

*Lunacy in France.** By DR. COXE, Commissioner in Lunacy for Scotland.

ROUEN, September 20, 1861.

As considerable attention has recently been directed to the state of lunacy in Scotland, and much difference of opinion still exists as to the best method of providing accommodation for the insane poor, I have thought it not unlikely that it may interest at least a section of your readers, to know "how they manage these things in France." You are aware there is no compulsory poor-law in this country; nevertheless, there is much charitable expenditure. Each parish or commune has its own resources, derived from the rents of land, the interest of money, local imposts, or charitable bequests; and its ability to provide for its poor varies with the amount of its revenue. In some communes, accordingly, the poor are well cared for, while in others "they are steeped in misery to the very lips." In 1838, the present French law of lunacy came into operation. It provides for the erection of departmental asylums, and for the maintenance therein of the insane poor. The funds for the buildings are voted by the Conseil-Général of the department, while those for the maintenance of the patients are found in this way:—The law determines that a commune possessing a certain income shall pay a certain proportion of the keep of its pauper lunatics; the remaining portion is defrayed by the department. The proportion paid by the commune varies from a sixth to a half; but as it is rare that a commune pays the highest rate, by far the greater share of the cost of maintenance falls on the department. It is the duty of the préfet to ascertain the income of the different communes within his jurisdiction, and to fix the proportion which each has to contribute for the pauper lunatics belonging to it. The rate of maintenance to be charged by the asylum is also fixed from time to time by the same official. At present, in the department of the Seine Inférieure, it amounts to one franc twenty-five centimes a-day for males, and to one franc fifteen centimes a-day for females. The poorest communes, accordingly, get their pauper lunatics maintained for a sixth of these sums, or about twopence a-day. Of course, as forming part of the department, they have to pay their share of the departmental expenses, but these fall in a much greater ratio on the wealthier communes—on such, for instance, as those of Rouen and Havre. The natural effect of this system is to stimulate the poorer communes to send every possible case to the asylum.

The French law classifies admissions into asylums as "voluntary admissions," and "admissions d'office." The former are admissions

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demanded by relatives; the latter, admissions ordered by certain officials in virtue of their office. The legal formalities in the two cases differ essentially. In voluntary admissions the application must be accompanied by a statement of the degree of relationship in which the applicant stands to the patient, or of whatever other tie subsists between them, and also by a medical certificate of insanity; but no official order for the reception of the patient is required, and indeed, in cases of urgency, the superintendents of public asylums are authorised to dispense with a medical certificate. "Admissions d'office" appear to have been intended by the law to embrace only such patients as were dangerous to themselves or the public; but as no indigent person would be received into an asylum on the demand of his relatives, the practice has grown up of making all admissions of pauper lunatics, "admissions d'office." The object of the orders granted in these cases, however, is simply to authorise the medical superintendent of the asylum to receive the patient, and to extend to him the benefits of the institution at the public expense. The officials competent to grant such orders are the préfets of the departments, and the préfet of police at Paris. In cases of urgency, however, the commissaires de police at Paris, and the maires of communes elsewhere, may order the removal of a patient to an asylum, being bound, however, to give notice to the préfet within twenty-four hours, in order that his sanction may be obtained to the detention of the patient—that is, to his gratuitous treatment.

Application for the admission of pauper patients is made to the préfet by the authorities of the commune, generally by the maire, and is accompanied by a medical certificate of insanity. The order of the préfet is then, with rare exceptions, granted as a matter of course, and the superintendent of the asylum is bound to receive every patient whose admission is thus authorised. In this way the maire of any commune who can procure a certificate of insanity for any pauper, can get him removed to the asylum and maintained there at an average cost of less than twopence a-day. As might be expected, this power has been greatly abused; and the French departmental asylums are in consequence crowded with fatuous and demented patients, many of whom might perfectly well be disposed of in private dwellings. Numerous complaints are annually made of this state of matters by the préfets, in their reports to the Conseils-Généraux of their departments. The préfet of the Department of the Cantal, for instance, in his report of 1855, while declaring that the law which provides for the care and treatment of the insane is a "humane and generous law," deploras that it is "corrupted by selfishness, which tends without ceasing to enlarge its limits and to pervert its intentions. If care were not taken," he continues, "to prevent its provisions from being abused, our asylums would soon be filled to overflowing with all those whose moral or intellectual nature

is enfeebled or clouded, and who, without being dangerous or troublesome to society, are yet a source of embarrassment or dislike to their natural protectors. . . . I have therefore submitted every fresh application for admission to the most rigorous examination, and I have called on the director of the asylum to bring under my consideration, with the view to their removal, all those patients whose mental state does not offer any danger to the public peace." In this last paragraph, the préfet refers to the statutory provision which directs him to inquire into the mental condition of all patients in confinement twice in the year, and to remove from the asylum such as might properly be restored to society, or be placed with safety in private dwellings. It would seem from the passage just quoted that the Préfet of the Cantal really acts on the provision referred to; but in most departments this half-yearly inquiry is a mere form. Every six months, a list drawn out by the superintendents of asylums of all the patients under their care, is transmitted to the préfet with a note appended to each name, which almost as a matter of course, recommends the continued detention of its owner. Of this list the préfet, equally as a matter of course, approves, and in token thereof signs it; and thus for six months to come the question is settled. It, however, by no means follows that the superintendent considers all his patients as properly placed in the asylum. But he is in this difficulty, that he does not know what else to do with them. If sent home to their communes, either no provision is there made for their maintenance, or they receive very inadequate assistance from the bureaux de bienfaisance. Under these circumstances their families are very unwilling that they should be discharged; and if, notwithstanding this, they are sent home, endeavours by fair means or foul are made to get them back into the asylum as soon as possible. The préfet, pestered with repeated applications to this end, and occasionally alarmed by a breach of the peace, at last gives the superintendent to understand that only recovered patients are to be discharged.

