Mental hospitals and the public : the need for closer co-operation / by Lt.-Colonel J.R. Lord, C.B.E., M.D., F.R.C.P. Edin.

MENTAL HOSPITALS AND THE PUBLIC:

THE NEED FOR CLOSER CO-OPERATION

BY

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MENTAL HOSPITALS AND THE PUBLIC.*

SUMMARY.

I. *The "group mind" defined and described, and then compared in respect of nt, medieval and modern times, especially in its attitude to mental disorders and mentally afflicted. Arguments in support of the proposition that the public attitude latter is in a measure atavistic and regressive and still tainted with medievalism.*

II. *Why do the public view mental hospitals differently from general hospitals? nswer is attempted: Historical research in regard to the origin of both kinds of itals—origin the same. History of the treatment of mental disorders in ancient medieval times sketched. Lecky and the first hospital or infirmary to be supported ublic subscriptions. Reasons for supposing that the public hospital system received reatest impetus from the establishment of the hospitals of the Order of Knight Hospi-s. The word "asylum" defined and its history described. Its use as regards the ne not so appropriate in these days as "hospital." The word "hospital" similarly with. History of the voluntary general hospital system in England from the 11th ry. The story of a failure to found an adequate voluntary mental hospital system 1750 onwards.*

III. *The renaissance of psychiatry in Europe. Pioneer work of John Howard, Shaftesbury and the late 18th and 19th century psychiatrists. Estrangement ental and general hospitals regarded as a calamity and to have retarded progress in hiatry. Present-day attitude of the public to the mental hospitals.*

IV. *Future prospects: Importance of the admission of voluntary patients to all al institutions, of affiliation and reciprocity between mental and general hospitals, ental clinics, and of a closer practical union between psychiatry and general medicine. t the public ought to know about the mind and mental disorders and how it can be disseminated. What the public ought to know about mental hospitals and how it e best disseminated.*

Being a Thesis sustained by the Faculty of Medicine for the Degree of Doctor of Medicine University of Edinburgh, with some additional annotations.

V. *The attitude of the Press to mental disorders and mental institutions crit as retarding enlightenment and progress.*

VI. *Isolation of mental institutions deplored. Its causes and effects. mental hospitals need and why they can never be entirely "open" institutions.*

VII. *One solution of the isolated position of mental hospitals to be found i appointment of independent, unofficial, and voluntary mental hospital visitors intermediary between patients and their homes.*

VIII. *Psychiatrical field work and workers. The dynamic approach to trea the only sound and successful one. The necessity for environmental investigati regard to mental disorders.*

I.

In these pages I have tried to put in words some small things achieved perhaps it were better put, on the way to being achieved—which are design improve the lot of the mentally afflicted person, to soften the attitude of the " mind" commonly called "the public" towards him, to find for him a place the community during his necessary segregation as we do those sick in body, an one *outside* of it, or on the fringe of it, estranged from the world as though he a pariah or outlaw; to improve and facilitate his treatment by bringing in the of the psychiatrist the great body of medical science to bear upon his infirmity at the earliest possible moment; and finally, on his recovery, to welcome him to full citizenship, and to find him suitable work so that he may live and thr which is the birthright of all men.

These objects have been the ambitions of over a century down to the pr day, a task yet to be completed. Much has been done, but during recent progress has been slow. Changes in the law are required, and, above all, a c in the attitude of the public to mental maladies, to those so afflicted and to the tutions which treat and shelter them, and also a building up of a psychiatry broader basis, not separate from, but in close co-operation with the general stre medical science.

Every successful effort, however small, in these directions is important, in when co-ordinated with others, it helps towards the solution of a great and social problem which for long ages has faced mankind.

Why then is public opinion so apathetic, prejudiced and unsympathetic in to those whom the law labels as "insane," and why is it so stubborn, so resist education in all matters connected with the care and treatment of mental diso

First of all, what do we understand by "the group mind"? Obvious

tion of a group or race of people—always a social group—to environment. It is quite the same as " public opinion "—which is more discriminative and unstable ut it may be said that the latter has its roots in it.

The " group mind " or " social mind " contains nothing but what is to be found he " individual mind." It is really an attitude of mind of the many—that which develops and functions reciprocally in relationship to the herd and ronment.

In studying the group mind of primitive mankind and comparing it with that of of to-day, one must have regard to mythology—which was an attempt to explain phenomena of life without scientifically acquired knowledge, and, therefore, lly speculative in character. To the outcome of this attempt we now apply term " superstition." The credulity and mysticism, the fantastic behaviour beliefs (all as a rule associated with primitive religious thought), having regard he period at which they occurred should not be regarded as mental aberration more than are the beliefs and practices of the present time.

Conolly Norman says :

' When any belief tends to reappear in various races from age to age and under litions of civilization and education, it acquires a special interest because it probably ends on some general trait in the mental organization of our species." " The sense ystery from which we can never wholly rid ourselves is probably one of the primi- phases of human thought. It is perhaps connected with that great human desire ook beyond the surface of things, and to be unsatisfied with that mere recollection henomena which apparently satisfies our fellow creatures who are lower in the nal scale." (*Journ. of Ment. Sci.*, vol. li, 1905, p. 116.)

A. Marie says :

' Mankind will always require a religious faith or ideas of some kind, but there is a lar progression in theological conceptions from primitive savagery onward. When ized man, by a kind of atavism returns to animism, fetichism, magic or other ious conception prevailing among primitive man, then and then only can religion me a morbid mental state." (*Mysticisms et Folie*, Paris, Giard et Briere, 1907.)

It is feasible to think that the very common endemic and epidemic psychoses of middle ages were evidences of regression to primitive beliefs and conduct. lization has rendered the occurrence of these more difficult, yet they still break from time to time as strange forms of religious or sexual excitement in groups eople.

The animism and demonology of ancient Egyptian and Jewish times, also the valence of lycanthropy, were perfectly logical, and the belief in them was ifiable, having regard to the state of knowledge in those days. Unusual, strange

and inexplicable or extraordinary conduct was thought to be the outcome of " s possession " from external sources. Just as the works of the spirit were for goo for evil, so was the spirit viewed as angelic or satanic, and the reaction of the sta group was in accordance therewith. In either case the occurrence was considere be an act of God or gods. Similarly the lycanthrope attributes his feelings of wic ness and misery to his being possessed by some strange personality—usually a

The demonology of medieval times must be regarded differently.* It was a dis of the social state, a regression of the group mind to the reactions normal to an e age of mankind. At one time the highest level attained by human intelligenc was now a fall to a lower type of mentalization. It was the symbol of the impoveri mind-play of groups of people belonging to a higher civilization seeking satisfac and overcoming its feeling of inferiority (fear often a basis) by taking up again moral and intellectual supports of a more primitive stage.

This was an age of plague, pestilence and famine and of constant war and commotions largely religious in origin and purpose.† The belief in witch and sorcery attained its highest level and the conditions under which peasantry lived aroused all that was cruel and brutal in human nature. Me disorder abounded and was often, even commonly, mistaken for witchcraft ; an

* " They are a portion of history, and will never return in the form in which they are there reco but they expose a vulnerable part of man—the instinct of imitation—and are therefore very r connected with human life in the aggregate. It appeared worth while to describe diseases whic propagated on the beams of life—on the wings of thought ; which convulse the mind by the excite of the senses, and wonderfully affect the nerves, the media of its will and of its feelings. It se worth while to attempt to place these disorders between the epidemics of a less refined origin, affect the body more than the soul, and all those passions and emotions which border on the vast do of disease, ready at every moment to pass the boundary. Should we be able to deduce from the facts of history here developed a convincing proof that the human race, amidst the creation surrounds it, moves in body and soul as an individual whole, the author might hope that he approached nearer to its ideal of a grand comprehension of diseases in time and space, and be encour by the co-operation of contemporaries, zealous in the search of truth, to proceed along the path he has already entered, in prosecuting the investigation." (Hecker's *Epidemics of the Middle* Syd. Soc., 1844, p. 85.)

† " Thus, throughout the western parts of Germany, and especially in the districts borderi the Rhine, there was a wretched and oppressed populace ; and if we take into consideration that a their numerous bands many wandered about, whose consciences were tormented with the recoll of the crimes which they had committed during the prevalence of the black plague, we shall compr how their despair sought relief in the intoxication of an artificial delirium. There is hence good g for supposing that the frantic celebration of the festival of St. John, A.D. 1374, only served to to a crisis a malady which had been long impending ; and if we would further inquire how a hi harmless usage, which, like many others, had but served to keep up superstition, could dege into so serious a disease, we must take into account the unusual excitement of men's minds, an consequences of wretchedness and want. The bowels, which in many were debilitated by h and bad food, were precisely the parts which in most cases were attacked with excruciating and the tympanitic state of the intestines points out to the intelligent physician an origin of th order which is well worth consideration." (*Ibid.*, p. 96.)

ch persisted for many centuries. Reginald Scott, by a visit about 1580, to hlem, became " the first in England to diagnose the element of insanity in the ch and the bewitched " (O'Donoghue). Insanity was generally regarded as a ine punishment for spiritual wickedness, or as being evidence of the operations he Devil.

