

**THE AUSTRALASIAN MEDICAL  
GAZETTE: BEING THE OFFICIAL ORGAN  
OF THE COMBINED AUSTRALIAN  
BRANCHES OF THE BRITISH MEDICAL  
ASSOCIATION. VOL. I.**

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**FREDERIC MILFORD**

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BRITISH MEDICAL ASSOCIATION.

VOL. I.

Edited by **FREDERICK MILFORD, M.D.**

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IS INSANITY INCREASING?

Read before the Medical Section of the Royal Society of New South Wales.

By FREDERICK NORTON MANNING,  
 M. R. C. S. E. M. D., ST. AND., L. S. A. LOND.,  
 Inspector-General of Hospitals for the Insane, New South Wales.

In two former papers read before the Section of the Royal Society of New South Wales, I have set forth the proportion of insane persons to the general population in this and other countries, and discussed at some length the causation of insanity. I now propose to try and answer the question, "Is insanity increasing?" This question is one not unfrequently asked in society; it is from time to time discussed in the public press, and is of great social and practical importance. The occurrence of the census year appears to be a specially fitting time for its discussion, because it affords us, so far as our own colony is concerned, an opportunity of dealing with accurate returns, and eliminating errors which might arise in dealing with these estimates of population.

The following short return shows the population of New South Wales, the number of insane and the proportion of insane persons per thousand of the population, on Dec. 31st, 1861, Dec. 31, 1871, and April 3rd (census day), 1881; the number of males and females being distinguished. For the statistics of population I am indebted to the courtesy of the Registrar-General, who advises me that those for 1881 are subject to the minor correction which may be necessary in the final revision of the census returns.

	Population.			No. of Insane			Proportion per 1000		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Dec. 31, 1861...	502,099	196,179	318,378	333	207	540	2.63	1.06	3.34
Dec. 31, 1871...	584,120	215,913	368,133	372	268	640	3.10	2.38	3.49
April 3, 1881...	611,052	237,910	373,162	383	215	598	3.18	2.98	3.06

From these figures it appears that whilst the general population has in 20 years increased 109 per cent., the number of insane has increased 154 per cent., and the proportion of insane has risen from 2.34 per 1000, or 1 in 426, to 2.85 per 1000, or 1 in 350.

Taking the decennial periods, it will be seen that from 1861 to 1871 the increase of population was 45 per cent., and of insane persons 65 per cent.; the proportion of insane to population rising from 2.34 to 2.67 per 1000; whilst from 1871 to 1881 the increase of population was 44 per cent., and of the insane 54 per cent.; the proportion of insane to population rising only from 2.67 to 2.85 per 1000.

Turning to the neighbouring colony of Victoria, we find that the increase in the number of insane during the last 20 years has been even greater than in this colony. In 1861 the population of Victoria was 541,800, and the number of insane persons 702, or 1.29 per 1000. In 1881, the population, as ascertained by census, was in round numbers, 855,000, whilst on Dec. 31, 1880, the number of insane had risen to 3,065, or 3.58 per 1000; so that whilst the population had only increased by 57 per cent., the number of insane had more than quadrupled and bore a proportion to the population nearly three times larger than in 1861.

The increase in the proportion of insane to population was much more marked during the period from 1861 to 1871 than from the latter date to 1881, being from 1.29 to 2.71 per 1000 during the former ten years, and only from 2.71 to 3.58 per 1000 during the latter.

In South Australia the population in 1871 was 185,626, the number of insane persons 324, and the proportion of insane to population 1.74 per 1000, whilst at the close of 1880 the population was 267,662, the number of insane 587, and the proportion to population 2.19 per 1000.

The increase in Queensland and New Zealand, with the details of which I will not trouble you, has been equally marked. Going now to older countries, we find that in 1844 there were in England and Wales 20,611 registered insane persons. In 1861 the number had risen to 41,129, and in 1879 to 71,191. In 1844 there was 1 insane person to every 800 of the population; in 1861, 1 in about every 550, and in 1879 1 in every 360.

The Commissioners of Lunacy for Scotland, in their report for the year 1879, state that when they entered on their duties in 1858, the number of insane persons officially known to the Board was 3,823, and that there has been an increase of 3,801 since that date. The insane under their jurisdiction have therefore increased 65 per cent. in 20 years, whilst the population has only increased 20 per cent. during the same period.

