Part III.—Epitome.

Progress of Psychiatry in 1905.

AMERICA.

By Dr. WILLIAM McDONALD, JUN.

The annual letter to the *Journal of Mental Science* might, perhaps, acquire an added interest for British readers if the writer should begin with a reference to psychiatric affairs in Canada.

At the sixty-first annual meeting of the American Medico-Psychological Association, held at San Antonio, Texas, April 18th, 1905, Dr. T. J. W. Burgess (1) chose as the subject of his presidential address "The Insane in Canada." The address was of such exceptional value and so full of interest that the present writer will be pardoned, he is sure, if he draws rather heavily in quotation and reference from the remarks of Dr. Burgess.

Having given a *résumé* of the evolution of the Canadian asylum system, Dr. Burgess called attention to the fact that Quebec is the only province of the Dominion in which there is no State institution for the care of the insane. He protests against the "farming out of human beings by the provinces," and the contracting "with private parties . . . for the maintenance of lunatics."

"The Province of Nova Scotia, though possessed of as well managed State asylums as could be desired, is yet behindhand in that it has since 1866 sanctioned the erection of county asylums, and in many cases combined county asylums and poor-houses. . . . At the present time there are eighteen of these structures which, according to the *Report of Public Charities* for 1904, house sane adults, children, insane patients, imbeciles, and epileptics."

"In the Province of New Brunswick it is much to be regretted that the Government, on account of the overcrowded condition of the provincial hospital, is contemplating a resort to the Nova Scotia system." A commission has been appointed which is to report to the Government with a view to the selection of those patients who, being supposed to be harmless, can be sent back to their friends or to county almshouses. "To carry out such retrograde legislation will be to sully the record of a province which has heretofore always steadfastly declared against the incarceration of lunatics, even temporarily, in prisons or poor-houses."

"At present in New Brunswick perhaps the greatest existing defect in connection with the insane is the method, or rather lack of method, of commitment to the provincial hospital. . . . A patient can be conveyed to it with only a line from a doctor." Hospital authorities are not advised beforehand that a patient is coming, and often no history whatsoever is furnished.

Ontario, the wealthiest province, has always endeavoured to keep up

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

with the advance of science. Its asylums are State institutions in the fullest sense of the word.

In Prince Edward Island idiots and imbeciles are sheltered in the poor-house.

In Manitoba and British Columbia the asylums are State institutions and well conducted, though at present sadly hampered by the constant and pressing necessity of providing sufficient room, owing to the mass of immigrants that have been flowing into these provinces during the last two or three years.

Dr. Burgess calls attention to the great increase of insanity in Canada, an increase which he attributes partly to the greater stress of modern life, but also very largely to the lax immigration laws. With Dr. G. F. Blandford (2) he agrees that the only remedy which can greatly alleviate this condition is by "so educating public opinion that those who have been insane, or are threatened with insanity, shall . . . abstain from bringing into the world children who must certainly contain in them the potentiality of insanity, and so will hand on the heritage from generation to generation till the race dies out." As a further means of prevention of the increase of insanity, Dr. Burgess is in accord with Dr. G. Alder Blumer (3), who has pleaded so earnestly for the exclusion of defective immigrants from the United States. Dr. R. M. Bucke is quoted by Dr. Burgess as follows: "There are associations formed in England for bringing out to Canada what are called 'gutter children' from the slums of England, Scotland, and Ireland; thousands are brought out by these organisations. 'He has continued his wild and restless conduct, and has now been shipped off to the Colonies' is a phrase made use of in the *Journal of Mental Science* in a description of a case of the kind now in question."

Dr. Burgess says that the most pressing Canadian requirements at present are separate accommodations for idiots, epileptics, inebriates, and for the criminal insane; proper means for the segregation of tubercular patients; some arrangement for the temporary relief of friendless convalescents; abolition of political patronage in asylum affairs. He gives the surprising information that there is not a single separate institution conducted on modern lines for the care of imbeciles in the whole Dominion, and that Canada is even worse off as to epileptics, though Ontario has recently taken steps to right this wrong by founding an epileptic asylum at Woodstock. In Canada, there is no provision for the segregation of criminal insane. There are accommodations for the segregation of tubercular patients only at Rockwood. For the relief of friendless convalescents, he recommends the organisation of "After-Care Associations." Lastly, he calls for the abolition of the spoils doctrine, saying that merit has little weight, especially in Ontario, as against "political pull."