Melancholia, the commonest type of insanity, often took on its primitive form of nthropy, and masses of degenerate, downtrodden and despairing people became cted with this terrible disorder.

But dancing mania, witchcraft, sorcery and lycanthropy were not all hysteria,* anoia and melancholia. They were also survivals of the primitive religions of ope, which continued to exist, even flourish, side by side with a Christianity fly dogmatic and enjoined for the most part on a people without the accompani- t of an enlightened education. In addition they were often a mask for roguery criminality, and a cloak for debauchery and cruelty, and there were good ons, civil apart from religious, which led popes, kings and parliaments to take on against persons suspected of these practices, condemning those convicted to severest penalties, including hanging and the tortures of the stake. The pity t was that bigotry, ignorance and superstition prevented the sorting out of se whose insanity took on these characteristics.

Lecky records that :

" A French judge named Bognet especially to the subject (the assuming of animal ns) burnt multitudes of lycanthropes, wrote a book about them, and drew up a e in which he permitted ordinary witches to be strangled before they were burnt, excepted lycanthropes—who were burnt alive." (Lecky, *Rationalism*, i, p. 97.)

The term " insanity," or mental aberration, cannot, strictly speaking, be applied he " group mind." Even the many outbreaks of endemic and epidemic insanity ing the middle ages, and occasionally since, were individual mental disorders ch spread from person to person by sympathy and imitation—picking out of rse those with suitable soil, both physical and mental, for their manifestations. The group mind, however, can regress and become active at a more primitive level. individual insane cannot and will not unite for any one purpose, *i.e.*, a sustained pose. This fact was probably the reason for the failure of the Crusaders, for among n undoubtedly were included many frenzied, hysterical and paranoic persons.

" Different characteristics of morbidly excited vitality having been rendered prominent by tarantism fferent individuals, it could not but happen that other derangements of the nerves would assume orm of this, whenever circumstances favoured such a transition. This was more especially the case hysteria, that proteiform and mutable disorder, in which the imaginations, the superstitions and ollies of all ages have been evidently reflected." (*Ibid.*, p. 126.)

To come to modern times, the comparative freedom of the group mind
gross atavistic and regressive characteristics is undoubtedly the outcome of
advance of education and civilization. A knowledge of nature, of the cosmic f
of which it is the emblem, and rational ideas as to the why and wherefore of
environment and our relations thereto, spells the decay of superstition and o
practice of incantations, spells, sorcery, witchcraft, etc.

Undoubtedly Buckle, in his *History of Civilization* (Vol. II, p. 148), was
when he says that the two principal sources of superstition are ignorance and da
—" Ignorance keeping men unacquainted with natural causes and danger ma
them recur to supernatural ones."

" Human power failing, superhuman power is called in; the mysterious and
invisible are believed to be present; and there grows up among the people
feelings of awe and of helplessness on which all superstition is based and wit
which no superstition can exist." (Vol. i, p. 88.)

Ignorance and danger give rise to wonder and fear. Now do not wonder
fear, with ignorance and danger behind them, characterize the present-day g
mind in regard to mental disorders and those mentally afflicted, and prejudic
attitude to all and everything connected with the insane? Is not this a sur
of the medieval attitude in these matters?

These factors are, in my opinion, at the root of that obstinacy, that reluct
to be educated, that apathy and that resentment displayed by the public in lu
matters.

If McDougall's views on " laughter " are right—that it is an instinctive rea
to circumstances and happenings we either cannot understand or have reaso
fear—then the tendency to laughter and witticism so commonly exhibited by pe
generally when referring to " madness " and the doings of " mad people "
further support for the view I have put forward that the public attitude to insa
and the insane is in a measure atavistic and regressive and still strongly tai
with medievalism. As to how this can best be met in the interests both of the in
and of the community is the principal matter dealt with in the following pages.

II.

I think it would be idle to dispute that the public do not view the asylum
as they are now commonly named, the public mental hospitals, in the same lig
they do the general hospitals, and it appears quite legitimate to ask " Wh

answer is not difficult to find, though it is not so easily given. Yet so
ıane is it to my subject that some attempt must be made.
t is to be noted that the origin of both kinds of hospitals is the same. They
children of the same parent, but have grown up so differently that they are now
tically strangers to each other.
To understand how this comes about involves some historical research. Now
egard to the care and treatment of those sick in mind, in the Greco-Roman
s following the teaching of Hippocrates, who lived about 460 B.C., insanity was
gnized as a disease or disorder to be treated by the science and art of medicine
he hands of the physician. The doctor succeeded the priest and magician in
care of the insane. Mechanical restraint was first abolished about 150 A.D.,
ultimately the mental institutions, such as existed at that period, rivalled those
ı most up-to-date of the present mental hospitals. Solon [630–558 B.C.], one of
seven wise men of Greece, long before this, made wise lunacy laws and defined
e forms of mental disorder which called for detention.
All this enlightenment was swept away during the Dark Ages, and became
hing of the past for centuries. Philosophy was replaced by scholasticism.
nce became alchemy, astrology, theosophy, necromancy and charlatanry.
insane were again, as they were in the days prior to Greek culture, regarded
afflicted by God and possessed by devils, though not a few were treated as
nely inspired and met with great consideration—even worship and reverence—
ending upon the form their mental disorder took. Some were cared for in
ıastic institutions, but otherwise they became outcasts and less thought of than
s. Thousands upon thousands of insane were cruelly executed on conviction
witchcraft. This lasted for 1300 years or so, and matters did not improve very
ch with the Renaissance until about the end of the eighteenth century.
The care of the sick, from very early times, has been closely associated, even
ıtified, with religious organizations and communities and their houses. In ancient
ypt, Assyria and Greece, also in Italy under the Romans, the sick were brought
the temples, which were largely supported by the gifts and fees received from
ients in return for treatment. The oldest records of such treatment date from
ut 3,500 B.C. In ancient Greece the sanctuaries founded by the priests of
culapius, the God of Healing, were commonly resorted to by the sick and injured,
the Greek physicians, especially those bred at the famous medical school at
, were above superstitious practices and, like the present-day general medical
ctitioners, probably treated most of the patients who consulted them at their
ı homes.

There appears to have been little distinction made in actual practice bet those sick in mind and those sick in body until about 100 B.C., when we rea Asclepiades setting up practice in Rome as a psychiatrist, and he has since rig been regarded as the Father of Psychiatry.

On the rise of Christianity, the care of the sick was continued by the monks nuns, but probably now in a great measure in conjunction with the Christian p cians, especially those who were famous as specialists in the treatment of parti diseases, for the first Christian hospitals appear to have been for the care of l and the insane,* and came into existence in the days of Constantine the G during the latter years of the third and the early fourth century.

Somewhat later, in 362, the Emperor Julian founded "houses for the sick presumably in Rome—and the Emperor Valens somewhere between 370–380 e lished a hospital of celebrity in Cæsarea (Palestine). Prior to this, there hospitals in Rome called "meritoria," similar to the present Chelsea Hospital old and decrepit soldiers.

There are two reputed founders of the first hospital or infirmary supporte public subscriptions, namely St. Ephraim (who died in 381), and St. Fabiola, of whom lived about the same period.

Lecky says :

"A Roman lady, Fabiola, in the fourth century founded at Rome, as an a penance, the first public hospital, and the charity planted by that woman's hand spread the world." (*European Morals*, ii, p. 25.)

I cannot find a definite reference anywhere to the character of this hospital, from the nature of its origin it would be undoubtedly administered by one of religious orders, and may, of course, in point of date, be the oldest precursor o present hospitals, but with all due respect to Lecky as an historian, it would ap to be more true to say that, of Christian times, hospitals for the care of the owe their origin principally to the rise of monasticism and the institutions conn therewith, and in this relation the hospital founded in Jerusalem by Pope Gre the Great at the close of the sixth century, had a more potent influence than a those I have mentioned.

Probably the majority of references in ancient history anent the treatme the sick, whether of mind or body, refer to people able to pay for such ; as to happened in this respect to slaves and the poor there is little definite informatio

The famous hospital in Jerusalem was originally served by the Benedi

* Many lepers were insane.

nks from the Mount of Olives and dedicated to St. Mary. In those stormy days vent through many vicissitudes and was refounded by the merchants of Amalphi 1048, and became the centre of the Knight Hospitallers, being re-dedicated to John. Its first Grand Master was Gerard, who died in 1120. The whole foun-ion consisted of a monastery, a chapel and a hospital. The patients cared for e largely drawn from the pilgrims of whom there was a continuous stream to Holy Places from the beginning of the Christian era.