From the returns made by the Inspectors of Lunatic Asylums in Ireland, it appears that from 1845 to 1861 there was an increase of one-third in the number of insane, whilst the population, from emigration and other causes, decreased by 3 millions during the same period. And taking the period since 1861, the Inspectors state in their report for 1879, that the number of insane has nearly doubled, whilst the population, owing to the enormous emigration, has been almost at a standstill.

From a report, by M. Lamer, Inspector-General of the Service des Aliénés, published in 1870, it appears that from 1835 to 1870 the number of insane under official knowledge in France, increased from 10,500 to 38,500, or nearly quadruple, whilst the proportion to population tripled. From recent returns it appears that there has been an annual increase in the proportion of insane to population every year since 1870, but these rates of increase are now very small, and has for years been slowly diminishing.

I have not at hand statistics from other European countries, but from Germany, Belgium, Dutch, and other publications, the same story—an increase in the proportion of insane to population—can be gathered. In 1875 Professor Livì, at Leggio, informed me that the increase had been most marked in Italy.

I have prepared a return showing the proportion of insane persons to every 1000 of the population in England, Scotland, New South Wales, and Victoria, in each year since 1861, and in South Australia in each year since 1871—

NUMBER OF INSANE TO 1000 OF THE POPULATION.

Year.	England.	Scotland.	N. S. Wales.	Victoria.	South Australia.
1861	2.01	2.05	2.34	1.29	
1862	2.09	2.08		1.34	
1863	2.15	2.04	2.45	1.49	
1864	2.19	2.04	2.50	1.65	
1865	2.24	2.05	2.52	1.68	
1866	2.29	2.08	2.58	1.84	
1867	2.35	2.11	2.58	1.94	
1868	2.43	2.14	2.63	2.27	
1869	2.48	2.18	2.53	2.40	
1870	2.50	2.23	2.57	2.55	
1871	2.53	2.27	2.67	2.71	1.74
1872	2.58	2.28	2.67	2.94	1.73
1873	2.62	2.30	2.72	2.96	1.80
1874	2.66	2.29	2.72	3.04	1.71
1875	2.68	2.31	2.80	3.10	1.90
1876	2.71	2.38	2.77	3.14	1.89
1877	2.75	2.45	2.76	3.19	2.01
1878	2.77	2.50	2.76	3.27	2.03
1879	2.79	2.55	2.74	3.41	2.05
1880		2.58	2.73*		2.19

With reference to the colony of New South Wales, so gradual, and yet so marked, had been the increase in the proportion of insane to population for some years past that, on receiving the Registrar-General's estimates of population for 1879 and 1880, and especially for the latter year, and finding that, calculated on these, the proportion

\* Or corrected by census of April 3, 1881, 2.74.

tion of insane was diminishing instead of increasing, I at once felt and expressed some doubt as to the accuracy of the estimates. That these doubts were not unreasonable is proved by the census showing the population to be less by about 22,000 than the estimate for 1880. The proportion of insane has therefore increased from 2.34 to 2.85, and not 2.72 per 1000.

The whole of the statistics now before you prove beyond a doubt that the amount of known and registered insanity has greatly increased, that the great wave of registered insanity is still slowly advancing but that, taking the last 20 years, the advance had been less during the last than during the first decade, and that the increase is at a declining rate.

The statistics, indeed, have at first, I felt, a very formidable and alarming appearance; but the very greatness of the increase might well raise a suspicion that it has not been due mainly to an increased production of insanity. However we may regard the history of the last half century, it has not differed so much from that of former times as to cause such an increase. (It is still a question whether there has been an increased production of insanity.)

The English, Scotch, and Irish Commissioners in Lunacy, with the statistics of the United Kingdom before them, are at one in believing the increase to be due to other causes than an increasing amount of mental disease. The English Commissioners in their 13th report, state: "We have not found any reasons supporting the opinion generally entertained that the community are more subject than formerly to attacks of insanity," and in all recent reports they have attributed the increase to other causes.

The Scotch Commissioners in their 22nd report, that for 1879, state: "The increase, as we have frequently pointed out, is not necessarily due to an increasing amount of mental disease," and the Irish Inspectors, in their 29th report, also for 1879, "see no reason to suppose that lunacy is actually on the increase."

