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EUGENIO TANZI.

NOT only Italian psychiatry but psychiatry the whole world over has suffered a severe loss in the death on January 18, 1934, of Eugenio Tanzi at the advanced age of 77, only eight days short of his seventy-eighth birthday.

Tanzi was born in Trieste on January 26, 1856. He commenced his psychiatric career in 1883. After a year at Graz he returned to Italy, and until 1891 spent his time at the clinics at Modena, Reggio Emilia (with Morselli, who died recently), Genoa, Turin, and again at Genoa. In 1891 he was appointed Lecturer on Psychiatry in the University of Padua and at the Higher Royal Institute of Florence. In 1893 he became the Clinical Professor of Nervous and Mental Diseases at the University of Cagliari in Sardinia. In 1894 he was transferred in a similar capacity to the University of Palermo, and in 1895 to Florence.

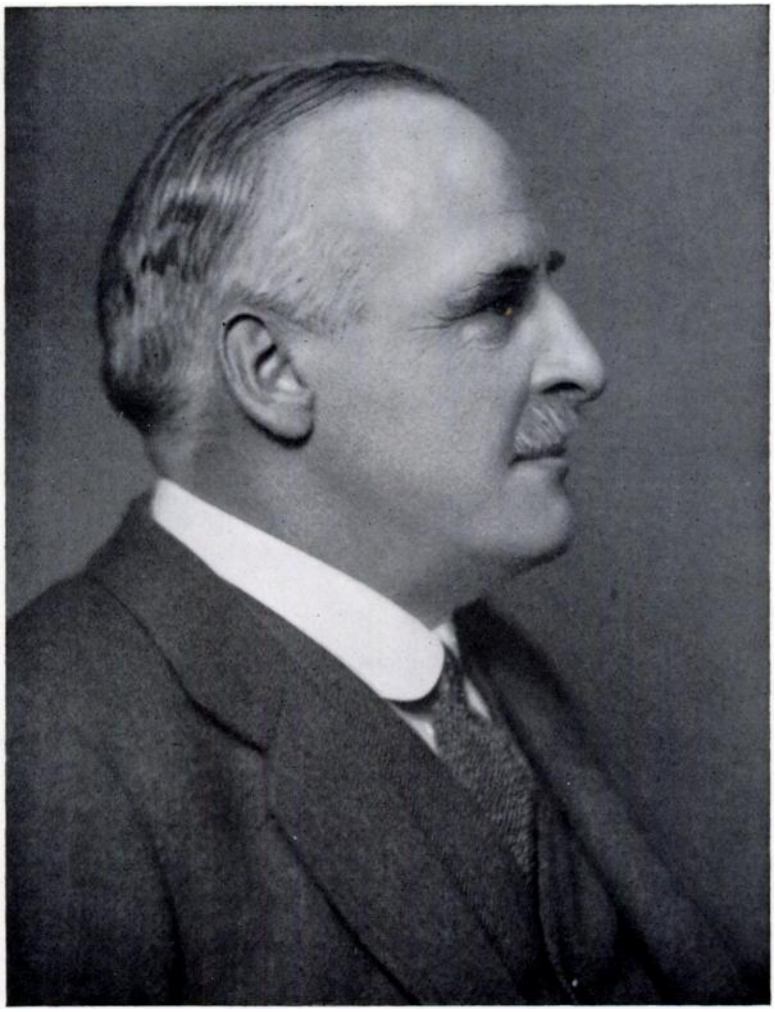
To most of us he will be best known as the founder in 1896 of the familiar *Rivista di Patalogia Nervosa e Mentale*, in which much of his work and that of his pupils subsequently appeared. For the next thirty-three years he remained its editor.

In 1904 appeared the first edition of his well-known textbook, and in 1908 an English edition. Lugaro assisted in a second edition, which appeared in 1913, and in 1923 came the third and present edition. In 1911 he published a book on forensic psychiatry.

Although Tanzi did not agree with all his Italian colleagues, his opinions were held in great respect in Italy, where he was regarded as a man of great intellect and unremitting patience. He took a great interest in social psychiatry.

He had been an Honorary Member of the Royal Medico-Psychological Association since 1929.

G. W. T. H. FLEMING.



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inhuman treatment which had so long prevailed in the asylums, yet much remained to be done to convert the raw recruits who came to these institutions into the trained and sympathetic nurses who to-day care for the mentally sick.

