

Psychiatry in the 1880s

A Great Presidential Address

The Annual Meeting of the MPA in 1881 was held at University College, London; it coincided with an International Congress of Medicine and so there were an exceptional number of foreign visitors. A group photograph of members and visitors was reproduced in the *Journal* for June 1978 (132, facing p. 530).

For this occasion the Association chose as its President one who of all its members probably enjoyed the widest international reputation, Daniel Hack Tuke. The meeting was necessarily confined to a single day and was almost entirely devoted to the Presidential Address, in which Tuke surveyed the progress of psychological medicine in the forty years since the Association was founded.

This is probably the most famous of all such addresses, because Tuke included it in the book he published in the following year, *Chapters in the History of the Insane in the British Isles*, and it is also quoted and commented on in Zilboorg's *History of Medical Psychology*. Zilboorg's admiration for Hack Tuke is shown in every line of the ten pages devoted to the latter's life and work. He assesses Tuke's influence on British psychiatry as inestimable, and describes him as one whose professional authority was immense and who showed a rare combination of scholarship and leadership. All this will be readily endorsed by anyone even superficially acquainted with Tuke's work from the pages of the *Journal of Mental Science*, of which he was one of the Editors.

Zilboorg's summary of the Address is mainly concerned with defining Tuke's position and outlook in relation to psychiatric opinions and theories then current. The following extracts, on the other hand, have been chosen because they seem to have a topical value for today.

Lord Shaftesbury, who was still Chairman of the Lunacy Commissioners, was present at the meeting and spoke at the conclusion of the Address, and an extract from his speech is also presented.

After noting progress in the construction and arrangement of asylums, Tuke continues:

"The tendency at the present moment is to attach less importance to bricks and mortar, and the security of the patient within a walled enclosure, than to grant the largest possible amount of freedom, in asylums, compatible with safety. The more this is carried out, the easier, it is to be hoped, will it be to induce the friends of patients to allow them to go in the earliest stage of the disorder to an asylum, as readily as they would to a hydropathic establishment or an ordinary hospital, to which end medical men may do much by ignoring the stupid stigma still attaching to having been in an asylum. The treatment of the insane ought to be such that we should be able to regard the asylums of the land as one vast Temple of

Health. . . .

"Most heartily do I agree with Dr Kirkbride when he says that "Asylums can never be dispensed with . . . without retrograding to a greater or less extent to the conditions of a past period with all the inhumanity and barbarity connected with it. To understand what would be the situation of a people without hospitals for their insane, it is only necessary to learn what their condition was when there was none."

"In advocating the prompt and facile recourse to an asylum, I include, of course, the cottage treatment of the insane so long ago resorted to by Dr Bucknill, and extended in so admirable a manner by my immediate predecessor in this chair [Dr Mould of Cheadle Royal] . . . Moreover, I would not say a word in disparagement of the placing of suitable cases in the houses of medical men, or in lodgings, under frequent medical visitation. I also recognize the value of intermediate or border-land institutions, so long as they are conducted with the sanction of the Commissioners and open to their inspection.

"The modern advocacy of the open-door system has been recently brought under the notice of the Association by Dr Needham, with the view of obtaining a general expression of opinion on a practice, to the wisdom of which he is disposed to demur."

Tuke could not, of course, conceive of a developed system of community care that might obviate the need for admission to hospital, but his warning against a return to neglect and inhumanity cannot be said to be entirely outdated.

The open-door system he mentions was the one started by Dr Batty Tuke (no relation) in Scotland in the early 1870s, which had been the subject of much argument since. He goes on to discuss the topics of 'cure asylums' and 'care asylums' (to use the German terms)—perhaps equivalent to the present-day question of the respective roles of psychiatric units and psychiatric hospitals:

"In England the separation principle has been recognized in Hardy's Act (30 Vict., c. 6) for the establishment in the Metropolis of Asylums for the Sick, Insane, and other classes of the Poor, 1867; and, again, in the erection of such an asylum as Banstead for Middlesex—and I am informed by Dr Claye Shaw, who, from holding the office of Superintendent there, and formerly superintending the Metropolitan District Asylum of Leavesden, is well calculated to judge, that the experiment has proved successful—that the patients do not suffer, and that the office of Superintendent is not rendered unendurable. Regarded from an economic point of view, it has been found practicable to provide buildings at a cost of between £80 and £90 per bed, which, though not aesthetic, are carefully planned for the care and oversight of the

inmates. This includes, not only the land, but furnishing the asylum.'

