

THE
MORAL TREATMENT OF INSANITY,
AND
SUGGESTIONS FOR THE
Appointment of a Royal Commission

TO INQUIRE INTO THE TREATMENT PURSUED IN THE ASYLUMS
OF THE UNITED KINGDOM, AND TO REPORT UPON THE
SYSTEM WHICH APPEARS BEST ADAPTED FOR CARRYING
OUT THE MOST APPROVED PRINCIPLES OF MORAL
TREATMENT.

BY JOHN A. BLAKE, M.P.,

Honorary Member (elected) of the Medico Psychological Association;

Author of "Defects in the Moral Treatment of Insanity in some Public Asylums,"
"State of the Poor Labouring under Diseases of the Eye and Total Blindness
in Ireland," &c.

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1866.

THE
TREATMENT OF INSANITY.

QUESTIONS FOR THE

APPOINTMENT OF A ROYAL COMMISSION

TO ENQUIRE INTO THE PRESENT PRACTICE OF THE ASYLUMS
OF THE UNITED KINGDOM AND TO REPORT THEREON
SUCH RECOMMENDATIONS AS MAY BE ADAPTED FOR CARRYING
OUT THE MOST IMPROVED SYSTEMS OF MORAL
TREATMENT.

BY JOHN A. BICKEL, F.R.S.

The Royal Commission appointed by the Home Office in 1854 to enquire into the present practice of the asylums of the United Kingdom and to report thereon such recommendations as may be adapted for carrying out the most improved systems of moral treatment.

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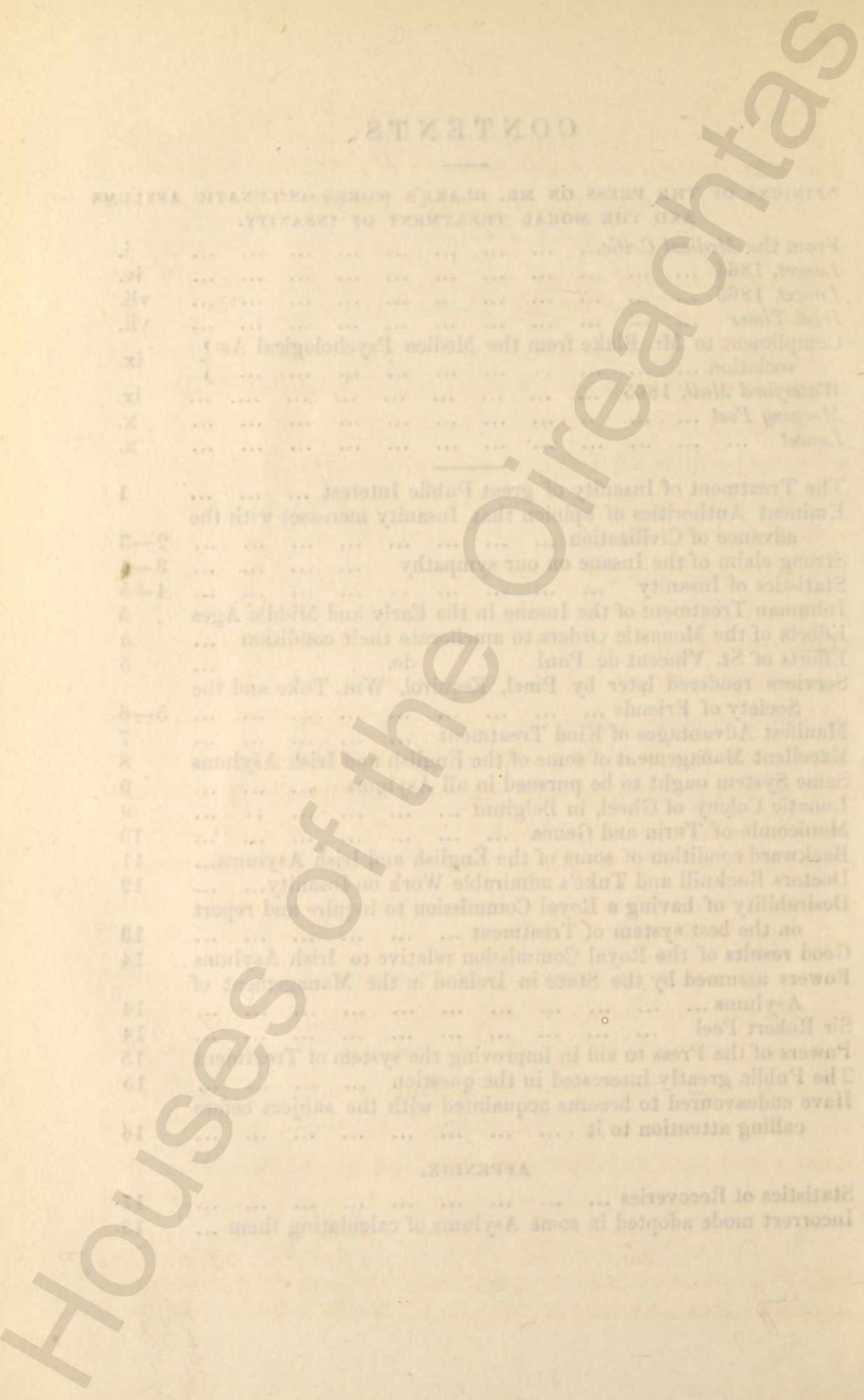
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APPENDIX

1	Statistics of Recoveries
1	Incorrect mode adopted in some Asylums of calculating them



OPINIONS OF THE PRESS

ON MR. BLAKE'S WORKS ON LUNATIC ASYLUMS AND THE
MORAL TREATMENT OF INSANITY.