I think we may conclude then that hospitals first arose as religious foundations; ainly for centuries afterwards the monks and nuns nursed the sick, and still do in ne European countries.* Even in France it was not until 1880 that the hospitals e secularized, which curiously coincided with the commencement of the period antiseptic surgery. As regards medieval institutions for the insane, they have sted in Europe since the fourteenth century, their birthplace apparently being taly, but it is recorded that one existed in Cairo (called a morostan) in the ninth tury—a Turkish establishment.†

In England, hospitals, almshouses and Bede houses increased greatly in number the dissolution of the monasteries, as would be expected from their traditional nection with the care of the sick, and the design of the buildings which arose in sequence of this partook of those they supplanted.

The word "asylum" is a Latin word derived from the Greek *ασυλον*, which ifies a place exempt from plunder. It means a *fixed* place in contra-distinction n its companions "refuge" and "shelter," which words mean *occasional* places. e may say an asylum is a home, and a "refuge" or "shelter" a temporary ging. All three words mean places of safety. "Asylum" came to be used in sense of a sanctuary (strictly speaking a "refuge") for criminals, debtors and ers, seeking a temporary place of safety, usually a sacred place, from which they ld not be dislodged without sacrilege or the breaking of the civil law. It became privilege of the Church to afford asylum from the time of Constantine the Great ch was regulated by law in 392. In the middle ages hospitals likewise acquired privilege.

* Every monastery had its *infirmaria* for the sick, weak, aged and blind which was in charge of *infirmarius*.—See Ducange's Glossary, s.v. *Infirmaria*.

† The first Italian asylum was founded in Rome in 1300, in Spain at Valencia in 1408, and England (Stone House, London) even earlier than either of these. An asylum at Ghent founded in 1472 and the colony at Gheel commenced its unique career soon afterwards. Some e 17th and 18th century asylums had been formerly monasteries. Insane patients were first itted to the Hotel Dieu, Paris, in 1660, and a large asylum opened its doors at Avignon in . The first American institution for the insane was founded in 1773 at Williamsburg, and in nany the asylums at Frankfort (1785) and at Bayreuth are ancient institutions.

For a long time now the word " asylum " has been used to denote an institu for receiving, maintaining and ameliorating the condition of people suffering physical or mental defects and maladies.

Its specific use as the designation of an institution for the insane seems to from the early part of the seventeenth century, and became common during following century. It cannot by the greatest stretch of imagination be rightly ap to a place of detention. From 1845 onwards it has had a legal definition. In preface to the first edition of Archbold's *Lunacy Law* occurs the following paragra

" Public asylums are provided, private establishments are licensed, and hosp registered, etc." " Every precaution is taken that none but persons who are r insane, and proper objects for detention under care and treatment . . ."

It is clear then that " asylum " should never have been used to designat institution for those mentally afflicted, because it implies (*a*) a place which pe *seek* as a fixed " home," and (*b*) a place which shelters and cares for those who shelter and care, but does not detain them.

The same objection might be raised in this connection to the word " hospi but the latter is a better word in that it essentially denotes a *temporary* resting p and as regards meaning its companion words are " Inn " and " Hotel."

It is interesting to note that psychiatry as far back as July 27, 1841 was begin to feel the incubus of the terms " lunatic " and " lunatic asylum " imposed by law, for at the first meeting of the Medico-Psychological Association held on day the following resolution was passed :

" That by the members of this Association the terms ' lunatic ' and ' lun asylum ' be abandoned except for legal purposes and that the terms ' insane per and ' hospital for the insane ' be substituted."

The term " hospital," applied originally to travellers' rest houses, has now c to mean an institution for the care of the sick or injured, or of such as require me or surgical treatment, and, as we have seen, came about through the latter b cared for in the hospital of the Knight Hospitallers in Jerusalem. Others established in Europe soon afterwards, at the initiative of the religious military o and religious houses, chiefly to combat plague and other infectious diseases the East. No doubt many of those treated in these institutions were mental whose sickness in mind was associated with obvious bodily disease. Later, a have seen, most of the insane were not so fortunate for several centuries.

Two of the oldest separate hospitals in this country were those founde

hbishop Lanfranc at Canterbury in 1080–84, one for lepers (St. Nicholas), the er (The Hospital of St. John) for general diseases and infirmities.

I need not go in detail into the origin of earlier English general hospitals such as Bartholomew's, St. Thomas's, in London; their names are significant either directly ndirectly as to how they began and from whence came their original endowments. mental hospital arose in the same way, namely Bethlem, as far back as 1247 A.D., admitted its first mental patients from Stone House in 1377, and is now about ake on a fourth lease of life on a better site.*

St. Luke's Hospital was founded in 1751 as a second Bethlem, and it is noticeable the hospital buildings of Bethlem at Moorfields and St. Luke's both embodied heir structure long galleries and single rooms, like most of our older mental tutions, confirming the tradition that the monastery, with its corridors and , was considered the proper model for a mental hospital.

Now the circular appealing for funds to establish St. Luke's Hospital for the ne issued by the Founders in 1750, "who were certainly wise and good men in r generation," contained this remarkable paragraph:

"Although the only end proposed was to establish a charity for poor lunatics, in manner that hereafter all persons who shall be found proper objects may, for sake of the public as well as themselves, be admitted without delay, and (should success answer our expectations) without expense also. Yet some advantages of ry interesting nature to the good of all mankind certainly will arise in consequence ; for more gentlemen of the faculty making this branch of physic their particular and study, it may from thence reasonably be expected that the cure of this dread- disease will hereafter be rendered more certain and expeditious, as well as less ensive. And from the many improvements already made in other arts and sciences, ell as in the several parts of physic, the same may with reason be concluded in the ent instance." [Vide *Journ. of Ment. Sci.*, January, 1856, p. 220.]

t is obvious that St. Luke's was expected to function also as a school for the hing of psychiatry. Pinel, the great reformer of the treatment of the insane France, was only five years old at this time, yet these simple citizens had ns of a better psychiatrical service in the future, and St. Luke's, with Bethlem, indeed become precursors of the psychiatric hospital ideal of Greisinger, of es Newington, of Brudenell-Carter, and of Maudsley. So this period is a venient one from which to commence our consideration of the attitude of the lic to the insane and to mental institutions.

* The five Royal Hospitals in London, all enriched by monastic and church property following Reformation, were St. Bartholomew's, St. Thomas's, Bethlem, Bridewell and Christ's. The named became a famous school. Bridewell Hospital and Prison, founded in 1553, was oyed in the great fire of 1666.

In the year 1750 there were in existence in London the following volunt general hospitals :

St. Bartholomew's, 1123 (refounded 1547) ; St. Thomas's, 1200 (refoun 1553) ; Westminster, 1719 ; Guy's, 1721 ; St. George's, 1733 ; London, 17 Middlesex, 1745 ; together with the British Lying-In, 1749 ; the City of Lon Maternity Hospital, 1750 ; Queen Charlotte's, 1752 ; the General Lying-In oper its doors three years later.

In the English provinces there were voluntary general hospitals at Bath (17 Bristol (1735), Exeter (1741), Liverpool (1745), Northampton (1743), Shrewsb (1747), Winchester (1736), Worcester (1746), York (1740).

During the following century voluntary general hospitals sprang up mushrooms, also many special hospitals ; and both, especially the latter, h continued to multiply with the increasing necessities of a growing population.

People of all classes have continued to pour out their money and treasures provide for the care and treatment of the poor suffering from physical diseases disorders.

Now let us look at the case of the sick in mind. I am not at the moment concer with those well blessed with this world's goods and chattels. Their interests w mentally afflicted were always protected by the State, though, like the insane p they suffered in the private mental institutions—now called licensed houses—f the barbarous practices then thought to be right in the medical treatment of insane. One reads of the old Metropolitan Commissioners in Lunacy discussing comparative efficiency of chains and handcuffs, iron girdles, collars and strait-wa coats. They once reported that handcuffs and chains were preferable to str waistcoats as less heating. From voluntary sources beds existed at Beth (Moorfields) (1377), Guy's Hospital (1744 to 1859), Bethel House, Norwich (17 and a few at some of the provincial voluntary general hospitals and infirmar Before the end of the century there came into existence St. Luke's Hospital (17 Bootham Park (1777), Liverpool Asylum (1792), and the Retreat (1792). Fr 1800 onwards to this day there has been founded only nine other registe hospitals for the insane—a total accommodation of less than 2500 beds from source, and the beds in the voluntary general hospitals and infirmaries beca things of the past until recently.*

* In Scotland, public and private response was much greater, and the Royal or Chart Asylums, seven in number and one without a Charter, date from 1781 onwards until the Scot Lunacy Act of 1857 led to district pauper lunatic asylums being established. The Royal Hosp at Morningside opened in 1813, the result of nearly 40 years' agitation by Dr. Andrew Duncan, Scottish "Tuke."

