The Advance of Psychiatry.

IN the *Revue de Psychiatrie* for November, 1913, there appears an article on Asylum Reform, by Dr. Toulouse, the Physician-Superintendent of the Ville-Juif, Seine, Asylum. Dr. Toulouse is well known for his persistent attempts to raise the level of asylum work in the Department of the Seine, and he has the conspicuous merit of saying, in plain words, which steps are essential to that process. His statement of that which remains to be done brings before us matters which are familiar to us in this country. His cries and pleadings are exactly those which our reformers have uttered, and are still uttering. In our own British fashion, we, if not altogether obsessed with pride when successful, are apt to be despondent, and to refer to the better manner in which things are managed in other countries. It is therefore somewhat reassuring to find that, in some of the essentials, our endeavours have carried us beyond the point at which the asylums of the Seine now stand. Certainly this is the case when these asylums, the admissions to which are drawn from the area where dwells the highest centre of life in France, are compared with those interserving the relative area in England.

Dr. Toulouse states as a cardinal fact that the cost, and the consequences attached to the consideration of cost, are dominated by one most powerful prejudice—that insanity is incurable. The chief interest of his article is to show the economic folly of such an assumption.

The actual cost of asylum administration in the Department of the Seine has increased 45 *per cent.* in the last ten years, while the population has only increased by 13 *per cent.* He points out that this increase of expenditure has been almost wholly devoted to the augmentation of the staff, and to improvement in their wages. But the staff accommodation is still below that which is considered proper for the ordinary workman, and their hours are still too long, especially having regard to their painful environment. But the cost of directly ameliorating the condition of the patient, either in material or therapeutic direction, has not generally increased. He tells of over-crowding and want of classification, which latter in its effect he terms barbarous, to be blushed for by generations to

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come, and which eventually will be recognised as an important factor of costly chronicity.

The acute cases are mixed with the chronics, with the economic result that too much money is spent on the one class and too little on the other. Hygiene is bad from overcrowding, lighting is by gas instead of electricity, and the heating system inappropriate. The yards are small and viewless. There is no "parc" for exercise, and the means of amusement and occupation are nearly non-existent.

The therapeutic machinery is yet in embryo. Hydrotherapy, insolation, light, electricity, radiotherapy cannot be used in suitable conditions. There is no central laboratory for making biological researches.

Dr. Toulouse warns his authorities that the organisation of the asylum is far from having reached a point at which any reduction of expenses can be considered. He states plainly that, though the General Council is always favourable and generous towards progress, it has to consider the available resources, and undertakes other charges which appear to it to be more urgent. Dr. Toulouse considers it to be his strict duty to let the Council know how the asylums can be, and should be, administered. He thinks it necessary that it should not be allowed to think for a moment that any great economies can be practised without serious effects on the patients. Improvement and progress must cost money, and call for sacrifice. Comparison is made between the relative expenses of treating insanity in asylums and of treating disease in general hospitals; the public seem to think there is less justification for them in the former. The consciences of many are troubled with the doubt whether the sacrifices made for the asylums are of any avail, and it is such prejudice that must be fought.

Dr. Toulouse argues thus: Each patient costs £44 per annum, each discharge—recovered or improved—relieving the department of that liability, which may go on for twenty years or more in case of non-discharge. Any therapeutical improvement costing £400 will be covered if it aids in procuring the absence of ten patients for one year, or the absence of one patient for ten years. One must always bear in mind that patients are not put into asylums without any hope of discharge. It is difficult to prove the influence of

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reforms on the discharge-rate, for the effect may not be immediate, and results must depend on the material submitted to treatment. Dr. Toulouse claims that in comparing asylums with general hospitals (where there is but little haggling over expenditure) it will be found that in the rate of recoveries there is probably not much difference. In both, acute cases get well—the maniac in the one, the typhoid in the other—but when we come to consider the chronics, he says that the results are heart-breaking in both cases. Does recovery arise in the ataxies, the brain-softenings, the spinal-sclerosis? What about the diseases of other organs—the heart, the liver, the kidneys, etc., which form the bulk of cases sent to hospital? Is confirmed tuberculosis or cancer cured at the hospital? We might suggest on our own part hysteria. Yet a patient costs daily 5 francs in a hospital, an old person 2 fr. 50 in a hospital, 3 fr. in an asylum, and only 1 fr. 50 in the asylum for chronic of Paris. The powers that be are always ready to spend more in fighting tubercle, cancer, and infectious diseases. Why then does the cost weigh more heavily on conscience in respect of the insane? Because sympathy is removed from them. The insane man no longer exists socially, while the others preserve always their influence and their power to exercise their rights, civil and political. But although certain physical maladies do not appear to yield many cures, nevertheless medical research is continuously supported in the hope that they will improve therapeutics. In insanity it is thought that on the one hand the chronic cases have acquired anatomical conditions which cannot be rectified, while, on the other hand, the causes are wrapped up in obscurity so as to defeat all medical analysis. Insanity, both chronic and acute, appears to them to call for relief, and not for the doctor.