(From the *Medical Critic and Psychological Journal*, 1863,
Edited by Dr. Forbes Winslow.)

Believing, as we do, that amusements which engage the attention and awaken interest, without producing excitement, are among the most important of the agents by which we may operate directly upon the mind itself, and ought to constitute a leading feature in all efforts at treatment, we rejoice to learn that they are now so efficiently conducted in the Irish asylums; and we rejoice the more, because there is reason to believe that, until very recently, they had not in these establishments received that consideration which they undoubtedly merit. An admirable pamphlet,* from the pen of John A. Blake, Esq., Member for Waterford, has been lately devoted to a discussion of this topic, and is so instructive in many respects, that we would recommend a careful perusal of it to all interested in lunacy affairs. Mr. Blake is a legislator who, unlike many with whom he is associated, does not "narrow his mind," and give up to party politics those powers which were meant to be employed for the moral and intellectual advancement of his species; but who, on the contrary, applies himself with no common vigour and intelligence, to the good work of social reform. The pamphlet at present before us affords abundant proof of this, and exhibits, in a striking manner, the industry, acuteness, and wide and kindly sympathies of which it is the offspring. It is professedly an exposition of the "defects of the moral treatment

* *Defects in the Moral Treatment of Insanity in the Public Lunatic Asylums of Ireland, with Suggestions for their Remedy, and some Observations on the English Asylums.* By John A. Blake, M.P. London: 1862. Pp. 103.

of insanity in the public lunatic asylums of Ireland," and commences by sketching, in a brief but graphic manner, the dark ages of asylum government, and the negligences and atrocities which preceded the advent of Pinel, traces of which are occasionally encountered. It proceeds to describe the rise and progress of the humane system, and the gradual substitution of moral for the worst kind of physical treatment; and then, having presented a series of quotations from the writings of the highest medico-psychological authorities as to the efficacy of amusement and occupation in the treatment of mental disease, it leads evidence as to the condition of the Irish asylums with respect to these of 1856, at the period of the Royal Commission. This evidence, which consists altogether of the well-weighed statements of medical officers of asylums, certainly justifies Mr. Blake in declaring "that a very great deficiency existed at the period of the Commission in the way of either system or appliances for occupying and amusing the patients." So strong is the evidence, that we think it renders quite unnecessary the explanation given by Mr. Blake as to the contrast which he is said to have instituted between the English and Irish asylums; for had he declared, in the most emphatic terms, that "the English asylums, taken as a whole, were better than those in Ireland" in so far as amusement and occupation are concerned, he would have been unquestionably in the right.

From the time at which the evidence which we have adduced from the Report of the Royal Commissioners in Lunacy for Ireland was given, great strides have certainly been taken in the right direction by the Irish asylums, and much has been done to supply the wants which were then indicated. The Report of the Inspectors for last year informs us that in many of the asylums there are large numbers of books, periodicals, and newspapers in circulation, and that there are besides all sorts of indoor amusements, such as

bagatelle, backgammon, cards, chess, draughts, dancing and singing; with out-door games, such as croquet, foot-ball, hand-ball, aunt Sally, nine-pins, &c. But much still remains to be done, much must be done before all the Irish asylums are brought up to that standard which Mr. Blake very properly sets up; and much might be done, we confidently predict, without incurring that risk which has filled with apprehension a wiseacre quoted by Mr. Blake, who feared to increase the enjoyments of the patients in his asylum, lest the sane people outside should feign madness in order to be admitted to participate in them. There can be no doubt, however, that the Irish asylums have been and are steadily progressive. Any defects which may have characterised them have not been attributable to the Inspectors, who obviously entertain the most enlightened and liberal views; not to the medical officers, for the Irish superintendents, from all we can learn of them, are a body of energetic and philanthropic men; but to the local boards, whose parsimony and prejudice have defeated many a benevolent effort. And it is therefore that we hail Mr. Blake's pamphlet with peculiar pleasure. Himself a member of a managing board, free from professional bias, and occupying a distinguished position, he speaks with no ordinary weight; and he has spoken so well as to enforce attention.

After quoting the conclusion of Mr. Blake's pamphlet, the *Critic* says:—

These are sound views which cannot be too strongly insisted on, or too often repeated. Cordially do we trust that they may be generally adopted by the members of the visiting committees of the Irish asylums, and that the anticipations which Mr. Blake holds out may be more than fulfilled; so that very shortly there may be no Irish asylum second in means of moral treatment to Bethlehem, Derby,

or Leicester, which Mr. Blake has placed before them in the meantime as models.

(From the Lancet, July 9th, 1864.)

Mr. Blake, M.P., is known to have devoted much attention to the investigation of matters relating to the condition and care of lunatics in Ireland. Any observations coming from that honourable gentleman are entitled to the respect which ability in the treating of a particular subject invariably secures for those who disinterestedly devote their energies to the promotion of the public good. Mr. Blake is very favourably known to the members of the medical profession on both sides of the Channel from his able exposition of the condition of the inmates of Irish lunatic asylums, his comments on and suggestions for their more efficient management, and his contrast of the systems of asylum regulation throughout the United Kingdom. When, therefore, he inquired of the Chief Secretary for Ireland whether it was the intention of the Irish Government to take any steps for making better provision for the care of imbeciles confined in Irish workhouses, he touched on a question of the gravest social importance, and one which we have in a measure recently discussed in our observations on the present position and contemplated increase of our county lunatic institutions. Mr. Blake urged the adoption of the recommendation of the Royal Commissioners, that a Central Board should be formed to discharge duties now left wholly to inspectors, and advocated the establishment of an institution in Ireland similar to that at Earlswood.