It seems impossible, however, that the existing system can go on much longer unmodified. At the present moment there are at Quatre Mares, the departmental asylum for males of the Seine Inférieure, from 100 to 150 patients whom the superintendent would not hesitate to discharge if provision could be made for their comfortable maintenance in private dwellings; and at St. Yon, the departmental asylum for females, there are nearly 300 similar cases. For several years the asylum of St. Yon received both the male and female patients of the department. At the beginning of 1835 it contained only twenty-three males and thirty-five females; but, on its gradually becoming overcrowded, it was resolved to erect a separate establishment for the men. On the 30th May, 1852, the day on which the asylum of Quatre Mares was opened, the number of patients had increased to 279 males and 506 females. This new

asylum was built to accommodate 400. At my visit yesterday I found it greatly overcrowded, triple rows of beds being placed in some of the dormitories, and several of the corridors being used as sleeping rooms. In this way accommodation is provided for 546, or 140 above the number for which the building was constructed. The population of both asylums is now 1396. This rapid increase in the numbers of the insane in France, or rather of the numbers in asylums, is a most serious and even alarming fact, to the consideration of which I shall again return. At present, however, I will merely add a few words on the precautions taken by the French law for guarding against the possibility of detaining sane persons as lunatics. These are much greater where the admissions are voluntary than where they are made *d'office*; and also greater where the patients are placed in private than in public asylums. In all cases, however, within twenty-four hours of the admission of the patients, copies of the application for admission and of the medical certificate must be sent to the préfet, accompanied by a certificate from the medical superintendent of the asylum, containing his opinion. If the admission has been into a private asylum, the préfet is directed within three days after receipt of these documents to send one or more medical men to visit the patient and to report to him on the case. The préfet must also within the same period announce the admission of the patient to the procureur-impérial of the arrondissement of the patient's domicile, and also to the procureur-impérial of the arrondissement in which the asylum is situated. At the end of fifteen days the superintendent of the asylum sends a fresh certificate to the préfet on the mental condition of the patient, and afterwards reports on him every half-year, as has already been stated. Official visits to asylums are directed to be made periodically by the préfet, and by the procureur-impérial of the arrondissement in which they are situated, and permissive power of visitation is accorded to the maires, the juges de paix, and other authorities. It, however, frequently occurs that even those visitations which are required by the law are not regularly made, while those which are merely permissive are almost universally neglected. But all the asylums of the empire are visited by the inspecteur-général des établissements pour les aliénés, or his assistants. These inspections are not so frequent as those of the English and Scotch commissioners in lunacy, nor are they made in the same regular way, but only from time to time as it appears necessary, or on special instructions from the minister of the interior. Nevertheless, they require the services of one inspector-general and two assistant inspectors.

The duties of the inspector-general and his assistants are to report to the minister of the interior whether the statutory visits have been made by the préfet and other functionaries, whether the registers are properly kept, and whether all the certificates required by the law

have been granted in proper form. They are likewise called on to report on the condition of the asylum, on the number of private and pauper patients, the numbers under restraint or in seclusion, the numbers employed or idle, the numbers sleeping in associated dormitories or in single rooms; further, on the nature of the food and clothing, the manner of serving the meals, the cost of maintenance, the measures taken for the discharge of patients, the administration of the funds of such patients as are not under curators, the number of attendants, &c. Their duties, therefore, appear to be much the same as those of our commissioners in lunacy. But, besides these general inspectors, there is likewise a special inspector for the asylums of the department of the Seine. This functionary derives his appointment from the préfet, and his duty is to watch over the asylums of the capital, and to report on their condition to the conseil-général of the department.

It is well known that the reform of the condition of the insane in France was commenced by Pinel towards the close of last century. His exertions, however, had no material influence on asylums beyond those of Paris, and the lunatic establishments of the provinces long remained in a most shameful state. When these institutions were visited by Esquirol in 1818, the pauper patients, and frequently also those maintained by their friends, were found naked, or only covered with rags—anything being considered good enough for madmen. A large number of them slept on straw, placed on the damp floor of their cells, and were left without any coverings to shelter them from the cold. Their food was of wretched quality, and wretchedly cooked; and means of restraint, consisting of chains, iron collars, and iron girdles, were in habitual use. The number of patients at that time in confinement in France was 5153. They were scattered through fifty-nine establishments of various kinds, of which only eight were specially devoted to the reception of lunatics. The others were hospitals, prisons, and “depôts of mendicity,” in which the lunatics were frequently associated with persons suffering from infectious or loathsome diseases, with depraved criminals, or dissolute beggars. Twenty years elapsed before the French law of lunacy introduced a better system, and made it illegal to place insane patients anywhere but in asylums, or in separate wards of hospitals or hospices, containing at least 50 patients. In 1853, the number of institutions in France receiving lunatics was 111. Of these, 65 were public, and 46 private, establishments; and of the former, 39 were public or departmental asylums, and 26 hospices or wards of hospices.

The number of patients, which, as has been stated, was 5153 in 1818, had increased in 1838 to 11,982, and in 1854 to 24,524. These are the numbers which were in establishments. Those left in their homes cannot be estimated with any approach to accuracy, but

they were returned by the census of 1851 as amounting to 24,433. I have been unable to learn the present number of patients in asylums. No recent information on this point appears to have been published, and the officials to whom I applied could merely state the broad fact that it had largely increased since the publication of the Government report on the "Statistiques des Etablissements d'Aliénés" in 1857. This report embraces the period from 1842 to 1853, including both years; and if we suppose that the increase has since been going on at the same rate, the present number of lunatics in asylums in France cannot be less than 32,000. Of the insane who still remain at home it is impossible to form any estimate entitled to credit, but in all probability they are considerably more numerous than those placed in establishments.

The French law does not require that every department should provide an asylum for itself, or even enter into association with other departments to erect a common establishment. It is satisfied if an agreement is made with any existing public or private asylum for the reception of the lunatics of the department; but it is necessary that this agreement should be approved of by the Minister of the Interior. There is still a considerable number of departments which have neither provided accommodation within their own territory, nor entered into any treaty with neighbouring departments for the erection of a common asylum on theirs, and which accordingly remain dependent on such haphazard accommodation as they can command. But it is remarkable that the census of 1851 does not return the proportion of lunatics at home as much higher in those departments which are without provision for their insane, than in others which have provided tolerably ample accommodation. In the whole of France the proportion of lunatics in private dwellings was then 6·8 for every 10,000 of the population. In sixty-one departments possessing asylums it was 6·4; in twenty-five departments without asylums 7·3. In a number of departments, however, this average was widely departed from; and, indeed, in several provided with asylums, the proportion of the insane at home was higher than in others where there were no asylums. On the other hand, again, in some departments without asylums, the proportion of lunatics at home was occasionally considerably less than in others where ample accommodation had been provided. Thus, in the department of Calvados, where of 1191 lunatics, 696 were in asylums within the department, the proportion at home was 10·1 per 10,000 of the population. In the department of the Ile-et-Vilaine, where 370 of 797 were similarly placed, the proportion at home was 7·4 per 10,000. In the department of the North, where 1062 of 2010 were in the departmental asylums, the proportion at home was 8·2 per 10,000; and so on with several others. On the other hand, in the department of the Dordogne, in which there is no asylum, the proportion at home was returned as only 4·7 per 10,000; and in the departments of the

