taken up by the commission I have suggested. Some relief may be obtained by the inclusion of the study of the insanities in the five years' curriculum of study demanded of the rising generations by the General Medical Council. If teachers conduct their courses of instruction on the general principles which govern the teaching of medicine the general practitioner will soon be found treating the insanities as he does everyday disease, and we may fairly anticipate a reduction of the number of cases relegated to asylums as a consequence of early and rational treatment. I have merely touched the fringe of the subject. I may plead *inopem me copia fecit*, but if I have been able to indicate, however feebly, that the members of the psychiatric specialty are with you in all things scientific and practical the object of this address has been attained.

REFERENCE

Lancet, 6 August 1898, 313–314.

Corrigendum

Chromosome 22q11 deletions and aggressive behaviour (letter), *BJP*, **172**, 540. The authors' names should read "H. M. Lachman, D. F. Papolos, Albert Einstein College of Medicine, 1300 Morris Park Avenue, Bronx, NY 10461, USA; J. Volavka, Nathan Kline Institute for Psychiatric Research".

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