Of the advantages likely to follow from the latter proposal no doubt can be reasonably entertained. The expediency of the former was questioned by the Irish Secretary, who did not believe that there was any necessity for further legislation on the matter. A Royal Commission, having fully in-

investigated the whole of the circumstances in connection with Irish lunacy, recommends one course, and the responsible officer of the Government advocates another. This is, at least, Irish, if not consistent. The same plan has, no doubt, been previously pursued. On such an hypothesis alone can we explain the repeated and abortive efforts at legislation to which Sir Robert Peel alluded when he stated that since 1821 no less than fifteen Acts of Parliament have been passed dealing with the subject of the treatment of the insane poor in Ireland. These Acts do not appear to have adequately met the necessities of the case. In Ireland, as in England, the number of the insane has very largely increased. Seventeen asylums are already in existence, and six more are in course of construction.

The system which has been found to work so beneficially here, has been adopted for their supervision. The resident medical officers are men specially fitted for the discharge of their very responsible duties, and are fairly remunerated for the services they render. It is needless to discuss the manifest advantages which must result from the existence of a Central Board, in whom, in all matters of public inquiry or official delinquency, responsibility might rest.

Mr. Blake could have quoted our English system, were an illustration requisite. Sir Robert Peel does not believe there is any necessity for further change. This is a matter which will undoubtedly right itself, as experience demonstrates the need of the adoption of the suggestions of the Royal Commission. So far, therefore, as abstract legislation is concerned, we do not fear that any public injury will result from the declaration of the Irish Secretary; for though the changes in the law be delayed, they cannot be ultimately prevented. Self-interest, if no higher motive, will point to the adoption of a system shown to be efficient and practical. Meantime, however, what is to be done with the 2,400 idiots

which Sir Robert Peel informs us are scattered through the Irish workhouses? Is it desirable that the several workhouses forward this class of their poor to the county or district asylum, there to concentrate this special form of human suffering, and proportionately defray the expenses of their support? or should the brain-stricken paupers be permitted to linger out their span of wretched life in the local poor-houses?

Opinions are divided on this question. We incline to the latter view. The proportions of lunatic asylums are becoming alarmingly great: why increase them where no practical curative results can be anticipated for those who are so hopelessly afflicted? The Irish workhouses contain a certain number of lunatic wards. Let them be materially changed from the cellar-like structures they now appear, be formed into suitable and airy rooms, and those aged, incurable and homeless imbeciles which each union supplies be kept in them, under suitable and kindly care. Only when a case is in an active stage, and the resources of an establishment specially organised are required, should the principle of concentration be permitted to operate. We can see no possible advantage to the sufferer in being removed from the local influences of a district workhouse, unless it be for the bettering of his mental or physical condition. Efficient workhouse regulation will ensure the pauper sufferers comfort and rest. It is to be hoped that the Government will hesitate before they sanction any concentration of those 2,400 unhappy imbeciles, whose only necessities seem to be quiet, good diet, and a kindly consideration for a condition for the cure of which human aid is admittedly unavailing.

Mr. Blake's efforts in the behalf of the Irish lunatics entitle him to the highest praise. It is satisfactory to perceive that, in the conflicts of political life, one Irish member affords such practical proof of his unceasing and able efforts

in the behalf of the most dependent and helpless of his countrymen.

(From the Irish Times, Sept. 1st, 1865.)

Mr. Blake, M.P., is at present engaged in investigating the treatment of insanity pursued at the lunatic settlement of Gheel, in Belgium, with the assistance of the Government Director, Dr. Bulckens, and from thence will proceed to the foreign Social Science Congress at Berne, to confer with some eminent foreign authorities on the subject, with a view of obtaining the fullest information to enable him to introduce a bill next session, embodying his views as contained in the work published by him two years since on the moral treatment of insanity.

(From the Lancet, Oct. 28th, 1865.)

Mr. J. A. Blake, M.P., has contributed to the recent proceedings of the Social Science Congress a paper of great practical importance in reference to the treatment of insanity as pursued in our public institutions. The honourable member's suggestions are deserving of the serious attention of those interested in the mental and moral condition of the insane, and the curative efforts of medicine in their behalf. They are especially valuable as coming from one who is known to have devoted much time and attention to the subject ; to have personally rendered himself familiar with the working of the majority of our English and Irish lunatic asylums ; and to have done good service to those confined therein by the dispassionate and practical spirit in which he has advocated requisite reforms. Sir Robert Peel, the present Secretary for Ireland, has acknowledged the great utility of Mr. Blake's researches and suggestions, which, in the regulation of Irish institutions, have in many instances been acted on with the most satisfactory results. Encouraged by the success which

has hitherto attended his efforts, Mr. Blake has specially directed his attention to the present system adopted in our English establishments for the treatment of the mentally afflicted; and contrasting their operations with those of foreign asylums, as well as the statistics of home asylums one with another, he arrives at the conclusion that at present such an amount of difference in system, expense, and cure exists as imperatively calls for generalization, so far as such is practicable in directing the operations of our inexact science. For this purpose Mr. Blake advocates the appointment of a Royal Commission to inquire into the management of the various lunatic asylums in the United Kingdom. The question of lunacy—its prevention, treatment, and cure—is one of daily increasing national importance. Without inquiring into the cause, it may be accepted as a fact that the number of lunatics has within recent years increased in undue proportion to the number of the population. * * * * *