Hautes Alpes, Basses Alpes, Hautes Pyrénées, and Pyrénées Orientales, which are all without asylums, the proportion at home was respectively 5·4, 6·0, 3·2, and 3·7 per 10,000. These figures show how very much we have yet to learn concerning the distribution of lunatics. It would appear, however, that the establishment of asylums tends in a remarkable manner to increase the known number of lunatics; and there is every reason to infer from past experience, that if asylums were erected in the departments just named their apparent comparative exemption from lunacy would speedily be found to be delusive. Indeed, the erection of an asylum seems as it were a challenge to nature to show that she really does abhor a vacuum, for no sooner is it opened than the patients pour in, and before long it is not only filled but overcrowded. Hence many of the departments which have not already provided accommodation are deterred from building. They maintain that no pecuniary advantage is attained but, on the contrary, that the erection of an asylum leads not only to an increased number of patients, but very frequently also to an increase in the rate of maintenance. I shall have occasion in a future letter to return to the consideration of this question, but in the mean time I would point out that the increasing tendency of patients in recent times to gravitate into asylums is in a considerable degree connected with the changes which modern civilisation has effected in the habits and occupations of both the upper and lower orders of society. An insane person is now much more of an inconvenience in a private family than formerly, and on this account a much greater readiness is displayed to have recourse to the facilities which asylums offer for disposing of him. But the expense which this course involves is not all loss, and it is necessary in forming an estimate of the burden which asylum treatment entails on the community to bear in mind the saving effected in private dwellings, partly by the cessation there of all expenditure for maintenance, and partly by the additional work which the removal of the patient enables the family to perform. In many instances, too, there must be a great saving of misery to the patient as well as to his friends, which it would be impossible to estimate at a money value. But on the other hand, there can be no question that many indigent patients could be retained at home with perfect justice to themselves, more contentment to their friends, and greater economy to the public, by granting them an allowance sufficient to provide for their comfort, but one which would be greatly below the payments made to asylums.

Supposing the present number of lunatics in the asylums of France to be 32,000, it is probable, judging from the character of the admissions, that 21,000 or about two-thirds of the whole are supported at the public expense. This, at an average rate of a franc a day, would give an annual charge of 7,665,000*f.*, which is probably considerably within the mark, as the expenditure in 1853 amounted

to 7,006,327*f.*, when the number of patients was very much less. But the burden, whatever its present amount may be, is beyond all doubt a very serious one, and one, moreover, which tends to go on increasing, chiefly from the want of efficient arrangements for the removal from asylums of those patients who, though still insane, might properly be confided to the care of their families. In Scotland there is a similar tendency, although there modified in a considerable degree by the operation of the Poor-law. In France, as I have shown, it is the immediate interest of the Communes to get all their pauper lunatics placed in asylums; whereas, in Scotland, it is the immediate interest of the parishes to keep them out. But in Scotland, as in France, no efficient provision is made for the discharge of harmless unrecovered patients, and for seeing that no one is improperly or unnecessarily detained. Hence the too common feeling entertained by many inspectors of poor, that to send a patient to an asylum is to become responsible for his maintenance there during the rest of his life. In France there is a strong and growing party in favour of modifying existing arrangements by the introduction of the cottage system, but the great difficulty there is the want of a poor law to secure adequate allowances to patients when discharged. In Scotland where this difficulty does not exist, or at all events might be removed, the law interposes obstacles by requiring a license costing £15 10*s.* a-year, whenever more than a single patient is placed in any house. This impediment to the development of the cottage system offers indirect encouragement to the provision of lunatic wards in poor houses. But these, if placed on a proper footing, become mere subsidiary asylums, and are not calculated to effect any great saving in the cost of maintenance. Besides, every aggregation of diseased minds is in itself an evil, which, however, where asylums are concerned, must be regarded as a necessary one. In such establishments special arrangements are required for the safe and proper treatment of the patient. A skilled medical man and trained attendants must be provided, and it is evident that these will be forthcoming only where adequate remuneration is offered. Wealth may of course provide everything required for the treatment of even a single patient; but when it is a question of paupers, a large number must of necessity be congregated together to provide the proper means of treatment. But in those poor-houses where the maintenance of the patients is in any decided degree below the average asylum rate, it will be found that the saving is effected by confiding them to the care of ordinary paupers as attendants and depriving them of almost the whole of those sources of amusement and occupation which are enjoyed in asylums. And it is clear that if patients are of a class that can be managed by such paupers as are found in poorhouses, they may, as a general rule, be equally well, if not much better cared for by their friends; and this arrangement would

be far preferable to collecting them together in groups, under circumstances in which all social and family ties are necessarily severed. However, the demand for accommodation is so great, and the circumstances and character of the relatives of many of the patients so unfavorable, that this course cannot be rigidly adhered to; and a place intermediate between asylums and private dwellings is thus opened to lunatic wards of poor houses which they may very legitimately occupy. Only due care should be taken that they are supplied with all proper appliances for health and comfort. But it does not follow that they should be restricted to the reception of only incurable cases. Many patients are affected with transient mania which a few days removal from the sources of excitement is sufficient to cure, and the necessary seclusion might often as well be obtained in the lunatic wards of a poor house as in the wards of an asylum. The truth is that no establishments for lunatics, by whatever name it goes, should be entitled to any privileges merely from being one of a class. It should stand entirely on its own merits, and its position be determined according to the appliances it possesses for the care and comfort of its inmates. But while thus admitting that lunatic wards of poor houses have their own legitimate sphere of usefulness, I am strongly of opinion that the constant growth of asylums, and the ever increasing number of their inmates, should as much as possible be met not by the perversion of one class of institutions to the purposes of another, but by measures to check the growth of lunacy at the fountain head, and the removal home of such of the insane as can derive no benefit from prolonged treatment, and whose continued detention is not required for the public safety. It is a question which our present knowledge does not afford us the means of answering—whether lunacy as a malady is now of more frequent occurrence than formerly. Hitherto I have rather leaned to the view that the increase in the number of the insane was chiefly due to our more extended information concerning them, and to the prolongation of their lives through improved care and treatment. But I have latterly begun to fear that a considerable share of the increase is due to physical causes dependent on the habits of the people. Still it was not without surprise that I learned from M. Dumesnil, the resident physician of the Asylum of Quatre Mares, that two-fifths of the admissions into that establishment are traceable to the abuse of intoxicating liquors, and that one patient in five is, when received, affected with general paralysis. This is an indication of an amount of dissipation among the working classes of France for which I was not prepared. It is principally, however, in the manufacturing districts of the north that this result is observed; and it is worthy of notice that the evil effects of drinking are ascribed by medical observers not so much to the abuse of alcohol, as to the deleterious