Tuke was wrong here, for the Middlesex County experiment was not a success, and within a few years Banstead became an all-purpose asylum for which it was structurally ill-adapted.

It is curious that, although Tuke was well aware of what was being done for the mentally defective at places like Earlswood and Darenth, and in fact included a chapter on 'Our Idiots and Imbeciles' in his book, yet here they are all lumped together with 'harmless chronic lunatics' as needing only the cheapest and most rudimentary kind of shelter.

He now goes on to consider medicinal treatments—in a generally sceptical vein, yet with some optimism:

'If the success of the treatment of insanity bore any considerable proportion to the number of the remedies which have been brought forward, it would be my easy and agreeable duty to record the triumphs of medicine in the distressing malady which they are employed to combat. But this, unhappily, is not the case. Hypodermic injections of morphia, the administration of the bromides, chloral hydrate, hyoscyamine, physostigma, cannabis indica, amyl nitrite, conium, digitalis, ergot, pilocarpine, the application of electricity, the use of the Turkish bath and the wet pack, and other remedies too numerous to mention, have had their strenuous advocates during late years. Each remedy, however, let us hope, leaves a certain residuum of usefulness behind it, through failing to fulfil all the hopes raised on its first trial.

'Dr Ramskill lately avowed his opinion in my hearing that the advent of the bromide has done infinite mischief. Others, attacking chloral, would maintain that while the bromide has slain its thousands, chloral hydrate has slain its tens of thousands . . .

'Employed without discrimination, regarded as a talisman in insomnia and excitement—petted, in short, when it ought to have been restrained—chloral became for a time the spoilt child of psychological medicine, and, like other spoilt children, it has disappointed the fond hopes of its parents . . .

'On the other hand, there are the successes obtained by the employment of drugs without our being able to say why or how they have exerted a curative agency; and it is obvious that as the number of drugs has so much increased during the period over which my survey extends, the chances of hitting on the right remedy are proportionately increased. How often we see one, two, or three drugs exhibited in mania without any result, while a fourth acts like a charm. Only by studying in detail the special characteristics of each case, can we hope to find a clue which will serve as a guide to the treatment of a subsequent one . . .

'I cannot, indeed, understand anyone seriously maintaining that we are practically no better off in our medicinal resources now than we were forty years ago.'

Lastly Tuke considers the purposes and duties of the Association in relation to research and teaching, to its own members' interests (especially in regard to 'fair provision in the evening of life'), and to the public:

'With regard to the influence of this Association on Public Opinion, we should be strangely faithless to our mission if we were not the expositors of the principles in accordance with which the insane ought to be regarded; if we did not endeavour to enlighten the community in the doctrines of true psychological science, and in that philanthropy which is as far asunder as the poles from the fitful pseudo-philanthropy from which our country is unfortunately not free, the wild, ill-regulated, hysterical clamour with which we are epidemically visited, as injurious to the lunatic as it is to the interests of society at large.'

And though the following passage occurs earlier in the Address, it may serve as a fitting conclusion to this set of extracts, providing we take it as signifying, not complacency, but faith, together with a hope which after a century is still unfulfilled:

'The old system subjected patients who under-went any medical treatment at all to a miserable routine, often determined by the season of the year and the phases of the moon, rather than the condition of the patient.

The new does not pretend to possess a universal formula, or to have discovered the Psychologist's Stone, but strives to treat each patient according to individual indications.

The old system desired secrecy; the new is not afraid of publicity.

The old system, in short, believed in harshness and darkness; the creed of the new is "I believe in sweetness and light".'

Lord Shaftesbury proposed the vote of thanks to the President. In the course of his speech he recalled the dreadful conditions that existed when he first concerned himself with the insane, and the Select Committees of 1859 and 1877, who had not 'hit a single blot' of unjustified certification. 'I am perfectly sure that in nine cases out of ten, if we can secure early treatment and due care great good will result, and we shall do more to abate the miseries of lunacy than by any other means. The tendency is to place cases under treatment too late and let them out too early. We must watch this very carefully—it is an extremely difficult matter because there is a great deal of feeling as regards the liberty of the subject.'

[*Journal of Mental Science*, October 1881, 27, 444 ff.]

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