Nothing can be more false than such an idea. Dr. Toulouse maintains that the anatomical disorder in simple psychoses is not generally profound. As an indirect proof he refers to spontaneous and rapid cures occurring in cases of quite old standing, which do not occur in tabes, organic heart-disease, etc. There are no decisive histological reasons which can of themselves make one think it impossible to arrest, or even cause regression in an anatomical lesion. We not infrequently see this phenomenon, and we cannot say why it occurs; that is all that can be said. Are the processes of cure, like the ætiolo-

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gical processes, so obscure as to completely escape medical analysis and action? Nothing can be more inaccurate. Observation of acute cases, and more especially of convalescents who can express their impressions formed when ill, shows that the process is simple. All Dr. Toulouse's researches show that the confused type of acute insanity is a malady of fatigue, of physiological, and often of social, misery. It is an exhaustion which each one can recognise in himself in moments of overjadedness. "Auto-conduction" is weakened, and thought, in the absence of direction, becomes automatic. The patients say that they are not masters of their own ideas, which work without ceasing, trouble sleep, drive them to acts and reasoning which they judge to be absurd. The power to arrest, coerce, direct them is failing, and effort is required to prevent the brain foundering. Rest, produced by medical means, is required, and may save the situation. He instances his own practice of the substitution of bromide for salt in the diet, and he has found the subcutaneous injection of oxygen to be very helpful. Rapid recovery and general improvement demonstrate that the physician can intervene successfully in acute psychopathy, so often produced by exhaustion or toxins. Professor Charles Richet, to whom Dr. Toulouse communicated his ideas of prolonging sleep, produced by non-toxic means, during several days, has suggested respiration in an hermetic chamber of carbonic acid, which appears to have little danger about it. Dr. Toulouse laments that the difficulties in providing his asylum with such a chamber have not yet been surmounted.

Taking the above as an instance of the physician's power to intervene, he maintains that if there is a department of disease in which such power can be used successfully it is that of insanity, and, further, he maintains that it is fair neither to the patients nor to scientific truth to regard the treatment of the insane as a sort of costly Utopia, in which it is unwise to encourage development.

Dr. Toulouse recites at some length the directions in which he has personally striven to produce reform, and he also sets out the lines on which such reform should be practised. With these we are already familiar from the work that has been proposed, thought out, and in many cases carried through in our own country. Dr. Toulouse, no doubt, approving the system of Alt Scherbitz, would have in the neighbourhood of

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Paris an immense asylum-town for 5000, or even 10,000, patients.

He concludes his excellent paper with the contention that the asylum should not be a field for experiments in economies, but, on the contrary, that the physician there, as elsewhere, should have a free hand in procuring reform and improvement.

The line of argument adopted by Dr. Toulouse, with which we were not unacquainted, is undoubtedly a sound one. Every thoughtful man will concede that the effort to disarm insanity is worth a vast amount of expenditure on the part of a nation, while an increasing recognition of insanity as a disease requiring the utmost benevolence *per se* tends to increase the readiness to spend money on its treatment. Still, there is a prevailing obsession that the prospect of real amelioration is so slight that money so spent is so much waste. Thus we start with much reluctance to make a determined attempt at amelioration, and what is done is done more by way of satisfying obvious requirements, due to increasing benevolence, than for the purpose of experimental scientific progress. As psychiatrists we may well ask why insanity is left behind when so much forward endeavour is made in general medicine.

It is part of the tragedy of the war, which has been so ruthlessly thrust upon us, that it has come just at a time when it was hoped that some serious consideration might be paid to our pleas for psychiatrical advance. It cannot be doubted that this and many other similar movements must be arrested during the period of national recuperation. But we feel confident that when wrong is subdued, and right prevails, a time of peaceful progress is in store for the nations of Europe. Until that time, however long, comes we may regard the Report of the Committee *re* Status of British Psychiatry as embodying views which will remain virile. Further, we may consider ourselves fortunate that this Report was finished and adopted just in time to escape the present disorganisation of the national life.

The War—Treatment of Alien Enemies in a Concentration Camp.

We have received from Professor L. Brauer, Medical Director of the Eppendorf Hospital, Hamburg, an open letter

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