Thus, in 1750 nearly the whole of the indigent mentally afflicted were either at
e, living by such few wits as they possessed from birth or were left to them after
e acute attack, and subjected to the jeers, jibes, rough humour and sport—even
violence and brutality—of the public; or, if considered dangerous, they were con-
d by a magistrate's order, under an Act dated 1744, in jails, houses of correction,
r-houses and houses of industry, where they were in an infinitely worse plight
n when at large. They were placed there not so much for their own welfare
protection as for the safety of the public.

I do not propose to harrow the reader's feelings with a description of the housing
general treatment of these poor and mentally afflicted brothers and sisters, or
he horrors of the then recognized medical treatment by restraint and repression,
ch had existed since medieval times. In some of these institutions there were
arate apartments for the insane, but as often as not vice, crime, misfortune,
tal infirmity and chronic diseases of the most revolting kind were all sequestered
ther and treated alike. The insane were, as a rule, chained or tied with ropes,
tterably dirty, in filthy surroundings, with beds of straw rarely renewed, or
n no beds at all save the cold stone floors. Often they were without any covering
er by day or night. They were starved, not infrequently flogged, and sometimes
d. Of course the death-rate was enormous. The conditions at Bethlem and
hel House and other hospitals were but little better, and the medical treatment
he private houses or asylums was equally brutal, though housing conditions were
arently not so appalling. The general public were callous to all this, but in this
nection it must be remembered that it was difficult in those days to arouse the
lic conscience. Travelling was expensive and dangerous and the means limited.
Press had not developed to any extent. Still, the conditions generally must
e been well known—certainly to the local authorities.

John Howard [1726–1790] was probably the first to set the ball rolling towards
rm. In the famous report on his visits to the prisons throughout England,
ch he laid before Parliament in 1777, he drew attention to the shocking
ditions he found in regard to the confinement there of idiots, imbeciles and
atics.

The bicentenary of his birth occurred last year, and the debt of gratitude
nation owes to him is incalculable.

The insanity of King George III and his treatment also drew public attention to
subject of lunacy. Parliament had already inquired into the matter and the
of 1744 had resulted, which was but a poor attempt to right the great wrong
t existed.

Theobald says about the private asylums :

" When once a person had been placed in a private asylum it was not difficult the keeper to prevent him from having any access to the outer world, and a pe who had disappeared into a lunatic asylum was very often not heard of again. . Patients were wrongfully detained ; they were treated with great cruelty ; they often unsufficiently clothed and underfed ; they were subjected to the terrors of soli confinement and to methods of mechanical restraint which rivalled in cruelty the tor chambers of the Middle Ages." (*The Law Relating to Lunacy*, p. 65.)

Parliament, in 1774, at last became convinced that something must be d and that year saw the commencement of a series of Lunacy Acts culminating in famous Act of 1890.

However, it was in consequence of the agitation of a few that the Act of which empowered the County and Borough magistrates to establish public asyl for the poor was passed.

Efforts to make this provision on the lines of the voluntary hospitals ineffectual to meet the growing need. The tendency showed by voluntary gen hospitals and infirmaries in early days to house the insane, limited to a few for chronic cases, received little or no encouragement from the public. It opposed to the lunacy policy of the times and discouraged by the Lunacy C missioners on legal and treatment grounds. Private benevolence largely stood a and so the tax-gatherer came to step into the breach, and the fate of psychiatry sealed for many years.* The ignorance and superstition of the public in regar the insane were too great. The Act of 1808 was not popular, as is shown by fact that no action was taken until 1812, when Nottingham County Boro Asylum was opened at Sneinton (now disused). It had, however, been proje since 1789 in connection with the Nottingham General Hospital and £6 collected, but in 1809, under the Act of 1808, the County and Borough Author came to the rescue and united with the subscribers. Only 10 county asylums been established by 1818, and 20 by 1850. By the Lunacy Act of 1845, provision was made obligatory.

À propos of the medical treatment of the insane in those days, I cannot do be here than quote from a speech I made at a dinner held in honour of the founde the Royal Medico-Psychological Association on November 17, 1925 :

" As regards general medicine, the old-time notion which had prevailed throug the Dark Ages that disease was a something foreign which had entered the body had, at all costs, to be driven out, still influenced treatment to a large extent—h

* See Lord Shaftesbury's evidence on March 14, 1859, before a Select Committee of the H of Commons.

od-lettings, sweatings, purgings, blisterings and other reducing measures which re largely practised, though to a diminishing extent. But the idea was gaining und that much disease could be viewed as normal body-processes endeavouring carry on under adverse and unnatural circumstances, that these normal processes ded to be strengthened and built up and that under the watchful care of the ysician the body would cure itself.

" The treatment of the mentally afflicted, however, remained entirely unenlightened, l the ideas of the Dark Ages were still in the ascendant in all their terrible malignity. e ' devil possession ' notion guided all care and treatment. There was restraint and ression of every kind, some of it most ingeniously devised; blistering, purging, rvation, flogging, shock-baths, bleeding, and cruelties too horrible to mention were ognized as legitimate forms of medical treatment. That anybody in charge of the ane in those days could bend the knee and bare the head and offer up a prayer nconceivable to us nowadays; yet the doctors, at any rate, were good-living and pectable men, many of them held in high esteem. So ingrained was the heritage eligious bigotry that both justice and humanity were dethroned.

" But the period 1798 to 1835 saw the beginning of the salvage of an ancient and ourable branch of medicine from the dominance of superstition and cruelty, l psychiatry began once more to take a place among the medical sciences."

III.

Now the resurrection of the science and art of psychiatry and the humanitarian e and treatment of the insane was a movement which seemed to spring up about same time at numerous points in Europe towards the end of the eighteenth and beginning of the nineteenth centuries, and the birth of modern psychiatry es from the work of Daquin, Pinel and Esquirol in France; Fricke, Langerman, l and others in Germany; Chiarrugi in Italy; Guislam in Belgium; Evert in lland; Rush in America; Duncan in Scotland; and Tuke, Gardner Hill and nelly in England.

I cannot pause to narrate the fine work of Tuke at the Retreat, or speak of t humanitarian movement in this country which owed so much to Lord Ashley erward the Earl of Shaftesbury) for its success : sufficient to say that from 1812 vards county asylums began to dot the country-side. Gardner Hill and Charles-th at Lincoln in 1835 commenced the non-restraint treatment, which was taken and perfected by Connolly at Hanwell, whose influence and writings led, in a few rs' time, to its general adoption throughout the public and private mental pitals; though it lingered for some years longer in the workhouses, as is shown the dreadful conditions revealed in the supplement to the 12th Report of the nmissioners in Lunacy dated April 13, 1859.

Referring to the pauper lunatics entrusted with the custody of their m weak-minded fellow prisoners, the report says :

" To such individuals, strait-waistcoats, straps, shackles, and other means restraining the person are not unfrequently intrusted; and they are, moreover, posses of the power of thwarting and punishing at all times, for any acts of annoyance irregular conduct, which, although arising from disease, are nevertheless often suffici to provoke punishment from an impatient and irresponsible nurse."

The *Journal of Mental Science* of July, 1859, in reviewing this report remark

" Here we must conclude our notice of this most important, and, we may a painfully interesting report; for it is painful to find our insane poor placed un circumstances, not only discreditable to us as a Christian, but also as a civilized humane people ; and society owes a debt of gratitude to the Commissioners in Lun for the complete manner in which they have pursued their investigation into the c dition of establishments only indirectly and secondarily subjected to their supervisi The ill-results of their deficiency of power in dealing with lunatics in workhouses, in controlling the provisions made for them, appear in almost every page of the rep and we trust that this defect will no longer obtain, but that Parliament will lodg their hands the power to supervise and control the lunatic wards of workhouses to equal extent, as it has empowered them to act in county and other asylums for insane, which have derived so great an advantage from the existence and the activ of the Commission."

Now the great progress general medicine has made has been intimately bou up with the evolution and expansion of our voluntary hospital system and founding and growth of the nursing profession.

Psychiatry has undoubtedly suffered from its enforced detachment from t movement, and its story and the attitude of the public to the insane would h been vastly different had it been decreed otherwise, and the present burden chronic insanity in all probability would have been much lighter.

It is nothing short of a calamity that these two children of the ancient hospitall the general hospital and the mental hospital, should not have grown up as comrad and that the sociological factors which led to the founding of voluntary hospi for physical diseases should not have included an adequate number for the treatm of occurring mental diseases.