Dr. Lockhart Robertson, now one of the Lord Chancellor's Visitors in Lunacy, having, some years ago, passed in review the statistics then collected, pronounces the alleged increase of insanity as "popular fallacy," and in two admirable papers read before the Medico-Psychological Society in 1869, set forth his reasons for his opinion.

The reason generally given for the great increase of recognised insanity are as follows—

1. That more stringent regulations have been made for the protection and registration of insane persons, whereby many who were never officially heard of at one time, are now duly counted.

In 1845 an Act was passed in England obliging the counties to build asylums. The opening of these forms a new era in the history of insanity, and since this date the whole machinery of the Lunacy Commissioners has had its origin. In 1851 an Act ordered a quarterly return of lunatics not in asylums, and in 1861 an Act ordered lunatics chargeable to the Union instead of the parish funds, and relieved guardians from a fear of burthening their own parish rates, and led to the placing of many idiots, formerly at home, in the county asylums.

In 1874 a grant of 4s. a head per week was made from the consolidated revenue to the county administration for every lunatic, and this has caused the shifting of no inconsiderable number of the aged and demented from the pauper to the lunatic list.

Coincident with these changes in England there have been similar enactments in Scotland, Ireland, France, and other countries. In the Australian colonies the law has humanely afforded easy modes of admission to institutions for the insane which the authorities of Benevolent Asylums and Poor-houses have not been slow to take advantage of, so as to rid themselves of a large number of demented cases, and especially of all who require the slightest extra care, food, or watching. This has been markedly the case since a closer scrutiny has been made of the expenditure of these public or quasi-public institutions.

2. The accumulation of incurable cases and the lower rate of mortality—since formerly the insane succumbed in large numbers from neglect or cruelty, whilst now under asylum care they live to a fair, and often to an advanced age.

To shew the effect of a low death rate on the increase of insanity by causing an accumulation of old and chronic cases, and by way of illustrating one of the causes for the more rapid increase of the proportion of insane persons in the Australian colonies than in Great Britain, I would call your attention to the difference made even in small numbers by the English and Australian death rate. The number who are discharged either recovered or were so far well as to be able

to leave asylum care, does not greatly differ in the two countries, and may be set down as 60 per cent. of the admissions. The English death rate averages over 10 per cent., the Australian, thus far, under 7 per cent. of the average number resident. In Great Britain, there in an asylum with an average number resident of 1000, and admission rate of 500 per annum, we have 100 deaths and 180 discharges, a total of 280 per annum, leaving an annual increase of 20 only; whilst in an Australian asylum, of the same capacity and receiving the same number of new cases, we have only 70 deaths and 180 discharges, or 250 per annum, leaving annual increase of 50, or 150 per cent. greater than Great Britain. The reasons for the smaller mortality in Australian asylums, therefore are, first—that the inmates, many of whom enter young, have not had time to grow old with the asylums; and second—that the mild climate tends to lengthen the lives of asylum inmates, who, in Great Britain, unwittingly expose themselves to cold and die early of pneumonia, bronchial, and other affections.

3. The improved management of asylums. Formerly they were objects of dread, in which persons would not, and did not place the insane of their families, whereas now, these prejudices have, for the most part, vanished, and asylums are considered fit homes for the perturbed or weak in intellect. The very increase in the number of asylums has served to produce an apparent increase of insanity. The number of patients drawn from the immediate neighbourhood of an asylum is always greater in proportion to population than from places more distantly situated, and every new asylum attracts to its wards patients from the immediate neighbourhood whom disease, prejudice, or ignorance has kept from those more distantly situated.

Since the establishment of the Newcastle Asylum, in this colony, in 1871, the number of idiots under care has exactly doubled, whilst the population has, as before stated, increased only 44 per cent. It cannot be supposed that there has been this enormous increase of idiots; but this special institution has become known, and patients formerly kept at home or in benevolent and other institutions have been sent thither. On one occasion 18 patients were sent at once from the Sydney Benevolent Institution, some of whom had been for a long time inmates.