In conclusion, he says that "while with respect to custodial care and ordinary treatment, moral and medical, Canada, generally speaking, is well up to the times, she is, however, doing little toward the solution of the many problems connected with the psychiatric aspects of insanity. In this respect she presents but a sorry picture compared with the work being done in hospitals elsewhere."

It hardly seems fair for a physician of the United States to use in

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

criticism of the psychiatry of Canada the words of a Canadian psychiatrist, but to Canada's credit be it said that the very fact that she has such psychiatrists as Dr. Burgess, not only awake to the crying needs, but working bravely to satisfy them, is a star of promise and an indication of progress already begun.

As to the United States, unquestionably truth must force us to admit that in many States conditions are not superior to those of Canada. In other districts, however, strenuous work is being carried on toward a betterment of existing evils. One could scarce read the address of Dr. John B. Chapin(4), at a dinner given in honour of the completion of the fiftieth year of his connection with psychiatry, without feeling some comfort in what has already been accomplished in the United States toward the alleviation of the sufferings of the mentally ill. The retrospect presented by him of the changes which have taken place within his own memory is most startling. He says that in 1854 there were but twenty-seven State and incorporated hospitals for the insane in the United States; that at that time physicians must go abroad for training in psychiatry. In that year, there was but one State hospital in New York, and patients, for the most part, were herded in the county poor-houses. "It is no matter of surprise that in 1854, and for ten years succeeding, the betterment of the care of the insane poor in New York State was a dominant problem in the minds of physicians and persons benevolently inclined when the public conscience was once fairly awakened, for there were as many then in chains in the poor-houses of that State as when Pinel removed the iron restraints at the Salpêtrière in 1792."

Among the striking changes noted by Dr. Chapin in his fifty years' experience may be mentioned the almost complete abolishment of mechanical restraint, the establishment of numerous training schools for nurses in hospitals for the insane, the development of the plan for hospital structure so that a much more scientific classification and a better segregation is obtained. Moreover, the treatment of patients with mental disease is vastly improved. The scientific use of various methods of diversion, of occupation, of amusement and labour has been of enormous value in improving the condition of these patients. The substitution of the term "hospital" in place of "asylum," and the constantly increasing tendency to regard the patient with mental disease as a subject for scientific medical care rather than for forced restraint, indicate the elevation of the science of psychiatry.

Of late, the clinical study of mental diseases has received in America its greatest impetus from the teachings of Kraepelin, whilst, at the same time, the last year has seen something of a reaction from the blind and uncritical eagerness with which his classification was at first adopted, so that at present it is not true, as a recent French writer has hinted, that in America all cases of mental disease are called *dementia præcox*, but that, on the contrary, the close observation of patients and exact record of symptoms are taking the place of the former apparent desire to class the patients at any cost according to some artificial nosological system.

As we have touched the matter of classification, it may be well to mention in passing that in America Kraepelin's term *das manisch-depressive irresein* has been taken over literally into English, and as *manic-depressive insanity* is coming more and more into general usage. The

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

term *melancholia* is the subject of much discussion, and it has been hinted from many sides that we might even well dispense with the name entirely, in that those cases which have been so designated could more suitably be classed with other psychoses, and in particular with the depressed phase of maniaco-depression troubles. Janet's *psychasthenia* has attracted widespread attention, and the name has been quite favourably received as an appropriate appellation for a large portion of patients heretofore included in other psychoses, particularly for certain patients formerly classed as neurasthenics.

In the line of psychiatric writing and publication, the past year has seen, as has every year in every country, much that is worthless and of the character which "subtracts from the sum-total of human knowledge"; on the other hand, all that has appeared in print may not be so classed. Within the year, an American psychiatrist, Stewart Paton(5), has published a book of most excellent quality, by many reviewers acknowledged to be the best American text-book; also many valuable articles have appeared in the journals, and there is prospect of some excellent studies in the future.

In the different hospitals, conditions vary so that it is difficult to give in a few words any adequate estimate of the type of American psychiatric work as a whole; but, in general, it may be said that the tendency is toward the establishment of all that is modern and best approved in the psychiatric world. The work in the New York State hospitals is particularly advanced. Certain of the larger New England hospitals, and here and there western and southern institutions, are giving promise of strenuous effort toward the advance of our struggling science, while many of the private incorporated hospitals are in the front ranks of progress both as to the care and the study of the insane.