agency of essential oils dissolved in the impure brandy consumed by the people. Excesses of other kinds no doubt bear their share of the evil. Much has been said about the importance of asylums to cure insanity, but more pains might fitly be taken to guard against its occurrence. Let us, however, hope that as we are now beginning to find out that our prison population may be kept under by prophylactic measures, we may by-and-by make the discovery that similar means will prove equally efficacious in keeping down the population of our asylums. But one of the first steps in this direction must be a thorough reform in our whole system of lay and clerical teaching. At present, the opportunities enjoyed by both ministers and schoolmasters to enlighten the intellect, elevate the moral nature, and improve the physical condition of mankind are sadly wasted, and one of the consequences is the steadily-increasing growth of the scourge of lunacy.

THE lunatic asylums of France are generally extensive establishments. So far back as 1852, twenty-six public asylums, twelve *quartiers d'hospice*, and seven private asylums contained each more than 200 patients. The highest number was 1324 in the *Salpêtrière* at Paris, and the next highest 961, in the asylum of Mareville, near Nancy. Seventeen establishments contained each more than 400 patients. Since that time their population has largely increased. The asylum of *Quatre Mares*, which then contained 204 patients, now contains 546; that of *Clermont sur Oise*, which contained 889, has now above 1300; and so on with almost every asylum in France. But as yet there is not the slightest indication that the amount of accommodation provided is sufficient; and projects of new asylums, or the extension of old ones, are almost everywhere under consideration. Thus, at Rouen it has recently been resolved to provide accommodation for 200 additional patients in connection with the Asylum of *Quatre Mares*, although this establishment was opened only ten years ago, and was then considered large enough for the wants of the department for a long time to come. There is further a project at Rouen to supersede the present Asylum of *St. Yon* by a new establishment which it is estimated will cost 2,500,000f., or £100,000. At Lille, too, it has been resolved to replace the existing female asylum by a new structure beyond the town; and at the present moment a commission is engaged in preparing plans for a new asylum for the department of the *Seine*. These facts are but an indication of what is going on throughout the whole of France. Everywhere there is a desire to provide most amply, and in the most approved manner, for the care and treatment of the insane, but the constantly-increasing pressure upon the departmental finances is gradually inducing the conviction that some modification of the

existing system is required. The supporters of this view argue that it is not the business of the State to relieve families of duties which they ought themselves to perform, and that, accordingly, whenever a patient passes into such a state that he can be properly cared for at home, he ought to be returned to his friends. A committee of the Société Psychologique of Paris has recently visited Gheel with the view of determining how far the system there in operation is capable of being introduced into France, and their report, which is expected in November, will probably have some material influence on the question. But, whatever its import may be, it is not likely that the pressure for additional accommodation will soon be relieved. In the department of the Seine this is so great that a large number of patients have for many years past been sent to distant asylums, occasionally two or three hundred miles from Paris, and there is scarcely a department in the empire in which it is not experienced in a greater or less degree.

Many of the departmental asylums of France occupy old conventual buildings, but of late years a number have been built for their especial object; and the prevailing views in France as to the treatment of the insane will most readily be illustrated by a description of one of these. For this purpose, I shall choose that of Quatre Mares, as the plans were prepared under the direction of M. Parchappe, the present Inspector-General of Lunatic Asylums. This establishment is situated about three miles from Rouen, on a compact piece of land measuring about 110 acres. So far as I could learn, it has cost about 1,500,000f., or £60,000. This is equal to £150 per patient for the 400 for which the house was constructed, or to about £110 per patient for the 546 actually occupying it. It was stated to me, as a general fact, that the accommodation of each patient in the modern French asylums costs about 3000f. The buildings at Quatre Mares are so placed on the edge of the property that the greater part of the land is entirely protected from intrusion by the public. The general principle of construction is to afford abundant means of classification; and for this purpose separate buildings, communicating by covered ways, are provided for the different groups of patients, which are more numerous than in English asylums. There are, for instance, separate divisions for the children, the old and infirm patients, the epileptics, the patients of dirty habits, the refractory or excited patients, those under treatment or constant observation for their mental affections, those under treatment for bodily ailments, the working patients, the convalescents, and the different classes of private patients. In English eyes this amount of classification is unnecessary, but with this point I have at present no concern.

The sleeping accommodation, except for the private patients, consists almost entirely of associated dormitories, there being only a few

single rooms for excited patients. The prevailing opinion among French superintendents on this point is that single rooms should be suppressed as much as possible, on the ground that it is much better for the patients to place them under the surveillance of attendants during the night, than to leave them to their own guidance in single rooms, to crouch naked on the floor, or to shout in terror without any one to soothe them. And to such an extent is this principle occasionally carried, that in the asylum of St. Yon there are only twenty single rooms for 800 patients. In France more restraint is used than in England; and it is possible that the smaller proportion of single rooms in the asylums of the former country may involve a necessity for this. I am, however, more disposed to think that it is due to the proportionally smaller number of attendants in France; and I am strengthened in this view by the fact that in the asylum of Fisherton, near Salisbury, which contains nearly 400 patients, among whom are many criminals—some of them extremely dangerous—there is not even one single room except for the private patients; and yet restraint is there, it may be said, never used, simply because the staff of attendants is well chosen and sufficiently numerous. At Quatre Mares there is only one attendant for thirty patients.