Mr. Blake does not base his proposition on the different views of medical practitioners as to whether a modified form of restraint or perfect restraint may or may not be advisable. He treats the question as one of principle developing itself under the important heads of cure and expense, the records of which in asylums, he affirms, are not uniformly proportionate to the number of their inmates, and he therefore suggests the introduction of practical general rules which may lead to their closer assimilation, and the universal adoption of some defined principle of action which may tend to a more general uniformity of result as regards the present and future condition of those whose number and the character of whose suffering specially entitle them to legislative care. No doubt great benefit would result from a well-digested analysis of the conditions respecting number, character of derangement, methods of treatment, industrial occupation, and expense, of our several asylums. It may be that a commission of limited

numbers, who would personally visit each, might, by inspection, be the better enabled to arrive at a general conclusion. Mr. Blake believes such a commission to be imperatively called for, and intimates his intention of bringing the matter under the consideration of Parliament. Whether he succeed in his purpose or not, he has placed society under a deep obligation by his philanthropic and well-directed efforts in behalf of those whose affliction precludes them from making any exertions towards their own amelioration.

COMPLIMENT TO MR. BLAKE, M.P., FROM THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

It affords us (*Waterford Mail*, Oct. 2nd, 1865), much pleasure to perceive by the following letter from Dr. Tuke, the eminent author of some standard works on insanity and lunatic asylums (and descendant of the famous William Tuke, the Quaker, who exposed the horrors of the York Asylum), that the association of which he is secretary have elected Mr. Blake an honorary member. This distinction is not only an acknowledgment of Mr. Blake's efforts to ameliorate the condition of the insane, but is a proof from the highest authority in the empire (the association being composed of medical men engaged in the treatment of insanity, and those who have written on the subject), of his competency to deal with a question to which he has devoted much of his time, as well as the services he has rendered to the cause of this particular science by his writings and legislative efforts:—

37, Albemarle-street, Piccadily, 12th September, 1865.

DEAR SIR—I have the honour to inform you that at our last meeting at the College of Physicans, you were unanimously elected honorary member of our association, as a mark of our grateful acknowledgment of your efforts to improve the position of our branch of science.

I have the honour to be, dear sir,

Your obedient servant,

HARRINGTON TUKE, M.D., Hon. Sec.,
Medico-Psychological Association.

John A. Blake, Esq., M.P.

The *Morning Post*, and the *Lancet* (medical journal), thus notice the matter :—

CONTINENTAL LUNATIC ASYLUMS.—Mr. Blake, M.P., has lately returned from inspecting the lunatic settlement of Gheel in Belgium, the Manicomio Regio of Turin and Genoa, and similar establishments in Switzerland and other parts of the Continent, with a view to ascertaining the mode pursued of treating insane persons—a subject to which the honourable member has applied himself for many years with the desire of ameliorating the condition of that unhappy class. The result of his inquiries will be submitted in a paper to be read at the approaching Congress of the Social Science at Leeds. Mr. Blake has been unanimously elected a member of the Medico-Psychological Association, an honour rarely conferred on these outside the ranks of the medical profession.—*Morning Post*.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—At the last meeting of this association, Mr. John A. Blake, M.P. for Waterford, was by those present unanimously elected as an honorary member, “in grateful acknowledgment of his efforts to improve the position of their branch of science.” This distinction, rarely accorded to anyone outside the medical profession, could not have been more deservedly bestowed. On all questions affecting the medical and moral treatment of the insane, the regulations of asylums, and the care of a largely-increasing class of sufferers, Mr. Blake has manifested an accurate acquaintance with the principles of psychological science, and enlarged views as to the obligations which insanity imposes on those entrusted with their care. In Parliament by his personal influence, out of Parliament by his able writings, he has awakened public attention to the condition of our asylums, with a view to their better and more efficient regulation. Mr. Blake has for some weeks past been personally inspecting the Lunatic Settlement of Gheel, in Belgium, and also has visited the State Asylum in Turin, and similar institutions at Genoa and other continental towns, with the view of contrasting their several systems of treatment and management, as preliminary to the introduction of legislative measures in the coming session of Parliament. The Medico-Psychological Association could not have more worthily exercised their discretion than in the honour they have conferred.—*Lancet*, Sept. 30.

SOCIAL SCIENCE CONGRESS.

DEPARTMENT OF HEALTH.

SHEFFIELD, OCT. 10, 1865.

In this department, at its sitting to-day, in the absence of Mr. BLAKE, M.P., the following Paper, prepared by him, was read at his request by JOSEPH FISHER, Esq. :—

On the Moral Treatment of Insanity, with Suggestions for the Appointment of a Royal Commission to Inquire into the Treatment pursued in the Asylums of the United Kingdom, and to Report upon the System which appears best adapted for carrying out the most approved Principles of Moral Treatment.