It is also to be regretted that it was not found possible to encourage tendency general hospitals and infirmaries one time had to make some provis for mental cases. Had this been fostered by wise enactments to secure hum care and treatment it might have led to an "open door" instead of the "clo door" policy to mental disorders being adopted by these institutions which very generally holds good.

his estrangement has never been so marked in Scotland as in England. To-day arcely, if at all, exists in the former country, which fact is largely due to the oughly systematic teaching of psychiatry at the medical schools and general itals in association with the mental hospitals, which are attached to them for purpose.

The isolation of psychiatry from the main stream of medicine would in a large sure have been prevented, and the study and treatment of mental disorders ld have had that mutual collaboration and co-operation within the fold of ral medicine which has been so beneficial to all its other branches.

The country willingly pays about £8,000,000 a year for the upkeep of the general itals with their 46,000 beds, and had it adopted a voluntary system of mental itals a more advanced psychiatry might have unloaded by several millions the ent cost (£7,000,000 for about 105,000 mental hospital beds) by having a con-ably less number of chronic insane to support.

Now to come to the present-day attitude of the public to the mental hospitals. This is not a problem which stands alone: it is bound up with that of the ionship of psychiatry to the law, of psychiatry to general medicine, and of the ic mental hospitals to the general hospitals. All these factors have adversely cted the progress of psychiatry. Not only so, but every one of the foregoing ors have added their quota to that continued lack of active interest of the public rally in those mentally afflicted and in the welfare and work of our public tal hospitals. And, furthermore, what is a matter of still greater regret is that ic opinion has never really emancipated itself from the thraldom of medieval ght in its ideas of insanity.

This is very evident from the attitude which the public take up in regard to those harged from mental hospitals and the disinclination to employ them.

The medical officers of mental hospitals are also keenly aware of it from the ress the friends of patients show on their first visit. It is often difficult, if not ossible, to make them believe that there is no disgrace in being mentally cted, that mental disorder should be looked upon in the same light as physical rder and that the ideals and functions of mental hospitals and general hospitals fundamentally the same. They are therefore often difficult to satisfy, being icious, over-anxious, querulous and imbued with wrong notions, not only as to nature of insanity, but also as to the nature of the work of the mental hospital. t of them soon learn, however, that things are not so bad as they had thought; ed, as a rule, the relationship between the hospital staff and the patients' ds becomes most cordial and, but for the publicity which would be given to the

private affairs of the family, there would be no lack of individual expressio
appreciation of the care and treatment patients in public mental hospitals recei

However, in most of these respects, the future gives promise of shaping
for the better.

IV.

Psychiatry and general medicine are undoubtedly drawing nearer each o
and the proposals to establish mental clinics at the general hospitals ar
affiliate mental hospitals with the general hospitals will do much to cement
ties which are gradually linking up psychiatry and general medicine.

The movement for mental hospital nurses to acquire general hospital trai
and to a less extent *vice versâ*, is an active one and is extending.

The loosening of the legal restrictions as to the care and treatment of m
disorder in its early or acute stages is now being called for with greater unani
and, of all points put to the Royal Commission, the proposal to allow the p
mental hospitals to admit voluntary cases has secured a more general support
any other. I am one of those who believe that this concession will prove a pow
factor for good in regard to both medical administration and treatment in
institutions. The best is never absolute and can always be improved upon,
mental hospitals avoided by voluntary patients will need to look into their nu
and medical administration a little more closely. For the first time there wi
an element of competition, the absence of which is one of the drawbacks to pro
in all institutions depending solely upon the State or local authorities for
maintenance.

The final object which remains to be dealt with is to bring the public gene
to look upon those sick in mind and the work of the public mental hospitals i
same light and with the same active sympathy and interest as they do those
in body and the work of the voluntary general hospitals.

The problem presents difficulties in two directions :

(1) Public mental hygiene education requires much thought and
for nothing is more likely to sap the stamina and courage of a nation th
over-consciousness of nervous and mental processes on the part of its cit
and on the whole it is perhaps better that a community should not
that it has any mental processes or nerves at all than to become hypo
driacal and neurasthenical, and

(2) having arrived at the range of facts it would be advantageous f
public to know, how can these facts best be disseminated ?

egarding (1), no body of knowledge is more difficult of comprehension than
ology unless it is that commonly known as metaphysics, which includes
ology and ontology. It is not given to everybody to be capable of achieving
sight into this subject, hence it tends to be confused with ethics, morality
eligion about which the public are very responsive, and prone at all times to
up unhealthy and bizarre notions. Under these circumstances I think it much
and wiser to teach the simple facts of mind and mental disorders in close
onship with physiology, and preach mental disorders as the manifestation of
dered brain and other physical functions.

s to (2), a suggestion as to the education of children in these matters is made
but here I may state that as Secretary of the National Council for Mental
ene, I contemplated the broadcasting, in the form of a pamphlet, of the simple
regarding the mind, mental disorder and mental hospitals. This, however,
an operation of some magnitude and considerable expense, and was judged to be
ssible. It therefore occurred to me that such knowledge was the most urgently
ed on the part of those with relatives or friends mentally afflicted, especially if
r care in a public mental hospital. I then fell back on the idea that such a
hlet should be sent to the relatives and friends of every patient admitted to
such institution throughout the land. I am glad to state that one very large
authority in fact has moved in this direction by commenting upon the mind
alth and disease and the nature and functions of mental hospitals in an intro-
on to its *Mental Hospital Visiting Rules*. Such information does much to
ve the anxiety of relatives and friends and corrects their frequently mistaken
ns and tends to establish from the first a good understanding between the
ds of patients and the nursing and medical staff of the mental hospital. I am
ng that the example thus set will be followed by every local authority.

irst of all, then, what are the facts the public in general should be brought to
eciate regarding mental disorders? These may be stated as follows:

n the first place it may be remarked that what is known as the "mind" depends
the activity of a healthy nervous system and upon the harmonious working
l the bodily functions.

follows that there is a wide range of causes for mental unhealthiness, many
hich are comparable to the causes which are responsible for bodily diseases.
he problem presented by the occurrence of mental disease is essentially a
cal one.

ut when a person mentally afflicted is unfit to be at large and incapable of
ding to his own affairs, the problem has also a social and a legal aspect.

Now there are many degrees of mental unhealthiness short of actual m breakdown. Feelings of being " run down," " fed-up," " needing a change," but expressions of mental fatigue or anxiety and are as common as colds in the Cases of " nervous exhaustion " or " nervous debility " or " nervous breakdo are less common but still everyday occurrences and have good chances of rec without institutional care if treated early. Such cases usually are fully cons of their illness and naturally seek medical advice and treatment.

Grave forms of mental breakdown commonly present a different picture an not so readily understood. The onset may be sudden or slow. As a rule the pa declares himself to be quite well and, indeed, often looks the picture of health resents the suggestion of medical advice. His mental infirmity has to be ju outwardly by his conduct in regard to his surroundings and ordinary mode of l

The important point to be remembered is that both the slighter and the se forms of mental unhealthiness—the case of " nervous exhaustion " and the of " certifiable insanity "—are fundamentally the same, and should be regard such: also that superstitious views regarding insanity or mental disorders b to the past, and that the adoption of a superior, scornful, derisive or face attitude to an insane person, or one who has been mentally unsound, is unkind and foolish, prevents the early treatment and recovery of such cases favours the accumulation of incurable insanity, which is a burden to the commu

It is the universal experience in mental hospitals that the cases which m recover are those of short duration prior to admission, and that the longer the pa who is ultimately admitted is kept at home the fewer the prospects of reco At the same time there is undoubtedly a " stigma " attached to an ex-mental hos patient.

By avoiding mental hospital treatment the case may become a hopeless one adopting it a life may be partially wrecked, because of this " stigma " which s ingrained in the minds of the people. The rising generation need not, howeve brought up in ignorance of fundamentals regarding insanity. The educat code of our national schools should decree a course on both mental and phy hygiene for senior pupils. This would do much to remove the " stigma " of " lun which handicaps all the mentally afflicted both in the early stages of their plaint and after recovery.