This question of dormitories and single rooms is, however, a very complex one, and requires consideration from several points of view. The great preponderance of large dormitories in the asylums of France gives them more of a barrack-like aspect than those of England, and prevents the introduction of those home-like arrangements so much appreciated by many English patients. In France single rooms do not appear to be considered at all as affording the means of increasing the comforts of any of the patients, but simply as a means of isolation, where this is absolutely necessary. But comfort is frequently synonymous with health, and I am disposed to think that the small proportion of single rooms in the asylums of France is one of the causes of the greater mortality prevailing in them than in those of England. For the twelve years ended 31st December, 1853, the mortality in the lunatic establishments of France, on the average numbers resident, was 15·52 per cent. for males, and 12·5 per cent. for females; whereas, in those of England, for the five years ended 31st December, 1858, it was 13·25 per cent. for males, and 8·96 per cent. for females. However, it is probable that the nature of the cases under treatment may have as much to do with this result as the nature of the accommodation. I have already referred to the large proportion of patients affected with general paralysis received into the asylum of Quatre Mares. In 1858, the total number of patients admitted was 204, of whom 80 were affected with acute mania or melancholia, 28 with chronic mania or melancholia, 17 with maniacal imbecility, 54 with general paralysis, 20 with epilepsy, 3 with idiocy, and 3 with senile dementia. Deduct-

ing the 80 cases of acute mania and melancholia, we have here a very hopeless list, and one in which a large mortality might confidently be expected. Still we are scarcely prepared to find the mortality in that year amounting to 93 in an average resident population of 446. The causes of death, however, point more to the destructive influence of dissipation before admission than to the action of deficient hygienic arrangements in the establishment. Thus, of the 93 deaths, 40 were ascribed to general paralysis, 8 to nervous marasmus, 7 to epilepsy, and 6 to apoplexy. On the other hand, only 7 were due to consumption, 4 to pneumonia, 3 to pulmonary apoplexy, 1 to pleurisy, and 5 to inflammation of the bowels. The remaining deaths were due to various affections not pointing to any particular origin. Rightly weighed, these figures show how impotent in many cases are asylums to diminish lunacy by restoration to sanity. In fact, a large proportion of the patients are beyond all human aid before admission, and the true course, therefore, appears to be to seek to keep down the numbers of the insane by neutralising the influences which lead to lunacy by deteriorating the physical condition of the people, and not by fulfilling a tardy duty in providing the means of treatment after the mind is already totally wrecked.

The general arrangement of the buildings at Quatre Mares is a square with advancing wings in front, and receding wings behind. The whole of the land is enclosed by a wall, which has only recently been finished by the labour of the patients. Entrance is gained by a gate, provided with two lodges, into an oblong square, planted with shrubs, on one side of which is the superintendent's house. Passing through this court, a row of buildings is reached containing another lodge and various offices; and beyond it, crossing another small square, is the asylum proper. In the immediate front are the board-room, director's office, kitchen, &c., and to the right and left on the ground-floor the divisions for the children and old and infirm patients. These are two divisions which are seldom if ever seen in British asylums, but are common in those of France. On the floor above them are the infirmary and *lingerie*. In the right and left advancing wings are the divisions for the "patients under treatment," and for the convalescents and lowest class of private patients. Passing through these buildings we enter the central square, in which stands the chapel, a large and handsome building with stained glass windows, and in no respect differing from an ordinary Catholic place of worship. On the right hand side of this square is accommodation for the private patients. It consists of three stories, the style of the arrangements in each storey being regulated by the rate of payment. On the left hand side is the building for the working patients, also of three stories; and in the right and left receding wings and back portion of the square is the accommodation for the

excited patients, those of dirty habits, and the epileptics. Each division has its own airing-court, its own dining-room, and constitutes, as it were, a complete establishment in itself. In the general grounds are the farm buildings, and two houses which have recently been provided for the accommodation of patients paying a high rate of board.

The asylum is under the direction of a *Médecin en chef*, who is assisted by a *Médecin adjoint*, and two *internes*. In many of the asylums of France, however, the management is divided between a medical superintendent and a director, the former having charge of the medical treatment of the patients, while the latter presides over the management of the house, sees to the purchase of provisions, materials for clothing, &c., and has charge of all the domestic arrangements. He is empowered to engage and discharge the servants and attendants, but is bound, in regard to the latter, to consult the wishes of the medical superintendent. In general, this division of authority has not been found to answer well, and the practice is gradually becoming established of confiding the entire responsibility of the management to the medical superintendent. In this case he is assisted by a steward. Theoretically, the idea of making the management of the house a distinct matter from the treatment of the patients has much to recommend it. As a general rule, a medical man, when appointed to an asylum, knows nothing of the economic management of a large institution, and is accordingly not in a position to exercise efficient control in this department. There is, therefore, great reason to fear that much waste occasionally takes place in establishments of which a medical man is the supreme head, and it would, I believe, lead to a very great saving if it could be made the personal interest of some one in our asylums to keep down unnecessary expenditure. The plainest course to this end would be to contract for the maintenance of the patients, as is done at Ghent. There the *administration des hôpitaux* provides the asylum, and appoints the medical superintendent and chaplain; while a religious fraternity undertakes to supply food, clothing, and attendance at a specified rate per diem. This at present amounts to 75 centimes, or sevenpence-halfpenny. It might be worth while for our district boards to consider whether some plan of this kind could not be tried in Scotland. The problem to be solved, however, is not how to reduce the expenditure to the lowest possible point, but how to provide for the due care and treatment of the insane poor without adding unnecessarily to the burdens of the community. It is agreed on all hands that, at whatever sacrifices, proper accommodation and proper treatment must be provided; but if this can be obtained at a cheaper rate than at present, by any modification of the existing system, there seems no good reason why it should not be adopted. The plan which appears to me most feasible would be for the district board to place

its asylum at the disposal of a thoroughly efficient medical man, who should undertake the maintenance of the pauper lunatics of the district at a stipulated rate. A committee of the district board should visit the asylum every week or every month, to inspect the condition of the establishment; and the contract should be void whenever they reported that the interests of the patients were not properly attended to. The Board of Lunacy might have a like power to declare the contract at an end; and, if thought proper, a power of appeal to them might be given to the superintendent from the decisions of the district board. It may be objected to this proposal that it is a return to the pernicious system of "farming out." I admit the force of the objection, but I answer that we have examples of private asylums which are well and liberally conducted, and that, with efficient supervision, the experiment suggested might fairly enough be tried. The suggestion, however, does not pretend to carry with it any improvement in the mode of treatment, but simply a precaution against needless waste.

The average rate of the maintenance of patients in the asylums of France is considerably lower than in those of Scotland. This arises principally from the lower salaries and wages paid in the former country. At Quatre Mares, for instance, the attendants begin with 240f. a year, and receive an increase of 15f. every year till the maximum of 360f. is attained. The male attendants in France thus receive pretty nearly the same wages as are paid to female attendants in Scotland.

The departmental asylums, being public property, are under the direction of a commission of five members appointed by the préfet of the department. This commission visits the asylums every month, examines into the condition of the patients and buildings, and is the medium of communication with the préfet and the conseil général of the department. It is through it that all proposed alterations and extensions are recommended to the department. A similar commission visits those private asylums which receive departmental patients, but its functions are here restricted to supervision.

