

Correspondence

WAS INSANITY ON THE INCREASE?

DEAR SIR,

Since I am at present studying aspects of psychiatric diagnosis in Victorian times, I was particularly interested in the ideas put forward by Hare (1983). The hypothesis of a true increase in the incidence of schizophrenia during the 19th century was persuasively argued. However, although Hare does not deny that there were associated social factors, in a discussion of Hare's paper, Scull (1984) firmly opposes the argument for a true increase. Scull cites the unreliability of diagnoses, the fact that the increase was only amongst the lowest socio-economic classes, and a belief that milder cases were drawn into asylums (and kept there by the process of "institutionalisation") and that the "boundaries of what constituted committable madness expanded over the course of the 19th century."

But how valid are Scull's criticisms? For while he is right to point out that even today diagnostic certainty is hard to establish, these debates are largely about the various *forms* of psychosis. That an individual is psychotic is rarely in doubt even to the layman. A good analogy is jaundice. The obviously jaundiced patient can provoke complex diagnostic arguments despite every sophisticated test. Scull insists also that "beyond the initial hard core of easily recognisable behavioural and/or mental disturbance, the boundary between the pathological and the normal was left extraordinarily vague". This was and is true but borderline cases are not especially common. "Grey" areas of diagnosis have always provoked much more comment than their numbers justify because of their intellectual interest. Furthermore, it is just these cases that would come to court, so for Scull to extrapolate the "embarrassing disputes between alienists" in the courtroom to medical activity in general is quite unjustified.

As to the increase in insanity occurring largely amongst the poor, it is clear that asylums would have lowered the threshold of tolerance to disturbed behaviour and that the lower socio-economic classes would have availed themselves of such facilities. But this is not evidence *against* a true increase in incidence. Moreover, we have, as far as I know, no good statistics of upper class insanity. Disturbed behaviour is more easily tolerated when

you have space and servants to contain the problem, so that, given the stigma of mental illness, it is likely that those able to afford it would quietly look after their own. Furthermore, Scull does not mention the pauperising effects of mental illness, which might bias the statistics. So whilst it is clear that an ineffective phenomenon would not be class-specific (as it might be more prevalent in those living on poor diets in crowded, unhygienic conditions) we lack the evidence to say that insanity *only* increased amongst the poor.

Finally Hare's argument that, since recovery rates decline, it is unlikely that milder cases are being admitted, is rejected by Scull on the grounds that "there is no obvious warrant for the claim that Victorian psychiatry was more successful in treating milder cases". This again may be true, but Scull has falsely assumed that *recovery* depends upon *treatment*. Any working clinician would recognise that the two are often entirely independent. However, independent of any sort of treatment there certainly is an identity between "milder" and "more recoverable", because the former generally includes an implicit prediction of the latter. To account for a decline in the recovery rates by the "institutionalisation" argument merely strengthens one's belief that the asylums were not dealing with "milder" cases, because it is essentially amongst the severely ill that such a process takes place.

It seems to me then that Hare's hypothesis has not been disproved. It may be that my present study of the Ticehurst casebooks will help in establishing any change of diagnostic patterns over time, but this is likely to be marginal. I suspect that any unitary theory of the "Rise of the Asylums", whether sociological or biological, is bound to be too simple. It is probably more interesting to look at how the two versions interact if we wish to come near that "pleasant abstraction", the truth.

T. H. TURNER

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References

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