During the middle of the last century there were several isolated attempts to educate attendants in England, Scotland and America, and the names of such pioneers as Dr. Conolly in England, Dr. W. A. F. Brown of the Crichton Royal Hospital, Dumfries, Dr. Clouston of Morningside, Dr. Campbell Clark of the Glasgow District Asylum, and Dr. Whitcombe of Winson Green, Birmingham, must always be gratefully remembered. But the greatest credit must be attributed to the Committee of the Medico-Psychological Association of Great Britain and Ireland, which, in 1890, under the Chairmanship of Dr. Hayes Newington, carried the following resolution :

> " That it is advisable to institute a system of training attendants in asylums ; to establish examinations in order to test the proficiency of candidates ; to grant certificates to those who are successful at the examinations."

The new scheme was not warmly received at first. During the year 1891 only eleven asylums held an examination, and only 106 candidates obtained certificates. But as the years passed by the number of candidates increased steadily. For example, since I took over the duties of Registrar ten years ago, the number of entrants has increased by 1,400. In 1933 the number of candidates was 6,920 ; for the Preliminary Examination 4,109, for the Final Examination 2,811, whilst the number of certificates obtained in the Final Examination was 1,854.

This scheme of the Royal Medico-Psychological Association has not only raised the standard of nursing in our mental hospitals, but it has also established more securely the standing of our nurses and attendants. They can now feel that they have a career before them when they enter upon their training. They may look for promotion, and ultimately may attain well-paid and comfortable positions.

In referring to this achievement of our Association we must remember that it could not have been accomplished without the steady co-operation, year after year, of the assistant medical officers of the mental hospitals, and more recently of matrons, sister-tutors and chief attendants.

It has been my privilege to have been able to introduce the training and examinations of the Royal Medico-Psychological Association into three mental hospitals : in 1894 to the Richmond, Dublin, in 1902 to the Shropshire and Montgomeryshire Mental Hospital, and in 1913 to St. Andrew's Hospital, Northampton. The effect of this training on the comfort and happiness of the patients has been astonishing, and the revolution it has brought about in the life and conduct of our hospitals can be scarcely credible to our younger members. It has clearly shown that roughness and tactlessness were due to

ignorance, for black eyes and broken ribs ceased to occur as the nurses and attendants began to realize that they were treating illness. Kindness and sympathy soon replaced the harshness which resulted from incompetence and lack of understanding rather than from inhumanity.

The quality of the nursing staff is largely dependent on the wages offered, but is also influenced by the reputation of each particular hospital for making the nurses comfortable and happy while at work, and when off duty. I believe that, no matter how useful a nurse may be, we should encourage him or her to seek promotion, remembering that " uno avulso non deficit alter ".

In this lies, in my opinion, the importance of adequate and suitable accommodation for married and unmarried attendants, and the organization of amusements and recreations in the form of sports, etc., more especially in institutions isolated in the country. Nothing creates more effectively that *esprit de corps* among our staff, which is so valuable in maintaining a high level of efficiency, as the encouragement of communal life in their off-duty times.

It has become the practice of St. Andrew's Hospital to urge the more intelligent of our nursing staff to pursue their studies in general hospitals, and there to complete their general training. Accordingly we have instituted the appointment of sisters with this dual training to all senior posts, and invariably to the acute wards. With this personnel I have found that the acute wards more closely resemble the medical wards of a general hospital and, consequently, the distinction between the physically and mentally sick becomes less evident.

One feature of the nursing system at St. Andrew's Hospital is, I am aware, common to other mental hospitals, and I can lay no claim to being a pioneer in this respect. I allude to the presence of female nurses in the acute male wards. But I should like to record my experience of the success of this measure. Maniacal, restless or resistive male patients are usually more tractable to feminine persuasion than to masculine dictation, and violence may often be quelled or averted by the mere presence of female nurses. I have, indeed, known many cases in which artificial feeding has been avoided by feminine influence.

Before leaving this question of the training of nurses I should like to make one suggestion—that we should follow the example of Holland, where the young nurses are given a course in elementary education and general knowledge. It must not be forgotten that many of our young probationers have spent six or seven years without reading anything more educative than the racing and football results and the film captions. Consequently, much that they had learned before leaving school at the age of fourteen has become very hazy. I do not think that this re-education should be undertaken by our Association, but that it should be carried out by each mental hospital as part of the general course of instruction. If this system were adopted, there would be a considerable increase in the percentage of passes at the examinations and in the number of distinctions obtained, as well as greater efficiency in our nursing staffs.