The Asylum of Clermont on the Oise is a private establishment. It was founded by Dr. Labitte, the father of the present proprietors, and was opened in 1835 with sixteen patients. On the day of my visit it contained 1307, and will probably soon contain 1500. Two years ago, on the recommendation of M. Ferrus, late Inspector-General of Asylums, the number was restricted by the Minister of the Interior to 1200, and in consequence of this decision a good many patients were discharged. But from the growing pressure for admission it was soon found necessary to withdraw this restriction, and the numbers

are again steadily increasing at the rate of about fifty a year. This establishment receives the pauper patients of the five departments of the Oise, Seine and Oise, Seine and Marne, the Aisne, and the Somme, at the rate of 1*l.* a day for the men, and 96*c.* for the women. The charge is thus considerably less than at Quatre Mares and St. Yon, where it is 1*l.* 25*c.* for the men, and 1*l.* 15*c.* for the women; and the five departments are, moreover, saved the expense of building. The propriety of providing an asylum for themselves has been mooted over and over again by these departments, but the fact that the cost of the recently erected departmental asylums has averaged about 3000*l.* per patient, without including the price of the land and furnishings, and the further fact that the inmates of these asylums, instead of being maintained for less money than at Clermont, cost more, are arguments which no logic has hitherto been able to overcome. Nor is it likely that a different view will soon be entertained. But the important question now presents itself, whether the patients in this private establishment are as well cared for as in those which are more under the immediate control of the departmental authorities. On this point I shall endeavour to afford the reader the means of judging for himself.

The Asylum of Clermont is conducted by four brothers, each of whom takes his own department. The establishment is on a very extensive scale, not only as regards the number of its patients, but also as regards the extent of its buildings, and the quantity of its land. It consists of two great divisions—the asylum proper and the farm, which last is somewhat ostentatiously, and rather absurdly, designated the Colony of Fitz-James; the proper name being derived from a small village in the neighbourhood, and the term colony in imitation, I suppose, of the so-called lunatic colony of Gheel. The asylum proper is situated in the suburbs of Clermont, and has grounds extending a considerable way into the country. The farm is about a mile and a half distant, in a quiet rural locality. The two establishments possess between them from 600 to 700 acres of land, of which about 600 belong to the colony. Of these, 500 constitute the farm, and 100 are occupied by yards, buildings, pleasure-grounds, &c. Of the amount of land pertaining to the asylum proper I cannot speak with certainty, but besides that occupied by the buildings and airing-courts there is a vegetable garden, which I was told comprises eighteen hectares, or about forty-five acres. It may safely be said there is no asylum in the world possessing an equal extent of land, although there may be some—such, perhaps, as that of Bedford—which, proportionally to the number of their patients, are as well provided. But the large space occupied by the buildings, airing-courts, and yards, both at the farm and asylum, cannot fail to strike the visitor. In the French asylums generally, however, there is more elbow-room than is usually found in those of England. The

buildings are less crowded together, less compressed as it were, and the airing-courts are multiplied by the system of classification adopted. Hence, whatever may be thought of the principles on which this classification is founded, the additional moving and breathing space which it affords the patients assists in giving vent to that pent-up condition of the animal spirits which in more contracted establishments is so apt to overflow in noisy and destructive demonstrations. In a former letter I mentioned that mechanical restraint is more had recourse to in France than in England. There is, however, a great difference in this respect in different establishments; and it is worthy of notice that, as a general rule, restraint is much more used in the Bicêtre and Salpêtrière at Paris than in the provincial asylums. The cause of this lies probably in the fact that in the public asylums of the capital the *médecins en chef* are non-resident, and merely make a daily visit; whereas in those of the provinces the medical superintendents are resident in the establishment. In some asylums of France, however, restraint is now nearly altogether banished, and in a few years it will probably be as seldom seen in that country as in England. M. Morel, of the asylum of St. Yon, is the great advocate of non-restraint in France, and is using his utmost endeavours to do away entirely with its use in his own establishment. He has already achieved great success, under the very serious difficulty of having to accomplish his reforms with the assistance of *Sœurs de Charité*, trained to look upon restraint as necessary and indispensable. But it is not only the abolition of restraint to the person that M. Morel is striving to abolish. He aims at reducing to the minimum the restraint of enclosing walls, and he pointed out to me how he had replaced the ponderous gratings which formerly separated the airing-courts from the general grounds by a slight fence of lath, which any patient might, with the greatest ease, break down. "As yet, he added, "there has been no attempt to pass it." There is an indication of progress in this direction in some of the Continental asylums in advance even of those of England. At the asylum of Meerenberg, near Haarlem, for instance, I found the airing-courts, even those of the refractory patients, planted with flowers and shrubs, and enclosed merely with a paling, which carried with it no greater feeling of confinement than the fence of ordinary pleasure-grounds. In this asylum, too, mechanical restraint is nearly as thoroughly abolished as in any asylum of England.

In several of the French asylums, and more particularly perhaps in that for females at Lille, I was struck with the well-furnished, comfortable look of the infirmaries, and of the day-rooms and dormitories of the quieter patients. This accommodation was equal to any of the same kind I have seen in England, and much superior to what I have ever had occasion to see in the pauper department of any of the

public asylums of Scotland. I could not help being struck also with the neat and tidy manner of serving the meals, and with the very proper behaviour of the patients at table. The asylum at Lille, of which I speak, occupies an old and inappropriate building, formerly a convent, and was long in a most deplorable state. In 1853, when placed under the superintendence of M. Gosselet, 80 out of 400 patients were habitually restrained by straps or the strait waistcoat, and the vociferation, dirt, and confusion which then prevailed can now scarcely be credited. The establishment, it is true, is still overcrowded, greatly deficient in appropriate means of exercise, and most unsuitable in many respects for the treatment of the insane; but these defects serve but to place in bolder relief its present admirable management, and to show how much more dependent for success an asylum is on the character of its superintendent than on the nature or arrangement of its buildings. I greatly regret to say that when I visited this asylum two years ago, I found that M. Gosselet had just died; but this event, I have been informed, has not injuriously affected the condition of the patients.