Now as to the public and the mental hospitals. The public should be bro to understand the following facts:

That mental hospitals are merely special hospitals for the treatment of severer forms of mental disorder which cannot be adequately treated at home.

nsanity is not only associated with faulty brain function, but it involves
ıess throughout the whole organism in a greater or lesser degree. A mental
ital has therefore to undertake the functions of every kind of hospital. It is
ıce a place of safety and refuge, a maternity home, a hospital for special diseases,
ıeral hospital, and a psychiatric clinic.

hat in addition to mental nursing the nursing staff of a mental hospital are
ed to nurse all kinds of physical diseases. The treatment of the patients is in
ıands of an expert medical staff who have the assistance of a dentist and a chemist,
when necessary of specialists in all branches of medicine and surgery. The
of the hospital is a medical man who co-ordinates the work of the whole staff
a view to making the patients' lives as happy and as home-like as possible,
securing for them the best medical attention and nursing obtainable. The
est possible liberty in the gardens and grounds is allowed the patients; there is
ıechanical restraint, and suitable cases go out for walks and shopping in the
ounding country and villages. Ministers of religion look after the spiritual
are of the patients.

hat although it is one of the functions of a mental hospital to detain patients
eir own interests and for the security of the public, its principal function is the
ment of patients so that they may be discharged recovered, or with their mental
nity so far relieved as to render possible their restoration to friends and home
oundings.

hat the power to discharge patients (wholly or partly) chargeable to the rates
sted in the Committee of Management of the Hospital. In the case of patients
ıe private class, this power is shared with the relatives and friends. Also that
members of the committee are often well known and highly esteemed in the
ict in which the patient lives when at home.

hat the work of the "Mental After-Care Association" (and allied societies)
orthy of the support of the public. This voluntary association undertakes
ask of re-starting in life poor persons discharged recovered from mental hospitals,
their supervision when out "on trial" prior to final discharge.

nd lastly, but not least, that there is also attached to not a few mental hos-
s a lady visitor who is in many directions a source of great comfort to the
ents, especially those recently admitted. She acts as a connecting link between
ı and their homes, thereby relieving their anxiety and materially assisting
rds their happiness and contentment. In this work she is assisted by social
kers.

V.

It is to be regretted that psychiatry does not seem to obtain a good Pres
do not blame the Press, for after all, one of its principal functions is to voice p
opinion and, if the latter be prejudiced, uninformed and commonly apathet
regard to the welfare of the insane and the work of the public mental hospitals
attitude of the Press generally can hardly be expected to be otherwise. S
however, of the great daily newspapers are very fair-minded on this subject.
we suffer from the occasional enterprising journalist who has succumbed to
wiles and plausibility of the half-cured lunatic (often a quasi-paranoic) or, v
still, the really vicious high-grade imbecile with a bone to pick, and who has
discharged from a mental hospital. This pandering to the taste for sensation
cannot fail to have a very prejudicial effect on the practice of psychological medi
especially as the other side of the picture rarely obtains the same publicity.

Wild stories, often with only a semblance of truth, sometimes find easy cred
and, after being written up into sensational articles, are served to the publ
established facts, and the closest inquiry demanded. As a rule the name o
institution or doctor is not mentioned. Neither the Board of Control nor
public institution concerned if named can prosecute, not being industries or estal
ments run for profit. Public inquiries cost time and money, and as regard
doctor, he would probably find great difficulty in initiating legal proceedings.
psychiatrist is constrained to ask: How long is progress in the enlightened treat
of the insane to be hindered and discouraged (for this is the effect) by
irresponsible journalism? It is not that those whose lot it is to undertake the
of the mentally afflicted claim immunity from criticism, but it is only fair to
public service that some inquiries should be addressed to those concerned b
inviting public condemnation; some regard should also be paid to the relatives
friends of patients before creating an atmosphere of anxiety and uneasiness.

The late Dr. R. H. Cole, in his Presidential Address to the Section of Psychi
Royal Society of Medicine (November 10, 1925) has something to say about t

> If "the relationship of psychiatry to law reflects a lack of progress, what ca
> said of the public attitude to our branch of medicine? It is disappointing, to
> mild expression, to find a recent leader in a highly respectable daily journal refe
> to the devoted men who have laboured for psychiatry in the past as 'keepers of
> houses.' Such an expression, applied to the memories of a Maudsley or a Me
> can only reflect a deplorable ignorance on the part of educated public opinion.
>
> "A novel has lately appeared, written by a distinguished author, and dealing
> the adventures of an elderly psychotic who is finally admitted to a mental hos

erms in which the descriptions are written are disquieting and reminiscent of ast. Prejudice and unfamiliarity with existing conditions indicate the want of athy and understanding shown by the general public to the psychiatric physician is work."

t me quote here some paragraphs from my *Social Workers and the Insane*, ly emended. In reply to the question, "Are kindness, sympathy, pity, charity, vasted on the insane ? " I say—

Truly a mental hospital is a house of comedy and tragedy. Reasoning and nent have no practical value therein. Only sympathy, kindness and true friend- are of any avail. The mind-commotion in insanity is deep-seated. A man hink and feel as he likes—his thoughts and feelings being his own ; but when undations of his mind (those inherited and acquired impulses, strivings, motives, s, emotional reactions and natural intelligence—common sense—which are the of human character) become disorganized and his conduct is involved, the social ne has something to say, hence the restrictions the community places on his y.

The power of love and kindness to control the conduct of others is unlimited. are the insane kept in a mental hospital ? If they decided to go home, home they go. Our light hospital buildings and the proportionately few nurses would not them a moment ; yet escapes from asylums are perhaps fewer than from prisons. Bars to windows, physical restraint, etc., are unknown nowadays in mental als. The chains are there, however, although not forged from iron or steel. are much stronger and more effective, being links of kindness and persuasion, rtificers being the doctor and the nurse.

So it is not that the ground is barren for the exercise of these virtues. On the ary, they are the only crops that flourish."

will be long before the general public will be brought to believe this. I for t least do not despair that they will in time, but it behoves the mental hospitals ke these ideals more and more to heart and thus make them more and more t for good. Now, if these notions were to prevail generally among the nunity, most of the troubles regarding the treatment of mental diseases would pear. There is no doubt in my mind that the work of mental hospitals suffers se of the continuance of public ignorance as to what insanity really is and the diced attitude adopted to the insane and the ex-mental hospital patient.

VI.

ne mental hospitals lack public sympathy and support. They need the public with them and not apathetic or against them. They work in too much isolation ecrecy and fall thus easy victims to misrepresentation and abuse. There should

be more opportunities for public co-operation, and for public criticism and
standing of the work of the mental hospitals.

It must be remembered that mental hospitals are of necessity bound by la
rule and, despite the goodwill of the local authorities, they are not as free to e
ment, expand, evolve and progress with the general advancement of medic
general hospitals on a voluntary basis, which have more liberty and less restri
in the matter of expenditure.

Furthermore public mental hospitals, in addition to their primary funct
curing or alleviating mental disorders, are called upon to carry out an ess
duty to the community by acting as the guardians of the insane who are incu
The general hospitals, speaking figuratively, put their incurables on the doo
for removal elsewhere and wash their hands of them.

There is a tendency nowadays to forget, in the enthusiasm for the ho
treatment of early and curable cases, that one wholesome function of the L
and Mental Deficiency Acts is the segregation from the public of those who, by r
of mental disorder or defect, impair the social machine by their inefficien
citizens, and that the more thoroughly this is done the better for the home an
the nation.

We thus reduce the intensity of many other costly social problems. I
majority of cases the private care of the chronic lunatic is but a poor substitu
institution care and, unless there is exceptionally suitable environment, the p
place for such a person is undoubtedly a mental institution.

Nevertheless mental hospitals should, as far as practicable, be thrown op
the same spirit as are the general hospitals, and the cleansing and stimulati
fluence of a correctly informed public opinion brought constantly to bear upon m
hospital care and treatment. Mental hospitals, like general hospitals, shou
part and parcel of the everyday life of the community and not excrescences h
away from the public eye.

How this could best be brought about has exercised my mind a good
Several points arose for consideration.

The isolated position the mental hospitals undoubtedly occupy in the
organization is the outcome of the endeavour, actuated by motives of public de
and regard for the feelings of patients and their friends and relatives, to
pandering to idle curiosity and morbidity, and to secure rest and seclusion fo
patients.

There is no doubt that indiscriminate visiting of the wards by the public
not be allowed. Such would appeal too much to the morbidly inclined, thou

that they would find little to satisfy them anywhere in a mental hospital. r would it be fair to the patient or his relatives and friends that his loss of and distressed state of mind should be freely open to prying eyes of ours prone to uncharitableness. Mental hospitals harbour no secrets except ntity of the patients and their individual sayings and doings.

say that the insane are treated " behind a shut door " is not quite the truth, thus very misleading. The visiting-rooms and a good number of wards of the hospitals as a rule swarm with visitors twice weekly and on public holidays. dy who gives the name of a patient can gain admission on visiting-days. All s seriously ill can be seen at any time of the day or night. But visitors are vidual patients—not to the hospital generally. It is rare that the medical has occasion to forbid a visit. Thus the mental hospital always has strangers its gates.

ere must be at least 20,000 people actually employed in mental hospitals. employee belongs to some family circle or other, and so, through them alone, y thousands of people scattered throughout the land the happenings in mental als can be no secret. About 10,000 patients pass through the mental hospitals ly—in 10 years 100,000. These also, in the main, have relatives and friends. these conditions it would be difficult to keep anything secret in a mental al except personal details like the names of patients, etc.