4. An alteration has taken place in the standard of what constitutes insanity.

It has been said that modern science has discovered new realms of lunacy, and there is certainly a growing conviction that the disease should be dealt with in a special manner. Former generations were less particular than ourselves in accurately distinguishing the boundaries of reason and madness. Unless a man took to crowing himself with straw, or declaring himself an emperor or a teapot, they held him to be sane enough for practical purposes, they hanged him if he committed a murder, and, if we may judge from the quaint literature of former days, they published his books if his mania took a literary instead of a homicidal form. Whereas, now there is a growing disinclination to tolerate irregularities of conduct, and those whose insanity was not, in former times, detected, stand but scant chance of escaping enumeration, if they are not absolutely consigned to association with the insane. (Several of the Hebrew Prophets, and more than one of the writers of the New Testament, would, in our day, have found a home in an institution for those of disordered intellect.)

Years ago every village had its fool or softy, and numbers of the harmless insane were at large earning, wholly or in part, their own living, and tolerated by those about them; but for years there has been a growing tendency to send to asylums the imbecile and feeble minded—"the finer touch of a finikin civilization, shrinking from the contact of imperfect fellow creatures."

These are the causes given for the increase in the amount of registered insanity which has taken place, and it must at once be admitted that they do account for a large share of it. Whether they account for all is, I think, very doubtful.

A suspicion arises that some of these causes ought, at all events in old and settled countries, before this time to have become inoperative. The highest possible extension of lunatic life under asylum care should long ere this have been reached in England and in all parts of Great Britain. Asylums of every kind have long since been brought within easy reach of the whole population.

Again the number of cases of insanity occurring, or what has been called the "annual madness of fresh cases," is a better guide to the prevalence of insanity than the number existing, because the increase resulting from accumulation is estimated, but the following

return shows that the ratio of admissions to population is increasing somewhat slowly, indeed, in England, but more rapidly in this colony and South Australia.

Return showing the ratio of admissions to the population, or the annual incidence of fresh cases of insanity in England, New South Wales, and South Australia. (The transfers are excluded.)

Year.	England.	New South Wales.	S. Australia.
1863		1 in 2,026	
1864		1 in 1,973	
1865		1 in 2,260	
1866		1 in 2,301	
1867		1 in 2,473	
1868		1 in 2,093	
1869		1 in 1,831	
1870	1 in 2,182	1 in 1,987	
1871	1 in 2,128	1 in 1,523	1 in 1,672
1872	1 in 2,141	1 in 1,779	1 in 2,112
1873	1 in 2,050	1 in 1,938	1 in 1,885
1874	1 in 1,924	1 in 1,770	1 in 1,920
1875	1 in 1,895	1 in 1,704	1 in 1,366
1876	1 in 1,853	1 in 1,749	1 in 1,514
1877	1 in 1,864	1 in 1,449	1 in 1,273
1878	1 in 1,831	1 in 1,636	1 in 1,225
1879	1 in 1,830	1 in 1,668	1 in 1,330
1880		1 in 1,618	1 in 1,300

Again, we are well aware that there has been a marked increase in more than one form of insanity during the last forty years, but we cannot point to any form which has become less frequent. General paralysis, of which I have in a former paper written at length, may be described as essentially a disease of this generation. Forty years ago it was practically unknown; now it is a common affection. I can point out about 40 cases in the asylums of this colony, and it is even more common in the mother country. No less than 1,024 cases of it, or upwards of 7 per cent. of the total admissions, were received into English asylums in 1879; whilst in France we have the statement of M. Limier, the Inspector-General of Asylums, that "it appears to increase not only in the large towns, but in the smaller centres of population with the most alarming rapidity."

There is good reason to think that epileptic insanity is also on the increase. 1,226 cases of this affection were admitted into English asylums in 1879, forming upwards of 9 per cent. of the total admissions for that year.

If you will, as medical practitioners, recall your own experience, or consult the literature of the subject, you cannot, I think, fail to perceive that the so-called Neurotic diseases, which, tho' distinct from, are allied to insanity, have greatly increased in these later years. The different forms of spinal affection and paralysis, locomotor ataxia, neuralgia, hysteria, chorea, epilepsy, habitual headache and nervous excitability, and exhaustion, are to be seen in every consulting room, are the subjects of a large and increasing literature, and are treated in special hospitals. Between the sufferers from this disease and insanity proper, between the inner circle of insanity and as an outer circle of neurotics, come, as has been pointed out by Dr. Crichton Brown in a charmingly written paper in the Journal of Psychological Medicine for July, 1880, the numerous crazy folks forming the middle of three concentric circles. These believers in perpetual motion, in squaring the circle, in spiritualism and clairvoyance, in M\*\*\*\*\* S\*\*\*\*\*, miracles, and S\*\*\*\*\*'s Leichardt relics, are separated from the insane by arbitrary and somewhat shifting lines, and were surely never so numerous as at this time.