In no asylum with which I am acquainted are farming operations carried on so extensively as in that of Clermont. The produce of the land supplies a great part of the consumption of the establishment; and the aim of its proprietors is to render it as much as possible independent of extraneous assistance. The soil is tilled, the seed sown, and the produce reaped by the labour of the patients. A thrashing-mill and flour-mill, of the most approved construction, and driven by steam, prepare the flour; and an extensive bakery furnishes the bread. A well-stocked byre supplies the establishment with milk, and numerous stalls are occupied by cattle fattening for the butcher. There is further a well-filled stable, numerous pigs and sheep, a large poultry-yard, a rabbit-house, and, in fact, all the belongings of a large and well-conducted farm. The only difference is that in an ordinary farm the produce is sold instead of being consumed on the spot, and that the labour is performed by hired servants instead of by lunatics.

Of the 1307 inmates of the united establishments some 200 are private patients. Of these about 150 reside in the asylum proper. The remaining fifty occupy buildings in connexion with the farm, but as a general rule take no share in the work. Of the 1100 pauper patients, nearly 200 men and about 100 women are employed at the farm—the men principally in agricultural operations, and the women in the washing-house and laundry. About 950 patients thus remain in the asylum, so that comparatively only a small number have the benefit of the "*air libre*" treatment of the farm. But of those who remain in the asylum many are employed in the kitchen garden, and a considerable number in the different workshops for shoemakers, tailors, carpenters, smiths, &c., so that altogether, industrial occupa-

tions are carried on in a very extensive manner. Nevertheless, the number of patients is now so much in excess of the means of employment, that it is in contemplation to extend the sources of occupation by the acquisition of another farm.

The accommodation of the patients at the farm is of the simplest description, and consists of extensive blocks of building, each entered by a central door. On the ground floor is, on the one hand, a large day-room, or lounging or exercise-room, and, on the other, a capacious dining-room. On the floor above, which is reached by a central stair, are large dormitories, divided into two ranges by a small intervening room in which the attendants sleep. A lavatory constitutes part of this division, but there is no water-closet accommodation within doors, either at the farm or at the asylum proper. Sometimes a small dormitory is formed by partitioning off part of a large one; but as a general rule the patients sleep in groups of about thirty. This is the case also at the asylum, and in neither division are there any single rooms for the paupers, except a few for the excited patients—only fifteen, for instance, for 500 women. I have already remarked on the extent of ground occupied by the buildings and courts, and I would here specially direct attention to the large amount of day-room accommodation provided, which affords to a certain extent the means of exercise during unfavorable weather.

At the farm there are no enclosed airing courts, and nothing in the general aspect of the place to distinguish it from an ordinary farm, although a stranger would probably be led to inquire what was the purpose of the range of buildings occupied by the patients. They reminded me of the lodging-houses or hotels at some of the more primitive of the German watering places; and the passing traveller would likely come to some conclusion of this kind, especially if he could detect what he might fancy was the "Brunnen." Of course, all the patients sent to the farm are selected, and care is taken to send none with dangerous or suicidal tendencies, or with a known disposition to escape.

It might very naturally be supposed that the risk in an establishment of this kind would be to overwork the patients; but in the first place, the supply of labourers is greater than the supply of work; and secondly, its proprietors are men who thoroughly understand that it is their interest to avoid any such error. Besides, there is a constant surveillance kept up by the monthly visits of the departmental commissioners, and by the less frequent inspections of the préfet, procureur-impérial, and inspector-general. The rule is that the hours of labour shall not exceed six a day, and then the work is of such a modified kind, that it is reckoned that six patients do not do more than one healthy labourer. Of course, no ordinary industrial enterprise could be profitably conducted on such a footing; but under the peculiar circumstances of an asylum, in which the

patients must be maintained whether they are idle or occupied, and in which they must at any rate be kept under constant surveillance, whatever work they perform is so much of a gain. And then, it must be remembered, the asylum supplies the manure, the attendants the means of supervision, and the patients the labour; so that all that remains of unavoidable outlay is the rent of the land and the cost of implements. But to make a farm pay, even under such favorable circumstances, knowledge and skill are necessary. In the present instance, however, these are forthcoming. The establishment is carried on, I have said, by four brothers. One of them, a physician, takes the medical charge. Another directs the management of the farm, and frequents the markets to purchase cattle for fattening, and to dispose of surplus produce. A third acts as steward, and looks after all the household details: while a fourth does the duty of traveller, and purchases whatever may be wanted for the use of the patients or for the house, such as clothing materials, colonial produce, furniture, &c. In fact, it is a firm in which each partner takes that department with which he is thoroughly acquainted. That the concern is prosperous may very safely be inferred from the thoroughly business-like look which pervades it. The cattle in their stalls, the pigs in their sties, the poultry in their yard, have that well-fed comfortable look that tells of money in the purse and good management.

The arrangement of the buildings of the asylum is nearly as simple as those of the farm. There are separate divisions, as in most French asylums, for the children, the old and infirm patients, those under treatment for their mental affections and bodily ailments, the working patients, the epileptics, and the excited patients; but with the exception of the division for those last named, all the accommodation is arranged in pretty nearly the same simple fashion as at the farm. The buildings are of two storeys; in the lower are the day-room and dining-room, and in the upper generally two large dormitories, separated from each other by an intervening room in which the attendants sleep, and from which, by a window, they may watch the patients. This is the type of the accommodation, although, from the original nature of some of the buildings, it is occasionally departed from. The lavatories, as at the farm, are in the centre part of the buildings, and are thus easily reached from both dormitories. Each division has its own airing court generally planted with shrubs and trees, into which the patients have ready access from their day-rooms. In the division for the refractory or excited patients there are a few single rooms, placed on one side of a corridor; but their number, in proportion to that of the inmates, is only about 3 per cent. for the females, and still less for the males.

In the whole construction and arrangements the object has been to depart as little as possible from the standards followed in everyday life. Accordingly, none of the windows are protected by trellis

work, and comparatively few secured by bars. The patients are encouraged to work, not only by an improvement in their diet and allowances of snuff and tobacco, but by money payments; and I was informed that some of the best workmen, especially among the shoemakers and tailors, earn fifteen or twenty francs a month. This money they are allowed either to spend, or to let accumulate as a fund on their discharge. Facilities for spending it are afforded every Sunday by the admission into the asylum of vendors of fruit, confectionery, &c. Some patients take advantage of these opportunities, while others prefer to purchase articles of dress of superior quality to those allowed by the institution, or such as are not included in the asylum wardrobe. I know of no other asylum in which this system of remuneration is pursued, and its introduction into our Scottish asylums would probably be objected to by parochial boards, on the ground that it would tend to increase the rate of maintenance. But the Frères Labitte must be satisfied that it is for their own interest to engage the patients by such means to employ themselves, otherwise it is very certain they would not voluntarily pursue this course. How far, however, it may be for the real welfare of the patients to be so stimulated I am not prepared to offer an opinion. It is possible that in their wish to gain money they may be led to do more than is beneficial in their condition; but it would require prolonged opportunities of observation to determine this point. My attention was called to the matter by overhearing a patient, whose discharge had just been ordered, intimate that he would be ready to go as soon as he had squared his account with the cash-keeper, and on inquiry the above explanation was given me. I likewise, on the same occasion, made the discovery that in the French railways no lunatics are allowed to travel with the other passengers. A second-class compartment must be taken for them, which is paid for at the rate of 23·4 centimes per kilomètre. This payment secures the entire use of the compartment, and the same sum is paid whatever may be the number of patients. Hence departments which are at a considerable distance from an asylum wait till they can fill a compartment; but in the mean time the patients are frequently placed in most unfavorable circumstances.