The Moral Treatment of Insanity might at first sight appear to possess no particular claims upon the attention of a Social Science Congress, but I venture to think, that a somewhat closer view of Insanity generally, and especially of the actual condition of the Insane in the United Kingdom, will serve to convince every thoughtful mind that the subject I have selected well deserves the attention of the assembly, to which I have the honour of submitting this Paper.

In the first place, I may venture to remind you, that, amongst recent writers upon the subject of Insanity, several of the most eminent have not hesitated to trace some direct relationship between our advanced civilization, and the increased prevalence of Insanity. The suspicion that some hidden connection subsists between a high state of social progress, and the amount of madness prevailing in a community, like many other social truths, has not the merit of novelty. Horace made it the subject of remark, in the days when Rome was most flourishing ; and, although the luxury, the vices, and the social crimes, described by that writer, and by Juvenal, happily find no parallel in the nineteenth century, it is not a little remarkable that the spread of Insanity, in its connection with a high state of civilization, should have challenged the attention of the older writers, just as it now engages the anxious consideration of perhaps the most eminent modern psychological authorities.

Without attempting to trace between our present social advancement, and the prevalence of Insanity, the relations of cause and effect, I think it is impossible to review the intense intellectual activity of the age in which we live, without harbouring a suspicion, that excessive mental toil must tend, in many cases, to strain the mental powers beyond the limits of healthy endurance. The last fifty years have been fertile in scientific and mechanical discoveries beyond any period of like extent in the history of the world, and, in reading the address delivered by Professor Phil-

lips a short time since in Birmingham, it is impossible not to be struck by the enormous amount of intellectual toil, of which that able and lucid introductory speech afforded a mere synopsis. Within the memory of living men the competition in the various learned professions, has increased prodigiously, and year after year the Oxford local and middle class examinations are attracting the youth of this country to enter at an earlier age, the arena of intellectual competition. Annual meetings of the British Association, our Social Science gatherings, the present high standard of popular education, the competitive system of examinations, the brilliancy and utility of our modern inventions, our scientific labours and discoveries—all these, doubtless, are subjects for national pride; but they can hardly be said to impart a feeling of unmixed congratulation. *Pari passu* with these social triumphs, Insanity increases—the older institutions for the reception of the Insane have to be enlarged, and new structures yearly arise—the refuge of those who, in the keen contest of mind against mind, and in the vain struggle for fame, for position, sometimes even for bread, have overtaxed their intellectual powers, and have fallen out of the race, crippled in the functions of man's noblest organ—the brain.

I cannot but think that this unhappy class has a special claim upon our compassion, and that the fitting and best system of moral treatment of its victims, is a question which may for

once claim the time and attention of a Social Science meeting.

Deeply interesting as the statistics of Insanity are to the thoughtful student of blue-books, it is not my intention to do more at present than direct the attention of this assembly to the barest outline of the numbers of the Insane. To begin at home : In England and Wales we find, from the Reports of the Lunacy Commissioners to Parliament, that the numbers of the Insane on the 1st January, 1865, were :—

Private Lunatics	5,661	
Pauper Lunatics	23,764	
			29,425
From the returns of the Irish Inspectors to the Lord Lieutenant, the Insane in Ireland on the same day were, in round numbers...		8,485
In Scotland on the 1st January, 1864 (the latest official return), the numbers were...		6,359
Thus giving a total for the United Kingdom of ...			44,269

Without entering into the statistics of other countries, it may be shortly stated that in England and Wales, comparing the returns of the year 1861 with the census of the same date, there was one lunatic, or idiot, to every 512 of the population. In Scotland, at the same date, the proportion was one in every 344. In Ireland, at the present time (1865), after allowance has been made for emigration since the census of 1861, the proportion is one in 667. In the United States of America the number of the insane was estimated in 1861 at one in 738. In France the number of lunatics and idiots has been

estimated at one in 795. In Norway the proportion stands at one in 551. In the Rhenish Provinces the insane are reckoned at one in 666.

From the region of positive facts presented in the statistics of Insanity, I should invite you to accompany me into the almost boundless realm of speculative opinion concerning the causes and origin of this most lamentable form of disease; but the limits of this Paper preclude my doing more than reminding you that the theories advanced upon this subject are well nigh as numerous as the writers who have attempted to solve a problem which still baffles the keenest psychological intelligence, and refuses to yield its secret to the minutest scrutiny of the pathologist's microscope. Various as are the speculations which have been advanced upon the ultimate causes of this inscrutable malady, I shall not further dwell upon this doubtful but interesting branch of the subject, as I am more anxious to arrest your attention upon the practical question of its treatment.

With the brilliant exception of the early efforts made by the monastic orders on the Continent to introduce a more humane and enlightened principle of treatment in Insanity, efforts which may be said to have found their highest exponent in the person of the illustrious apostle of benevolence, St. Vincent de Paul, the treatment of the insane, from the days of Hippocrates to the year 1792, may be shortly described as a system of brutal coercion and merciless repression. In that year, ever memorable in the an-