But although examination results are of value in assessing the relative merits of candidates for posts in mental hospitals, the beneficial effect on our patients of such a course for nurses as I have outlined is of more importance. I look forward to the time when, equipped with a better general education, the nurses will be able to enter into the interests of their patients, and by so doing, help to re-establish their contact with the normal life of their fellows. I am of the opinion that large numbers of schizophrenics, who are generally inaccessible, will find points of contact with nurses educated nearer to their own level. In this connection I would mention the necessity for selecting, where possible, particular nurses for particular patients. It is rarely possible to do so in large hospitals, but with the help of a skilful and experienced matron and chief attendant, the posting of suitable nurses to wards devoted to different categories of patients can be easily arranged. The problem is less difficult in private institutions and in the case of wealthier patients. As far as is practicable we usually allow our patients to have the nurses they prefer, since it is my experience that the more a nurse is *en rapport* with her patient, the more favourable is the outlook as regards recovery.

Occupational Therapy.

I wish now to refer to that important form of treatment, occupational therapy.

In the second century, A.D., Galen said " Employment is Nature's best physician ", and in the eighteenth century Voltaire stated that " the duty of a physician was to amuse the patient while Nature performed a cure ".

At the end of the eighteenth century we find a movement spreading both in England and America to provide not only for the amusement of mental patients, but also for their employment. The therapeutic value of occupation for mental cases was recognized already in 1798 by Dr. Rush, the pioneer American psychiatrist, whilst in England the beginning of the nineteenth century saw the efforts of Samuel Tuke at the Retreat, York, to direct the energies of the patients in that institution into useful occupations.

In 1815 Thomas Eddy, a member of the Asylum Committee of the New York Hospital, read before the governors a paper containing " Hints for Introducing an Improved Mode of Treating the Insane in the Asylum ". In this paper he acknowledged the influence of " one Samuel Tuke of the York Retreat near York, England ", and quoted a letter which Tuke had sent him. Tuke wrote: " I observe with pleasure that one of the leading features of your new institution is the introduction of employment among the patients, an object which I am persuaded is of the utmost importance in the moral treatment of insanity." The sentiments expressed in this letter are as sound to-day as when they were written, nearly a hundred and twenty years ago.

It may not be generally known to the members of this Association that one

of the most curious experiments in the employment of patients made during the middle of the last century was that of Dr. Joseph Lalor, Medical Superintendent of the Richmond Asylum, Dublin, and your President in 1861. In short, he made his large institution not only an asylum, but a school. He had a head schoolmaster and an assistant schoolmaster ; a head schoolmistress and an assistant schoolmistress. Special rooms were set apart for the classes equipped with all the maps, diagrams and apparatus which were at that time employed in elementary schools. No doubt this scheme of education and re-education benefited the more ignorant patients, and was of real value when the system was introduced with novelty and enthusiasm as its driving forces. But when I joined the medical staff of the Richmond Asylum in 1893 the scheme was moribund and savoured of the ridiculous. On visiting the classes one might see a congenital idiot sitting beside a former University classical scholar, both being taught the alphabet or simple addition.

Under the direction and inspiration of Dr. Lalor's successor, Conolly Norman, your President in 1894, this educational scheme was rapidly superseded by what, I suppose, I must not now call " occupational therapy ", but a scheme of " industrial occupations ". A small boot factory, in which all the boots for patients and staff were made, and a weaving room with six tweed looms and two blanket looms were started. To these occupations were added basket-making, brush-making, mat-making, and tin-smith work. These occupations, together with farming, gardening, painting, carpentry and blacksmith work kept 75% of the 800 male patients busy. There can be no doubt of the considerable mental and moral improvement which this provision of occupations effected in our patients. We all know from contact with our patients, and from conversation with those who have recovered, that in many types of mental disease the boredom and ennui of institutional life is to many a greater affliction than the loss of liberty, and any occupation—even though reluctantly commenced—offers a comforting distraction to such patients.

But as Hass says in his book on occupational therapy—" Being busy is not necessarily therapeutic ". Certainly occupations kept patients out of mischief, and in those days this was an important, though certainly not the exclusive aim of those in charge of the insane. To-day we consider the patient first and foremost. Occupational therapy has assumed an important position in the treatment of the insane. In America, and in Germany and Holland, even cases of acute insanity are deemed suitable for simple occupations. In these countries great store is set on organized classes or groups, the members of which pass from one group to another as improvement in their mental condition permits of their undertaking work requiring more skill. We are to have the privilege at this meeting of hearing about the organization of occupational therapy from two of its leading exponents, Mrs. Slagle, of America, and Prof. Van der Scheer, of Holland, so I will not attempt to deal with it here.