The *observation wards* for the study of patients with mental disturbance will soon be a feature of many of the large general hospitals. Establishment of the *psychiatric clinic* is specially significant of the forward march. In these clinics, patients can be studied for a time without the necessity of committing them to an asylum, and only later, when distinct mental disease of sufficient importance has been diagnosed, are they transferred to institutions for mental diseases. Several of the larger universities have already established, or are about to establish, such clinics entirely separate from the pre-existent *department of nervous diseases*. In connection with at least two universities, these clinics are provided with a number of beds and with all modern arrangements for the comfort and welfare of the patient, who may be kept under observation until sufficient study shall have determined the wisest course to pursue as to future disposition.

At one time, it was not unusual to hear the statement that the only hope of solution of psychiatric problems lay in the study of pathological anatomy, and there were feverish expectations of finding suddenly in these studies the explanation of the psychoses. This dream of earlier pathology has been largely dissipated, and, after a short period of discouragement, in which was commonly heard the complaint that the value of pathology in mental diseases had been widely exaggerated, there has at last appeared a more rational attitude toward this invaluable work, and now systematic, consistent, and faithful pathological routine

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

is more common. Regular *post-mortem* examinations are held whenever possible. Moreover, the enormous value of the study of the cerebro-spinal fluid has been appreciated on all sides, and the employment of lumbar puncture for diagnostic purposes is becoming quite common. Many workers are busy with examinations of the blood, the urine, and the stomach contents, while the most delicate chemical examinations are being prosecuted at several places, notably at McLean Hospital. The chemical examination of the cerebro-spinal fluid as carried out by Dr. Isador Coriat at Worcester Hospital, is a work of particular value. A number of the younger men, by prolonged study in Europe, have gained an up-to-date knowledge of microscopic technique, but, unfortunately, few hospitals, and these for the most part only the larger State institutions, can afford, or think they can afford, to employ the services of a competent pathologist.

In the matter of medical jurisprudence, the psychiatry of America is far to the rear. The laws governing commitments and judgments as to the mental condition of the individual are in many States of the crudest variety.

One who reads the French and German psychiatric journals must note with admiration the space given to discussion of medico-legal problems. The interpretation of laws regarding the commitment of the insane, their treatment, testamentary capacity, legal and criminal responsibility, and the guardianship of their property are, in France and Germany, questions calling for most careful consideration and most conscientious study, while it is the psychiatrist who points the way to the jurist in the framing of new laws and the amending of old. In those countries, a criminal whose sanity is in question is turned over to the psychiatrist, who may keep him under close observation until he is able to reach a just decision, which he thereupon certifies to the court, which acts accordingly. There it is the psychiatrist who lectures to the young jurist, enabling the latter to enter upon his profession with such knowledge at his disposal as may forward the cause of justice toward the unfortunate insane.

How widely different, on the other hand, stands the matter in America! Only occasionally does one find the psychiatrist writing upon medico-legal matters. It is thus primarily the sin of omission of the psychiatrist which leads to the long train of shameful occurrences which in America pass under the name of "medico-judiciary proceedings." The alienist does not receive the trust of the judge, the jury, or the jurist. His opinions are frequently thrown out of court in contempt, and it is even hinted broadly in courts of justice that medical testimony can be bought for either side of a case or trial, its conclusiveness being in direct ratio to the amount of money expended. Shame on the legal profession, and shame on the medical profession which allows such a state of affairs to exist! Again and again one reads in the daily papers of miserable, though perhaps curable, insane victims who have perished on the scaffold or in the electric chair in punishment for some act for which they would never before their Creator be held responsible, and in every such case so-called mental experts have sworn away the prisoner's life or have had, on the contrary, their testimony in favour of the accused thrown out of court by an obstinate or uncomprehending jury.

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

In a condition of affairs where many of those who end their days upon the scaffold are manifestly insane and irresponsible, and where in certain States it is the boast that no jury has ever acquitted a so-called murderer on the plea of insanity, it is high time that outraged humanity should find champions in the psychiatric profession who will demand as the primary step toward the righting of these wrongs the *absolute and universal abolishment of capital punishment*, a practice which at best is but a horrible and degenerated relic of savagery.

As to the matter of procuring the discharge from hospitals for the insane of individuals who are no longer thought to be insane, the laws at present in many States are such as not to promote the welfare either of the community or of the patient. It is well, of course, that laws should be so framed as to prevent incarceration, but they should also safeguard the community by keeping a stringent observation on the dangerously insane. In New York, of late, a judge has trespassed, in at least two instances, on the territory of the hospital physicians, and has summarily ordered the discharge of patients manifestly insane and unfit to live without restriction in society.