nals of humanity and the treatment of insanity, the great Pinel, in France, struck the chains from the limbs of fifty patients in the Bicetre; and in England, Wm. Tuke, a member of the Society of Friends, and a reformer not less illustrious than Pinel, proposed the establishment of "The Retreat" at York. The example set by Pinel abroad gave the death-blow to the "reign of terror" in Continental mad-houses. In England, the glorious reform owed its origin to Wm. Tuke and to the unflinching fidelity with which his philanthropic efforts were seconded by the benevolent Society of Friends. Without dwelling upon the early struggles of the new system of non-restraint treatment against the ignorance, the cupidity, and the heartlessness of its opponents, there can be no doubt that since the days of Pinel and Esquirol abroad, and the date of the establishment of the Retreat at York, Lunatic Asylums in all countries have steadily improved in their principles of treatment; some of them more rapidly than others; but still all have been compelled by the voice of public opinion to substitute the principle of moral treatment, kindness, persuasion and encouragement towards the lunatic, for the former plan of physical repression, confinement, stripes and cruelty. Indeed, the shortest experience of the contrasted results of the two methods of treatment triumphantly established, not alone the necessity, but the policy and economy of the new system. The old and inhuman plan of treatment condemned the vast majority of the sufferers from insanity

to mad-houses where the cruelties and neglect they suffered rendered their condition often worse, their cure generally hopeless. Under the modern system a large proportion of the unhappy sufferers is restored after a short seclusion to friends and to society; and this result was strikingly apparent in public institutions conducted upon the non-restraint principle.

At the present day, happily, the general principles of kind and moral treatment of the insane, in public institutions especially, are universally recognised and acted upon by alienist physicians, the main difference between one Asylum and another being the extent to which these principles are carried out; and this leads me directly to that branch of the subject to which I desire prominently to invite your attention.

From whatever causes insanity may proceed, I think I am entitled to assume it as a fact that science and experience have now established the principle that, save in very exceptional cases of extreme violence, or of marked homicidal or suicidal tendencies, the utmost possible liberty, consistent with their safety, should be accorded to the inmates of Lunatic Asylums; and, that the true curative indications of treatment consist in affording to the lunatic healthy occupation, without excitement, and a fair proportion of mental and physical amusement; and further, that in a well conducted institution, the lunatic ought as soon as possible after the lapse of the period of excitement or paroxysmal violence to be treated as, and led to feel that he is once

more a member of the human family. I am also of opinion that in the selection of an occupation for the lunatic, it is not, as a rule, desirable to place him at that trade or calling at which he found himself engaged at the period of his first attack of insanity. I rejoice to add that in the best and most successfully conducted institutions with which I am personally acquainted the principles that I have here advocated are fully carried out. I should be glad to pause here and offer a well-merited tribute of praise to the manner in which some of our English and Irish Asylums are conducted. I am only restrained from referring to a few of them by name by the consideration that my silence respecting other institutions might be construed as a tacit censure upon their management and conduct. In a work upon the subject of the Defects of Public Asylums, which I published some years since, I have entered more fully into this question than the limits of this Paper would admit of my doing on the present occasion, nor is it my purpose just now to travel beyond the general principle of moral treatment.

Conceding as I do that all public asylums have, since 1792, made steady progress in the direction of a more successful and enlightened principle of treatment, and feeling convinced that the moral treatment of the insane by kindness, occupation, and amusement, is now firmly established, I would venture to ask why is the principle now carried so much further in some institutions than in others? and, again, would

it not be possible to lay down some general code of rules and regulations for the guidance of all public and private asylums in the United Kingdom, and thus afford to their inmates the fullest advantages, limited only by local circumstances, of liberty, occupation, and amusement? In visiting public asylums at home and abroad, I have often been struck by the different principles which appeared to guide the governing powers of almost neighbouring institutions. Thus, in England, the Asylums of Leicester and York have absolutely no boundary walls—nothing beyond a quick-set hedge—while other English county asylums are protected by the old conventional high prison-like walls, and I may add that the official returns of these respective institutions show that the attempts at escape are less frequent in the unwalled than in the walled asylums; and, what in a fiscal point of view, is of greater importance, the number of attendants required is less. At Gheel, in Belgium, the lunatics are confined by no boundary limit whatever—there is no wall, no hedge, no line of demarcation between the mentally afflicted patient and the healthy colony in which he finds a refuge and a home. Indeed, in this admirable lunatic colony I witnessed the insane and the sane working side by side at their various avocations, and with this almost incredibly encouraging result, that whereas Gheel receives only such cases as are deemed incurable, it actually cures eighteen per cent. of its, I was about to say inmates—it would be more appropriate to term them guests.

At Turin, again, I saw at the Manicomio Regio, restraint imposed in many objectionable forms—patients, for instance, bound and strapped to their beds. Only sixty miles off, in the Manicomio at Genoa, almost all restraint was discarded, and the sleeping-rooms of the patients were not even isolated by a door—a curtain alone extended across the opening. The same disparity in the line of practice pursued prevails amongst the Asylums of the United Kingdom (perhaps I ought not to include Scotland, as I have not personally visited the Scotch Asylums). In some of the Asylums of Great Britain and Ireland the most enlightened modern principles of treatment are carried out to the fullest extent, and with the most gratifying results; the patients enjoy a considerable amount of liberty; healthy occupation and a fair proportion of amusement are provided for them; they are treated with kindness and confidence. In other asylums the same principles of treatment appear to be in their infancy, judging by the extent to which they are practically carried out. In point of fact, as asylums are at present governed, the inclination or the indolence of the resident staff of officers determines the extent to which the patients shall benefit by principles whose adoption is now admitted to afford the best means for their restoration to the blessings of an unclouded reason. Some of the institutions of this country in which the moral treatment of the inmates appears to be a matter of indifference to the staff, are little better than county gaols, where

the lunatics are merely detained in safe custody—they are, no doubt, clean, orderly, and comfortable—but they hold out little prospect of exercising a curative influence upon their inmates. This anomalous and backward condition of some of our public asylums is the more remarkable, and the more to be deplored, when it is borne in mind that the statistics of well-conducted asylums indubitably establish the fact that where liberty, occupation, and amusement exist to the greatest practical extent, *there* recoveries are most numerous and most rapid. In short, the moral treatment of the insane is the economical treatment of the insane. In any institution in which the lunatic feels that he is not treated as a close prisoner, and that he is under a regime of kindness, he is more amenable to authority, and makes fewer attempts to escape.