In England there is a movement in favour of organized groups for occupational therapy, but my own feeling is that the interests, education and upbringing of each patient require careful study in order to ascertain which particular occupation is likely to be of benefit. Individual effort is more apt to exercise a therapeutic effect than group organization. I well remember a patient who joined in organized games and farm working parties with but little enthusiasm, and who remained depressed for many months. A relative, whom I interviewed, told me that he was sure the patient would enjoy being allowed to milk a cow, as during his childhood he had spent his happiest moments on a farm doing this. I arranged for him to have this occupation every day, his interest was excited, and at the end of three months he left the hospital cured. At St. Andrew's, for instance, if we have patients who show any particular leaning towards market gardening, rearing chickens, or, in general, in the production of anything that can be used for consumption in the hospital itself, we make a practice of providing ground and materials for them at a rental. This ground then becomes their own property ; they work at it in their own time, use their own methods, and are not assisted by paid gardeners. Their produce is then purchased by the hospital at market rates. In this way the patients come to look upon themselves as smallholders, and their incentive to work is considerably increased, as their profits are in proportion to their industry. Some patients can earn between £50 and £60 a year, which they may use as they please. Even patients in a good financial position strive hard to make their plot of ground yield a rich crop, as, apart from any monetary consideration, their creative urge is satisfied. In addition, their interests are of necessity widened to include such pertinent studies as the current market prices, weather bulletins, agricultural reports, and the grading of soil—to mention only a few examples. The sense of independence which can thus be obtained by such patients within a dependent community is a potent factor in preserving their mental morale. I would, however, emphasize that to achieve success in any such scheme, careful consideration on the part of those in charge of the patients is necessary, as well as individual effort on the part of each patient, but with tact and proper selection the latter is usually forthcoming.

Reception Hospitals.

The next matter to which I will refer, not only because of its personal interest to me, but because I believe it is of great importance in the future development of our institutions and in the treatment of our patients, is the provision of reception hospitals.

The problem of classifying the insane has always been a difficult one, especially in our large mental hospitals, which are often full or even overcrowded, and classification is essential for proper scientific investigation and treatment. The recently attacked, and the mild and curable cases of mental

disorder, have from necessity been placed in wards containing chronic and hopeless cases—much to their detriment. We have all observed the dismay and even terror shown by newly admitted patients on being placed in infirmary wards which were also occupied by more chronic patients displaying insane habits and mannerisms.

Most of our mental hospitals are too large; their wards contain too many patients; and there is little possibility of therapeutic isolation or differential grouping. Our difficulties in this matter arise from the economic curb which, in this country, too frequently controls our efforts to advance and improve.

In dealing with this problem I will confine myself to my own experience, which has been exceptionally fortunate. Recognizing the value of classification, of the separation of the recent from the chronic case, and the advisability of giving early and acute cases a thorough physical overhaul and adequate treatment on both psychological and physical lines, the Committee of St. Andrew's Hospital decided to erect a new reception hospital.

In 1915 a scheme which I prepared for such a reception hospital was considered by the Committee of Management, but was postponed because of the Great War. In 1923 the project was revived, and a sub-committee consisting of Sir Charles V. Gunning, Sir Thomas Fermor-Hesketh and Major Leslie Renton, accompanied by our architect (Mr. Harris) and myself, visited other mental institutions at home and abroad.

On October 14, 1927, the Reception Hospital (now called Wantage House) was opened by Lord Cave, the then Lord Chancellor. I hope many of you will take this opportunity of visiting it.

The special features aimed at in designing this new Reception Hospital were that it should have an entrance separate from the main hospital, and its own gardens and recreation grounds, as well as self-contained therapeutic facilities. The patients admitted to it, consequently, do not come in contact with the chronic cases of the main hospital, and the atmosphere is therefore one of expectancy and therapeutic activity, rather than of control under legal safeguards. Further, during their stay in the Reception Hospital, the distinctive features of cases which do not recover quickly can be thoroughly studied, and their classification and disposal (when it is necessary to transfer them to the main hospital) can be determined.

But the main aim of a reception hospital for the acute psychoses must be the provision of adequate facilities for psychological and physical treatment. As time will not permit me to deal with the treatment of mental disorders by purely mental means, I must confine myself to physical therapeutics, including in these all measures directed to improving the health and physical well-being of our patients. The common tag "mens sana in corpore sano" is in some degree applicable to the insane as well as to the sane.