I need not tell you how the dwellers in the two outer of these concentric circles pass from time to time into the inner one, and how the neuroses lead up to or develop into insanity in a second or third generation. "The neuroses of one generation are indeed not barely the insane of the next," and if the neurotic and crazy circles are enlarging out of proportion to the increase of population, the insane circle to which they act as feeders is probably increasing in a similar manner.

Of the causes of the increase of nervous diseases, I do not now propose to speak, except to indicate that it appears largely due to the pressure and competition, the restlessness and social upheaval of modern life. The condition of the poorer has changed much more

than that of the monied classes, and they have entered into a new political and educational life, with its special excitements and struggles. Can it be that the increased amount of nervous disease and insanity is one of the penalties of this social and intellectual progress, this greater brain activity and strain, which has come in almost too hot haste?

Some figures in the last reports of the English and Scotch Lunacy Commissioners would seem to point to this. The amount of insanity among the poorer classes has increased in much greater proportion than among the well-to-do classes of the community. In Scotland, "after making allowance for the increased population of the country, the number of private asylums has, since 1858, increased 12 per cent., whilst the number in pauper asylums has increased 82 per cent." (Report of Lunacy Commissioners, Scotland, 1880.)

Dr. George M. Beard, of New York, whilst discussing the augmentation of the numbers of the insane, and the development of novel symptoms and forms of insanity, says, "Insanity is a part of the cost of liberty, it is a tax on our freedom. Where the sane are oppressed, the number of the insane has never been large. Liberty implies responsibility, responsibility leads to wrong, and wrong is attended with disappointment. If we think for ourselves and govern ourselves, thousands must go down in the struggle."

On the whole, then, looking at the annual incidence of fresh cases, at the increase in special forms of insanity, at the spread of neurotic mischief, and at the constantly-increasing proportion of insane to population, I think the question propounded at the commencement of this paper must be answered in the affirmative. There is good reason to believe that there is some real increase occurring in insanity.

It is, to some extent, comforting to know the increase is everywhere at a declining rate.

## MODIFIED

## BIGELOW'S OPERATION FOLLOWED BY PYÆMIA.

Read before the New South Wales Branch of the British Medical Association.

By GEORGE PORTESCUE, M.R.C.S. Eng., M.B., Lond.,  
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To report our successful cases is a useful and is no doubt the more agreeable task; but more instructive, I believe, is the narration of our failures, and the probable causes of them; and it is especially, from the scientific point of view, to be desired that the mishaps which occur in the practice of the most careful and the most fortunate of us should be frankly recorded and discussed. I desire on the present occasion to give some details of a case which terminated fatally after comparatively slight interference at my hands, and to put on record the fact that the introduction of the large catheters recommended by Professor Bigelow is not to be lightly undertaken, or without a recognition and explanation of the possible dangers attending it. Bigelow's operation is, as most of you know, the removal of the crushed fragments of a stone and the complete evacuation of the bladder, *at one sitting*, by means of a strong suction bottle, through the large tubes which I show you here, and is, I have no doubt, a very great advance in the practice of lithotomy. It is, as is first pointed out, remarkable how capacious ordinary urethras are after the meatus is divided, and how largely tolerant of instrumental disturbance the bladder is if no portion of calculus remain behind to excite or continue inflammation. It is very desirable that the question as between the cutting and crushing operations should be investigated, by means of comparative statistics, here and in other warm climates, where the prospects of the former appear to be much more favourable than in Northern Europe.

The history of my case is briefly as follows. In January of this year a man, aged 54, and otherwise quite healthy, came to me from the country. He complained of some urinary troubles which he had had for a few months; irritability of the bladder, small and interrupted stream, slow and occasionally painful micturition; symptoms which the sound proved to be caused by a small calculus, which came forward from time to time out of the bladder and stopped about the membranous portion of the urethra. It seemed to have established a dilatation for itself there, and appeared to be sometimes pushed aside by the sound, along which a grating could be felt during introduction. At others, when apparently pressed back into the bladder, not the slightest indications of its presence could be detected. The stone was evidently very small, and the question was how to free the patient of it most safely. My first