The conviction that the fullest application of the principles of moral treatment is inseparably associated with the economical administration of lunatic asylums, very materially contributed to lead me, as a governor of one of our Irish district institutions, to devote special attention to this subject. I am particularly anxious to impress this conviction upon such a meeting as that of a Social Science Congress, because amongst its distinguished members it includes, doubtless, several visitors and governors of lunatic asylums, and I confess I entertain strong misgivings as to the moral treatment of the insane receiving the consideration it deserves until the subject is taken up by the non-professional

members of the community. The limits wisely assigned by the Congress to the length of individual papers warn me to proceed to the last subject with which I propose to deal ; but inasmuch as I have been compelled to advance statements to the accuracy of which space prevented me from tendering statistical proofs, I would beg to refer you on the subject of statistics and the results of treatment to the admirable work of Drs. Bucknill and Tuke, entitled " Psychological Medicine," 2nd edition.

And now, finally, as to the practical remedy which I would propose for assimilating the mode of treatment in the asylums of the United Kingdom, and for securing in all these institutions the fullest recognition and practical application of the principles of moral treatment, occupation and amusement of the lunatics. I must admit that I entertain little hope of individual effort being equal to the accomplishment of so important and so beneficial a task. The treatment of insanity is at best but an inexact science ; and viewing the vast disparity which exists between different institutions in the application of the principles I have advocated—considering also the fact that so much is at present left to the individual zeal, discretion, or indifference of local authorities—bearing in mind the want of uniformity throughout the kingdom in even the plans pursued in framing statistical returns from the various asylums—I am forced to the conclusion that there is but one efficient remedy for the existing state of things. That remedy is to be

found in the appointment of a Royal Commission to inquire into the management of the various Lunatic Asylums in the United Kingdom. The non-restraint system has been in operation since 1792, and is now carried out more or less fully, and with varying results as to success, throughout the United Kingdom. I am convinced that the evidence which could be collected from the different resident and visiting physicians and managers of lunatic asylums, as to the extent to which they, in their several asylums, carry out the moral treatment of the insane, their occupation and amusement—the principle upon which they calculate and make their returns of cures and relapses—the fiscal results of the application of liberty, as regards the number of attendants and keepers required—evidence of this nature would, I am persuaded, afford the most convincing proofs that the great reforms of Pinel and Tuke admit of wider application than they at present receive, in some at least of our public asylums. And I would further suggest that the Privy Council should frame, from the evidence so collected, a set of rules and regulations for the better government of Lunatic Asylums, the adoption of which should be made compulsory in all public and private lunatic asylums. We should thus have afforded to the resident physicians of these institutions a *point de départ* in the shape of a set form of rules embodying the best principles of moral treatment which experience had shown to be successful, and below which standard it would be illegal for

them to allow their asylums to fall. But I venture to entertain the hope that the evidence which such a commission would elicit, would be of a character so conclusive as to convince the most sceptical of the policy and economy of extending the moral treatment of the insane, and that the most indolent would receive an impetus overcoming their indifference to the claims of suffering humanity and the best interests of the unhappy beings confided to their charge.

In Ireland the State assumes the chief management of District Lunatic Asylums, and the suggestions made by a Royal Commission some years since as to their better regulation were attended with important results. Indeed that enquiry chiefly contributed to direct my own attention to the condition of the insane in the sister island, and in the various English and foreign institutions which I have visited. Since the date of that commission I have devoted unremitting and anxious attention to this subject. I have three or four times, in my place in Parliament, drawn the attention of Government to some defects in the conduct of Irish Asylums, as regarded moral treatment, and I am bound to acknowledge the courtesy and attention with which the present Chief Secretary, Sir Robert Peel, has received my representations. He has done me the honour publicly to admit that my humble efforts have led to important improvements in Irish Asylums. If, then, the efforts of one individual have elicited such an admission from one of the chief officers of the Crown, I

cannot but entertain a strong hope that the appointment of a Royal Commission, for the objects I have indicated, would mark a new era in the management of all the institutions for the reception of the insane throughout Great Britain and Ireland.

In conclusion, I would wish most earnestly to impress on the members present, as well as on those who may hereafter peruse this Paper in the Transactions of the Association, that there are very few who cannot, within the sphere of their own influence, no matter how limited, do something towards assisting to bring all our public asylums for the insane to the right standard of excellence as regards moral treatment. Its leading principles are very simple; and a member of a committee of management of an asylum, or even a casual visitor walking through the wards and grounds can readily see whether they are in operation; and the press, both medical and political, can render valuable service by assisting to investigate the question, and fearlessly pointing out whatever calls for amendment, and calling on the Legislature to apply a remedy.