" behind a shut door " is not really truly descriptive of mental hospitals. It er one of those sayings dear to the hearts of smart journalists and other vors of sensationalism.

w all these facts regarding the mentally afflicted and the work of the public l hospitals should be laid to heart by all social workers, who can do much to e public opinion and help to remove that ignorance and prejudice which es against progress being made in regard to the care and treatment of the lly afflicted.

VII.

at, therefore, is the solution of the problem of the isolation of the mental ls and the insane, and the disabilities to both patients and staff which arise m?

ncluded some six years ago that the way out of the difficulty would be to he outside community to bear upon the daily life of the mental hospitals in m of hospital visitors and social workers—level-headed, discreet and kindly

women, and in some cases men, with some idea of mental disorders, who woul into the wards regularly a breath of fresh air from the outside world to institution conventionality and narrow-mindedness. These social workers, others, would pay particular attention to friendless patients. They would a communicating link between the patients and their homes. They would reliable information regarding the patients' home environment of great v the medical officer, and thus help him materially as regards causation, tre and subsequent disposal of the patients on recovery. They would interest selves in the social life of the wards, the entertainment and recreation of the p and be a consolation and comfort especially to those confined to bed for reasons. Above all, it would be a way in which the public could be brou closer touch with the mental hospitals. To such social workers when they say in annual conference—the public would listen and have confidence in wh said.

And so it came to pass that, with the approval of the London County Mental Hospitals Committee, a beginning was made at Horton Mental Hos the appointment on June 9, 1922, of Miss V. M. Dale as Hospital Visitor, and conclude I will relate something of her work.*

There are now hospital visitors to all but one of the London County Hospitals.

The movement has spread to the provincial mental hospitals, wher making some headway, and I hope that in due course medical administra any public mental hospital will not be considered complete without a hospital assisted by a sufficient number of social workers for service in the wa in the homes of the patients.

I can speak of the value of a hospital visitor's work from first-hand ledge at Horton Mental Hospital. There she has been a source of great co the patients and, as an intermedium between them and their homes has solve difficulties in not a few cases. She has assisted in organizing social parties hospital and picnics to pretty spots in the neighbourhood, etc., and in ma added to the patients' happiness. Her visits to the patients' homes have nev resented: on the contrary, they have been much appreciated. The nurses her visits, and value her help in providing for the patients' contentm doing many little services for them which nobody else is in a position

* The author takes this opportunity of expressing his appreciation of the valuable given in this provision by the Society of the Crown of Our Lord which now maintains time visitor at one of these hospitals. Miss Dale is the head of the Society's Hostel.

ff at Horton would not like to lose the Hospital Visitor. There was never ficulty in finding the directions in which she could be of most service; her has been consolidated, and the part she plays is now an integral part of lical administration.

hould be noted that she does not, as a rule, undertake "after-care" work. done by the workers of the After-Care Association, and it is very advisable should continue so, as it is work for which special training and knowledge is l.

r-care is best centralized in an organization which can direct the operations iout the land and keep in touch with employers over a wide area, and also n convalescent institutions, rest-houses or hostels, which are absolutely ry in dealing with cases not quite fit to be given entire freedom. Such a association can follow up cases however widely they scatter on complete ge. Local branches or after-care societies can materially aid the parent ion in this work.

New York State hospitals for the insane and the mental hospitals of f the other American states have very complete organizations for carrying work I have just been describing, and its importance is very thoroughly zed. The officials appointed to do this work are trained psychiatric social , and they are regular officers on the staff of the hospitals.

America happier relationships exist between the public on the one hand and ntal hospitals and their staff and patients on the other, and there is but little regrettable element of superstition, suspicion and mistrust which unfortunately characterize such relationships here.

this country I think it will be essential for some years that hospital should not be paid officials of any particular hospital or mental service. ney become officials, their work, like that of all mental hospital employees, looked upon with suspicion and their influence weakened accordingly. To ng and to have the respect and influence they should have, they must be ndent, but such arguments cannot be advanced against their receiving out-et expenses.

eam of the time when perhaps the mental hospital visitors will establish an ation of their own and become a power in the land, to which both the and the mental hospital authorities and their servants may look for help unsel as being specially qualified to envisage difficult social psychiatric ns from both points of view. Some such body of opinion is badly needed s.

VIII.

It is necessary to say something more regarding the field work of the h visitors.

The late Dr. R. H. Cole, in his Presidential Address, Section of Psychiatry, Society of Medicine, in quoting the statistics of the Board of Control in reg the recoveries and total discharges of direct admissions of certified patients, a recovery rate at an American psychopathic hospital, says, "Such figures wo doubt compare favourably with the same number of patients admitted to a g hospital." I have no grounds for disputing this statement, though if I ha choice as to whether I would be afflicted with a physical or a mental com from the point of view of the chances of recovery, I should select a physica and I fancy he would have too.

He did not, however, mention the really important point, though it do occurred to him, and that is the future of the 50–70% who do not recove regards general hospitals, they either die or return to outside life and do not r very largely a charge on the public.

The public not only expect mental patients to recover, but they object accumulation at their charge of the chronic insane—so much so that from ti time a really certain cure, the lethal chamber, finds its advocates.

Thus the public expect better results from the mental hospitals than they d the general hospitals. They have in reality no justifiable complaint on this parison as to the proportion of cases returned to their homes, either cured or allev but there is something to be said for their objection to maintaining those w not or cannot be cured.

So the psychiatrist has a hard task before him if he is to satisfy all the re ments of the public and he cannot afford to lose a single curable case.

Now for some years before the war, and especially since, it has begun to on him that he has been expending too much time and energy in painting pi of mental disorders—clinical pictures, anatomical pictures, chemical pictur very descriptive of the diseases with which he is dealing, but far from being factory as guides to their successful treatment—his real aim and object.

Up to that time psychology largely limited itself to answering the qu "How?" of life and behaviour, and found itself at a full stop when the qu "Why?" was put. It was still at the descriptive stage and had not yet into the dynamic stage of a science.

e then, however, dynamic conceptions in psychology have made their advent
ve been exerting a powerful influence on psychiatry to this day.
chiatrists slowly but surely came to realize that the answer to the question
? " of all the pictures they had been painting hitherto was the all-important
n the treatment of mental disorders. Now, these dynamic conceptions in
ogy and psychiatry are based upon biological and genetic data of two kinds—
nd individual. The former have to do with innate dispositions or instincts
eir racial evolution purpose, and the latter with the individual's strivings or
n in relation thereto and their subservience to the social instinct and the
s that follow.
s it has come about that the clinical psychiatrist is tending less and less to
s cases from the descriptive and static point of view of reason, judgment,
deas, sensation, hallucination, association, incoherence, retardation, amnesia,
favour of the more dynamic conceptions of instincts, motives, wishes, desires,
emotions and, above all, character—which embraces natural intelligence, dis-
n, temperament, sentiment. He is not satisfied with descriptions, but wants
v " Why ? " and searches the patient's mind from its infancy for this purpose.
s further and invades that psychic underworld—the phylogenic mental past
hich are to be found those stores or springs of energy which lie at the
f all human behaviour. Speaking figuratively, he is no longer satisfied with
eye appearances, which do not help him very much, but seeks with the aid
microscopes those facts which are essential to the proper understanding of
es.
gson says : " Doubtless we think with only a small part of our past, but it is
ır entire past, including the original bent of our soul, that we desire, will, and

v the building up of a case of mental disorder must commence from this
ic view-point if treatment is to be direct and effective. Clinical pictures,
nental and physical, though very necessary, merely reflect deeper psycho-
cal disturbances which can only be arrived at by a close examination
history of the patients in its three main directions, namely (*a*) family history,
sonal history, commencing from childhood, (*c*) history of the present illness.
ıt these treatment can only be empirical, or limited to that designed to
he physical accompaniments of mental disorder.
t to obtain these very vital historical facts, merely interviewing the patient
s friends at the hospital is not sufficient, and the information thus obtained
n unreliable and sometimes purposely misleading. Insanity in the family,

directly exciting causes and even previous attacks are not uncommonly co
for the not altogether inexcusable reason that thereby such information m
to the length of the patient's detention.

The chief fact concealed is the relative's own participation in the cau
example, the attitude of the husband, whose treatment of his wife may be al
tant. Naturally his account is designed to attribute blame to anybody or a
but his own personal actions. The same of parents and children and *vi*
The ascertainment of the circumstances which lead to the patient's adm
also important.

