

## Medical Matters.

### PREVENTION OF INSANITY.

We have received from the Ethnological Society the following interesting communication:—

The insane and their treatment have from the earliest times excited the sympathy of all who felt for the afflicted and sorrowing of the human race, and the great interest that the public takes at the present moment is evidence of a discontent which is the basis of progress. A doubt has arisen whether the asylum is the fit and proper place for all suffering from mental aberration, and numerous are the protests, even in medical circles, against what has become an admitted dogma, that it matters not how harmless and innocuous the form of insanity, how amenable to treatment at home, how mild the delusion, that all and sundry who evince symptoms of mental obliquity must be shut off from society. It is pointed out that not all lunatics are raving mad people, whose actions are those of beasts of the field, and whose language is that of Billingsgate or Seven Dials, that not all are inaccessible to reason and insensible to the ordinary feelings of humanity, and that, as a matter of fact, even the worst cases have some glimpse of reason and tendencies to right and sound action. It is held that for this reason it is injurious to recovery to limit the intercourse of the insane to those who are themselves insane, as is done in asylums, where the only rational persons with whom the patient freely associates are his attendants, many of whom, though kind and trustworthy, are of little intellectual superiority, knowledge, or learning, and of little refinement of manner or feeling.

For these reasons the lunacy and municipal authorities are agreed as to the necessity of constructing reception hospitals for the incipient insane, but apart from the fact that Parliamentary powers have to be granted to build such institutions, it is a question whether even such hospitals will do much towards the diminution in the number of the insane, for the patient may refuse just as much to become an inmate of a lunatic hospital as he does now object to the lunatic asylum.

In an article in *National Health* for September Dr. Bernard Hollander, physician to the British Hospital for Mental Disorders and Brain Diseases, shows that what we do want is more out-patient departments and institutions, places where patients can come for advice and treatment in the very earliest stages while they are still conscious of their mental disorder. If every urban centre and district had such an institution and they were known amongst the

poorer classes of the community, patients would come at a stage when they are still able to give their voluntary co-operation, and thus half the difficulty now experienced in the treatment of the insane would be overcome. The very fact that a mental patient seeks medical advice is a proof that morally he is in a favourable state for treatment, whereas when the disease has lasted longer to necessitate certification the patient frequently has to be forced to submit to treatment, and by this time the disease has often so far advanced as to be beyond remedy. The doctor should be consulted before the patient is insane, in the official sense, before his safety or that of others renders it necessary to confine him within the walls of a lunatic asylum, with its barred windows and locked doors. One of the chief reasons why patients will not seek advice at an earlier stage of their disorder is this dread of being sent to a lunatic asylum, the very name of which is a terror to them, the remembrance a sort of nightmare, and the social consequences of which spell ruin.

Of course, no one will deny that there are cases where an asylum is useful, and others where it is indispensable. But as Dr. Hollander points out, we must also remember that in addition to the hopeless insane there are the curable cases, and a vast number of so-called "borderland" cases, besides a still vaster number of people who, through inheritance of a neurotic tendency, or through defective education, or through the uncontrolled ascendancy of ill-regulated propensities, or through various kinds of self-indulgence are very imperfectly fitted for the struggle of life.

The larger number of cases treated in out-patient institutions, according to Dr. Hollander, are just those for whom lunatic asylums would be particularly deleterious, namely, "those who display mild forms of mental derangement, persons with fixed thoughts and obsessions, who are still capable of reasoning logically in regard to most of the circumstances presented to their minds, and are still able to control their actions, if not all their thoughts and feelings." Many cases of brain and nerve exhaustion, hysteria, and epilepsy are treated, besides a great number of people with uncontrollable impulses. There is also the chronic inebriate, the man who drinks either in excess, or to whom even a small quantity of alcohol acts as poison owing to weakened brain resistance. His voluntary co-operation is indispensable for treatment, and after ascertaining the cause of his craving and securing his physical well-being, he can be taught sufficient self-control to resist the temptation.

"There are also," Dr. Hollander says, "a

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