The improvement of the treatment of the insane is of interest to nearly all. The dread disease is not a partial one. The noble and the pauper, the beautiful, the deformed, the learned, the ignorant, the good and the wicked, are alike subject to its terrible influence,

*æquo pulsat pede, pauperum, tabernas,
Regumque turres.*

Unhappily its victims are on the increase ; therefore, it becomes the more necessary to do all skill can devise or humanity accomplish for its cure.

To the ratepayer it is a matter of no small importance that asylums should be brought to the highest point of curative excellence ; for with an increase of recoveries the demand made on him for their support would decrease ; and to the poor themselves it is probably a matter of the greatest interest of all that those of their kindred, on whom God's dread visitation might fall should be quickly restored to the humble home of which they have been quite as much the comfort, stay, or pride, as the occupant of the lordly mansion. To assist in accomplishing something beneficial for those whom Providence visits with so terrible an infliction, is a holy and a noble task ; and where a restoration to reason may be even hopeless, we are equally bound to do all we reasonably can to lighten the dull tedium of confinement of those whose minds the inscrutable wisdom of the Almighty decrees shall never again be brought back to health, peace, and usefulness.

I desire that it should be particularly understood that I have not ventured lightly to occupy public attention with this subject, without first endeavouring to make myself thoroughly acquainted with it. Apart from other considerations, I felt bound to do this to enable me properly to discharge my duties as one of a local board of management of an asylum, as well as a

member of the legislature, where so many questions affecting the insane are discussed. During the last three sessions important bills relative to them have been passed. In addition to having visited nearly every asylum in the Kingdom, I have gone over some of the principal ones on the Continent (having only just returned from an inspection of the lunatic colony of Gheel, and some of the Swiss and Italian Asylums), consulted the best works, and have had the advantage of personally conferring with many of the men who have proved most successful in the treatment of insanity. My chief object has been to make the public mind comprehend and adopt the great truths laid down on the subject, and especially to impress these truths on the minds and consciences of those who are placed in a position to alleviate the condition of those whom Providence has visited with the sad consequences of insanity. For until then we cannot hope to see effected for those afflicted ones all that skill, judiciously directed, can accomplish.

NOTE.—Papers submitted to the Social Science Congress are not permitted to exceed a certain length, and in order to bring the preceding pages within the prescribed limits, the author was obliged to sacrifice some statistical details which he had prepared for the occasion.

The following figures are a portion of the statistics thus sacrificed:—

When speaking of the influence of excessive mental labour upon the production of insanity, it should be remembered that, according to the best authorities, about fifty per cent., or one-half of the actual number of lunatics, show hereditary predisposition; but the very interesting question suggests itself, whether a large number of those so circumstanced might not have passed through life without manifesting insanity, had not the latent germ been developed by great mental strain, anxiety, intemperance, or

any of those causes which so severely test the balance of the mental powers? In most persons the first attack of insanity occurs between the ages of 20 and 35 years, the period of all others which is marked by the greatest intellectual activity in the educated classes, and by the greatest strain upon the moral sentiments amongst the uneducated. Next to hereditary taint, the most important *predisposing* cause is delicate mental organization, and amongst the *exciting* causes the most remarkable are—1st. Intemperance, which is responsible for 12 per cent. of all the admissions into lunatic asylums. 2nd. Domestic troubles, anxiety and grief, contributing about 14 per cent. 3rd. Epilepsy, and affections of the head and spine, which together produce about 12 per cent. Lastly—Vice and immorality, intense study, religious and political excitement, contribute in about equal proportions to the insane population of the country.

With regard to recoveries: in well-conducted asylums, such as the "Retreat," at York, if we examine the returns from that excellent institution from 1796 to 1861, we find that on recent cases admitted within three months after the outbreak of insanity, the recoveries amount to 71 per cent. When the patient is not sent in until after the expiration of three months, the proportion of recoveries falls to 35 per cent.—a very strong argument in favour of early recourse to a good asylum in all cases of insanity. The statistics of the "Retreat" are particularly valuable, because they extend over a considerable period of time, and because they are framed upon an uniform system.

Nothing can be more deceptive than the statistics of insanity, in so far as the cures returned by some institutions are concerned. When investigating the subject some years since, I found in some asylums a system of framing returns was pursued, which I may thus illustrate. A B was admitted insane on, say the 1st January, 1850. He recovers let it be supposed in six months, and in the return at the end of the year A B figured as a cure. On the 2nd July, 1851, A B was again admitted. He has been out more than a year (a year and a day), and he is therefore entered as a new case; and in the returns for 1851, supposing him to recover again, he was returned as another case, and so on to the extent of half a dozen relapses. Now, A B's second and subsequent admissions ought to have appeared as relapses. That such relapses are frequent is evident from the fact that at Hanwell they are estimated by Dr. Connolly at 50 per cent. A case is considered to be a relapse, or entered as a new one, according to the length of time which elapses between the discharge of the patient and his subsequent re-admission, and this interval I have found to vary in some institutions. It is not difficult to realize the possibility of so ingeniously

traming these returns as to make it appear that in a badly-conducted asylum the cures are more numerous than in a model institution. A patient may be sent out as cured upon the appearance of a somewhat lengthened interval—he counts as a cure—and inasmuch as returns deal with numbers, and not with names, a hypothetical patient, such as I assume, may figure for cures as numerous as his discharges from the institution. Hence the absolute necessity which I conceive to exist for the adoption of some uniform system of statistics, and some unvarying data from which to estimate and return cures and relapses. No authority short of the Privy Council could compel the adoption of this most desirable uniformity of system.

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