The somatic treatment of mental disorders is scarcely an innovation, but the opportunities and facilities of pursuing it have been limited or few—in

large institutions at least. Mental and physical diseases cannot be separated into water-tight compartments. It has only recently been realized that certain physical disorders have their mental concomitants, and that many mental patients in the early stages of their illness are in poor physical health. The first great achievement of somatic therapy was, of course, the conquest of general paralysis by induced malaria. Twenty years ago this disease was almost invariably fatal in from two to four years; to-day the statistics show that one-third of all cases treated by malaria recover to such an extent that they are able to lead useful lives. I may also refer to the work of my deputy, Dr. N. R. Phillips, which has shown that the mental symptoms associated with pernicious anæmia and its nervous complication, subacute combined degeneration of the cord, yield to the treatment of the physical basis. With these examples before us, although we need not proclaim ourselves somatists, we are justified in pursuing our investigations of the physical factors in mental disorders in the hope that similar success may ultimately await us in other psychoses.

Our Reception Hospital has therefore been equipped with such aids to diagnosis as X-rays, with pathological laboratories, and with facilities for various methods of physiotherapy. The provision of an operating theatre has also made it possible to deal with such surgical conditions as arise, and occasionally the gratifying result of mental recovery has followed surgical treatment. It may here be relevant to emphasize the point to which Dr. Arthur Hall has recently called attention: That mental patients may suffer from grave physical illness without complaining of any symptoms, and therefore in the majority of cases recognition of a suspected physical disorder has to depend on objective examination and accessory aids to diagnosis. The advantages of having a unit under one roof equipped for the thorough investigation of a patient cannot be over-estimated. Under our present scheme, also, any patient in the main hospital whose condition suggests physical ill-health can be removed to Wantage House for investigation and treatment.

Of the modes of treatment which can be undertaken at Wantage House, I would like to deal particularly with hydrotherapy. Of the value of intestinal lavage on the Plombières system there can be no doubt, especially in the psychoses of toxic origin. In my experience prolonged immersion baths are of great benefit in two types of case—in acute mania and in arterio-sclerotic disorders. I have known a case of mania to have an attack cut short from the usual six months to six weeks by daily prolonged baths, and in other cases of mania similar good results have been obtained. In the psychoses associated with arterio-sclerosis, in which insomnia is so distressing a feature, prolonged immersion baths will often induce sleep, and thereby allow of the discontinuance of drugs. Many patients belonging to the arteriopathic group who have recovered sufficiently to return to their homes have written to me expressing their appreciation of the relief which this treatment had given them, and their

intention of continuing the baths at home. I have also found the Turkish bath most helpful in the treatment of depression.

In view of the work on septic foci in mental disorders carried out by Cotton, in America, and by Graves, Pickworth, and the Ford-Robertsons, father and son, in this country, I feel it is incumbent upon me to say something about the work which has been done on this subject at Wantage House. Every patient who is admitted to the reception hospital undergoes a physical examination and a series of laboratory tests, and has X-ray photographs taken of the head and the intestinal tract. Every effort is made to discover septic foci; yet few are revealed. The incidence of infection in the accessory sinuses has been estimated at less than 3% among over 300 cases. In some cases, however, in which a septic focus in the sinuses was discovered and treated, improvement in the mental condition followed. I have been unable to satisfy myself that permanent benefit has ensued from the administration of autogenous vaccines prepared from the flora of the intestinal tract. Dental treatment has been greatly facilitated by a self-contained X-ray unit in the dental surgery, and much dental sepsis has been eradicated, with gratifying results to the physical health and well-being of our patients.

Even if one agrees with Dr. D. K. Henderson that several forms of physical treatment derive their benefit from faith and suggestion, they are worth pursuing empirically. The psychoses of toxic origin, although they occur in individuals constitutionally unstable, form, according to Sir Maurice Craig, a large percentage of all mental disorders. Many of these we have certainly been able to relieve, and some to cure. I look upon it as our duty to make every attempt to improve the physical health of our patients, in the hope that by so doing we may remove some obstacle to mental recovery. As Sir Frederick Mott said, "The functions of mind are dependent upon the whole body, and on the harmonious interaction of its parts".

Through the somatic treatment of mental disorders I have seen a complete change introduced into the spirit of a mental hospital. Patients now feel that they are undergoing care for an illness. They show more insight into their condition, and, in the vast majority of cases, are anxious to co-operate in their treatment. The spirit of Wantage House has now penetrated into all parts of the main hospital. "A little leaven hath leavened the whole lump." Patients have ceased to a large extent to look upon the hospital as a place of custodial care, or as a prison. John Clare, the peasant poet of Northamptonshire, who spent the last twenty-one years of his life at St. Andrew's Hospital, wrote, while a patient there:

> "Farewell to them all while in prison I lie—
> In a prison a thrall sees naught but the sky."

It is no longer a prison. In the words of Sir Hubert Bond, we have created "an atmosphere of hope", and on that note I will end.

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