Furthermore, the information so obtained is incomplete inasmuch as fi
knowledge of the patient's previous environment cannot be ascertained.

There can be no question that the information gleaned by the medical c
the usual way should always be checked, verified and supplemented by v
of the homes and prior surroundings of the patient, to arrive at the influ
which he has been exposed as far back in his life as is practicable, to asce
habits, his family life, his character, his temperament, his relationships with er
friends, neighbours, etc.—in other words, to find out what manner of man h
is, how the world has treated him, and what he has hitherto done with
etc.; also to relieve the anxiety of friends and relations and to assure them
patient is in good hands.

Let me put it another way: The psychiatrist cannot now content hims
pictures, however well drawn and coloured, of the damage done, and with
evidence as to its occurrence, but must proceed to the place (by deputy)
the accident happened, and hold an enquiry on the spot and thus obt
hand the evidence of eye-witnesses.

Now experience shows that a discreet, discerning and sympathetic vi
social worker is needed for this work, which obviously cannot be underta
the medical officer in person. Even if he could be spared from the h
he would often fail in his purpose, while success as a rule rewards the ef
the visitor or social worker.

Too much emphasis cannot be laid on the fact that this information n
forthcoming before effective treatment can be commenced. It is not a que
inquiries for compiling statistics or for educational purposes or for asce
mental deficiency, but of the life or death of the mind, without which ma
clay. So the hospital visitor and the social workers generally of a mental
do really vital work, and upon their zeal, efficiency and loyalty in large
depends the best that modern psychiatry can do for the cure of mental di

APPENDICES.

I.

the spring of 1922 I heard that Colonel Lord was enquiring for someone to visit atients at Horton, not as an L.C.C. official, but as an authorized hospital tor" from the outside world, and I most gladly undertook to try and do this At first it was rather tentative, but soon I found that it developed in the ing three directions :

1. Visiting the patients in the hospital.
2. Doing commissions for the patients.
3. Visiting the patients' homes and friends on behalf of the doctor.

As regards the first. I have been down to the hospital pretty regularly two or times a week ever since 1922. I began by visiting chiefly the admission villa als and getting to know the patients as they came in. It is often to these newly ted patients that one can be of most use and, if their stay in hospital is prolonged, usually are passed on to the main building, where I can follow them up; so that w I have friends in pretty well all the wards.

great many of the patients are quite coherent and clear in their minds on most cts, and they welcome a chat and the sight of someone from outside the hospital; s regards the more difficult people, I have found that however confused they are, pparently unconscious of their surroundings and of one's presence, they are often *ally* unconscious of it, and some have told me afterwards that, my just sitting beside their beds, has made them feel that they had a particular friend in the tal, and that has given them comfort and relief.

sides actually visiting the wards, I am also often allowed to take patients for into Epsom, where they love to see the shops and have some tea, or else ten or e of them come (with one or two nurses) for a picnic up on the Downs or Box where we spend the afternoon.

Doing jobs for the patients is also part of my work. They often ask me to go ee their friends, who cannot visit them just at first, and the effort of writing a to whom is often too much for them. It is an interesting fact, I think, that never give me an incorrect address. Even after a silence of forty years I was to get a reply from a long-lost brother in Canada for one old patient. The er's letter began : " Forty years ago I wrote to you, and you never answered my ." He had not tried again ! Sometimes by visiting the home one can reassure atient on certain points. One young mother who had just had twins had the ion that they and her house had been burnt. I went to Camberwell and saw the safely tucked up in bed and the house still standing. I suppose the delusion have been weakening, for the patient really believed me when I told her and her was easier in consequence, though she said afterwards that she was not *quite* that I was not " pulling her leg."

3. As regards *visiting the patients' homes on behalf of the doctor.* I will only s
of this from the point of view of the visitor, and from that point of view I think
almost the most interesting part of the work. It certainly involves a great de
journeying about London, but, apart from any value that the information obt
may or may not have for the doctor, one is amply repaid by the real gratitu
the relations in nearly every case. It is often a very real relief to them to talk f
about the patient and his misfortune to someone with some sort of understa
of it, after having kept silence as much as possible till then. Also they do wel
news of a loved mother or wife or child during the first few weeks, when they ca
themselves visit the hospital, and I can tell them not only how the patient is,
also how well they are being cared for and how beautiful is the hospital and its gro
and thus relieve their anxieties and correct many misconceptions, only too com
as to mental hospitals and the conditions under which the patients live.

V. M. Da

II.

**Since this thesis was written, the Report of the Royal Commission on Lunacy and M
Disorders (England and Wales) dated July 7, 1926, has been made available. It very a
endorses the views set forth by the author on many matters, especially by the follo
recommendations:**

**"IV (b). Voluntary Boarders might be received in any public mental hospital, regis
hospital, licensed house, general hospital, nursing home or in single care."**

**"XIX. We recommend for general adoption the practice initiated in certain m
hospitals of the London County Council by which voluntary unofficial visitors of sui
experience have been appointed to act as friends of the patients and the relations
patients are under care."**

The Rt. Hon. H. P. Macmillan, K.C., LL.D., Chairman of the Commission, spea
at a public meeting of the National Council for Mental Hygiene on November 17,
said:

Now the other matter on which I wish to say a word or two—again a matter intimately v
your province—is this: it is the preservation of contact with the outer world in the case of pa
in our mental hospitals. All of us know the admirable work that is done in our general hos
by visitors from without. I am sure many a patient has been grateful for the kindnesses rec
at the hands of hospital visitors. Philanthropy has always done a great deal for the patie
our general hospitals—little attentions of all sorts, so welcome when one is feeling down an
such as entertainments, means of communication with the outside, little services of one s
another. You cannot over-estimate the importance of those things to a sick person.

Now why is it that in the case of our mental hospitals so little has been done in this direc
Why is it that the general public take so little interest in what goes on inside the walls of our m
hospitals? I am afraid again it is just a relic of that age-long feeling of repulsion and av
from those who are mentally afflicted. It is right to say that it is not everyone's work; it is
perhaps, of a more difficult character than the pleasant task of going round the wards of a chil
hospital. It is most difficult work, and calls for greater qualities of mind and, perhaps, a
sympathy with human misfortune, but I would very strongly impress upon you the desir

ouraging the visitation of our mental hospitals by unofficial persons from the outside. It nsely interesting to visit these places, and no one can visit them without seeing how welcome sitors from the outside.

large part of the population of the mental hospitals of this country consists of people who, hstanding the fact that they are suffering from some form of mental aberration, are still rgely able to appreciate kindness, and are susceptible to the pleasures of a visit from a sym- ic friend. Many of them are anxious about the state of their home affairs, and their anxieties relieved and a more contented frame of mind induced by the news brought them by friends utside. We took note in our Report of the admirable work that had been done at Claybury al by a lady visitor there, but I am happy this afternoon to be able to make good an omission hat Report. I fear we failed to do justice to one who, after all, has been truly the pioneer work ; I refer to your Honorary Secretary, Lt.-Col. Lord. (Applause.) It was really through trumentality that the first lady visitor was introduced into Horton Hospital, and since then, ve, in the case of no fewer than seven out of the nine London County Council Hospitals there dy visitor, who makes it her business, her pleasure, her vocation, to go in and out among the ts, to render to them just those forms of service of which I have spoken. Col. Lord could u very much better than I can of the value of that service. It is a form of contact between ter world and the patient which is of inestimable value. The most distressing thing to many ts is the feeling that they are cut off from the world, that the world no longer cares for them, at they are a people set apart as if some strange curse had fallen upon them.

w a visitor from outside can do an immense amount to help in that respect, and I think lady s are perhaps the best. Why is it we like and admire hospital nurses so much—(Laughter) why is it that Dr. Robertson has recognized how important it is to have women nurses to e an extent as possible in mental hospitals ? It is because of the sympathy and the refining ces which they can bring to bear that their services are so intensely appreciated in all cir- nces of sorrow and distress, and therefore it is to the woman who may be disposed to take t branch of work that I make a special appeal on this occasion. And it is a rewarding form k, it seems to me. Sometimes it is distasteful, sometimes depressing, sometimes discouraging, l who choose to take it up will find an exceeding great reward in the gratitude of those to they minister. They are also able to contribute something to the medical side, because by in touch with the homes of the sufferers they are able to find out many facts which can be nicated to the medical officers, and thus often to facilitate the diagnosis of cases which might ise seem obscure. This organization of mental hospital visitors which is springing up ought as little official as possible. We do not want the lady visitor to be an official in the ordinary The patient prefers to see someone who is not stamped with officialdom. It should be a labour of love than any official duty, and I would commend that form of social activity haps one of the most valuable contributions to the treatment of the mentally afflicted which Council might stimulate. (Applause.)

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