We are still suffering from the traditions of bygone centuries, when certain individuals had the power of life and liberty over others, and of later times, when, perhaps too often for private reasons, individuals were wrongly accused of insanity and were "put away" by friends for the rest of their lives. In the United States at least, one can frequently see relics of a belief that hospital authorities are willing to take and to hold anyone committed to their care regardless of their state of mind. It is a more or less general opinion that once within these walls it is a difficult thing for a patient to regain his liberty. These same absurd concepts are quite in keeping with the widespread and erroneous conception as to insanity itself. It is looked upon as a stigma, as something to be hidden from the public gaze. The average citizen thinks of a hospital for the insane as a place where raving lunatics howl and fight. So strongly have these conceptions of mental disturbance connected themselves with the word "insanity," that Dr. G. Alder Blumer, in the last Report of Butler Hospital, recommends the absolute abandonment of this term. At the bottom, however, the prevalent misconceptions as to insanity and the insane depend largely on a lack of knowledge of and want of confidence in the character of the alienist. There has been good reason for this lack of confidence. The work in insane asylums has been so unattractive that the asylum staff has often been composed of the most incompetent men, physicians who would find it difficult to earn their living in any other branch of medicine, but who have remained in the hospital simply because of a lack of sufficient initiative to abandon a work in which they have found no interest. The conflicting evidence of so-called medical experts on the witness stand is also not of a variety to establish public confidence. It rests with the alienist himself to dispel this distrust by taking, on the one hand, a more altruistic interest in medico-legal affairs and, on the other, preserving an honest and unselfish attitude in courts of justice.

Dr. F. E. Daniels (9) in the Address of Welcome given to the members of the Medico-Psychological Association at its sixty-first meeting in San Antonio, Texas, speaking of the medical jurisprudence of Texas, calls

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press

attention to the fact that forty-two to forty-four distinct forms of insanity are known to science, while but two forms, the natural and acquired, are mentioned in the laws of Texas. In New Hampshire, New Jersey, and Texas, the knowledge of right and wrong determines responsibility, and, in the latter State, is the test dividing the sane from the insane. Dr. Daniels also points out the absurdity of a situation in which, where experts disagree as to the mental state of an individual, "twelve farmers, mechanics, tinkers, and tailors, and candlestick makers, day labourers, and what not," are called in to give the final decision.

In America, the work of the alienist and psychiatrist has but just begun, and enormous fields of labour remain scarcely touched. A fair estimate of the work here would grant, however, that there has been marked progress in the year that is past, and that there will be progress in the future as well. The same estimate, however, must admit that the advance is none too rapid, and that there is much to be accomplished. It is unquestionably true, as Dr. Farrar (7) says, that in multitudes of hospitals and asylums psychiatry is a dead letter, and that "the number of staff physicians is small and composed perhaps largely of men who have no aptitude nor liking for laborious research. A meagre routine examination recorded, possibly on a stereotyped printed sheet, together with the subsequent treatment of symptoms which arise, may constitute the entire history of the case. Under such circumstances it is useless to expect illuminating psychiatric investigations to be carried through. We have thus to do with the lamentable situation of *the most difficult problems which science has to present being left in the hands of men the least able to solve them.*" But the picture is not so black as might seem to be indicated in this quotation. The writer quoted is not one of the men least able to solve such problems, and, fortunately, our American psychiatry in the last few years has been able to raise up a number of similar workers whose heart is in their labour and who *have* both an aptitude and a liking for laborious research.

(1) "The Insane in Canada," *American Journal of Insanity*, July, 1905.—(2) Dr. G. F. Blandford, Presidential Address at meeting of the Psychological Section of the British Medical Association in 1894.—(3) Dr. G. Alder Blumer, Presidential Address at Washington, 1903.—(4) Remarks at a dinner given to Dr. John B. Chapin, Philadelphia, December 1st, 1904, to celebrate the completion of half a century in hospitals for the insane.—*American Journal of Insanity.*—(5) *Psychiatry: A Text-Book for Students and Physicians.* STEWART PATON, M.D. Philadelphia and London: J. P. LIPPINCOTT Co. 1905.—(6) Address of Welcome, *American Journal of Insanity*, July, 1905.—(7) "The Methods of Late Psychiatry," *American Journal of Insanity*, January, 1905.

DENMARK.

By Dr. A. FRIIS.

The progress of psychiatry has not been marked by any event of great note during the past year.

The asylum at Viborg has been enlarged, and has now accommoda-

https://doi.org/10.1192/bjp.52.217.381 Published online by Cambridge University Press