The clothing and general appearance of the patients of the asylum of Clermont was certainly not inferior to what I saw in the asylums of Quatre Mares and St. Yon; and mechanical restraint was not in more frequent use. I noticed two or three patients wearing the strait-waistcoat, or having their hands restrained by straps, but no one was seen in seclusion. However, in a hurried visit, and in one which is made by favour, it is impossible to make those minute inquiries which an official inspector would feel it his duty to institute, and therefore I can only state what came cursorily under my own

observation. As to the general management of the asylum, the opinion I formed was very favorable; and although I have no doubt that the Frères Labitte are rapidly making money, I believe they are doing so in a fair and legitimate manner. It is very certain that a private institution will, as a general rule, be more economically conducted than a public one; and if in the hands of clever and enlightened men, care will be taken not to ruin its reputation by penurious management. I found, however, that the asylum of Clermont is much more jealously watched by the authorities than the departmental institutions. The inspector-general visits more frequently, and the préfet and procureur-impérial are more attentive to their statutory duties. The rapid development of this asylum, and the great extent to which industrial occupations are carried by the establishment of the farm and workshops, are ascribed by the Frères Labitte to their being comparatively independent of the control of the conseils-généraux of the departments. They determine what to do, and proceed at once to carry it into execution; whereas the superintendent of a departmental asylum must first gain the cooperation of the visiting committee appointed by the préfet, and then through it the authority of the conseil-général. It is not surprising therefore that he should often fail in introducing manifest improvements, or only partially succeed. A conseil-général, moreover, often acts on short-sighted policy. Thus, when that of the Seine Inférieure agreed to build the new asylum of Quatre Mares, it committed the grievous error of choosing for the site land of such wretched quality as would scarcely repay the labour bestowed on it by persons dependent on the return for their daily bread, far less that of insane patients, who have sense enough to know that under all circumstances their wants will be supplied, and who above everything require the stimulus of success to cheer them in their work. I have not attempted to describe minutely the structural arrangements of the asylum of Clermont and its dependencies, nor the manner of its administration. An account of these will be found in a memoir entitled 'La Colonie de Fitzjames,' published by Dr. Gustave Labitte, and more fully in a paper by M. Vitard in the fifth number of the eleventh volume of the 'Journal de la Société de la Morale Chrétienne.' Detailed statistics of the asylum are promised before long by Dr. Labitte. Their importance to determine many doubtful points cannot be overrated.

The lunatic colony of Gheel has of late years attracted considerable attention; and not without reason, for, rightly studied, it is capable of affording a most important lesson in regard to the accommodation which should be provided for the insane. I say rightly studied, for the opinion which the visitor will form of Gheel will

very much depend on the spirit in which the investigation is undertaken, and on the aspect in which the establishment is seen. There is little under the sun either all wholly good or all wholly bad, and, accordingly, any one who goes to Gheel determined, on the one hand, to see nothing wrong, or, on the other, to find nothing objectionable, cannot be regarded in the light of a trustworthy observer. First impressions may be true, but there is always a considerable risk of their being false; and a judicious inquirer will look at both sides of a question before venturing to express an opinion on its merits. An asylum superintendent would naturally object to a judgment being passed on his establishment simply from a visit to the refractory wards; and the director of Gheel would be equally entitled to call in question any opinion formed on a similar partial inspection of his domain.

I do not know the precise extent of the commune at Gheel, but, starting from the village as a centre, a brisk walk of about an hour in any direction brings you to the confines of its territory. During the "course," to use a French expression, the land will be found to be of very variable quality. In some parts it is tolerably rich and productive, in others thin and poor. The best land occurs in the neighbourhood of the village and round the larger hamlets, and the poorest generally on the outskirts of the commune, but mostly in the district called Winklehomsheide, where it gradually passes into a miserable sandy heath, interspersed with pools of water, and presenting some scattered arable patches, the cultivation of which yields a precarious and scanty subsistence to an impoverished peasantry.

Your readers are already acquainted with the general features of Gheel as a place for the care and treatment of the insane, but it may be useful briefly to recapitulate them. The distinguishing principle consists in distributing the patients in numbers, not exceeding four, in private dwellings, instead of gathering them together in special establishments, in groups occasionally comprising not less than fifteen hundred or two thousand persons. The commune of Gheel contains above 11,000 inhabitants, and distributed among this population there were, on the 31st December 1859, 800 lunatics. Of this number 676 were natives of Belgium, chiefly from the provinces of Antwerp, Brabant, and East Flanders; and 124 were foreigners, mostly Dutch. Of the sane population, 3312 were resident in the village, and 7894 in the landward part of the commune, some in scattered houses, but the greater part in hamlets, which occasionally contain several hundred inhabitants. The total number of houses was 1913; and the number in which patients were received 617, or about a third of the whole. Of these, again, 233, or rather more than a third, were in the village, and the remaining 384 in the hamlets and separate houses of the landward district.

It will be seen, on comparing the number of patients with the number of houses receiving them, that, as a general rule, only one or two are placed in each house. Stated precisely, there is accommodation for one patient in 280 houses, for two in 297, for three in 32, and for four in 8. Of the occupants of these houses, 372 were peasants, 25 shopkeepers, 17 shoemakers, 16 carpenters, 8 bakers, 10 labourers, 32 tavern-keepers, 10 employés of the colony, 5 teachers, 10 "rentiers," 8 lace-workers, 7 smiths, 5 barbers, and 9 clog-makers. Other patients, in numbers of one, two, or three, are placed with masons, ropemakers, saddlers, tanners, dyers, &c. In fact, patients are received indiscriminately by all classes of the community. Of the total number, 515 were employed in one way or another; and 285, either from inability or caprice, did not engage in any kind of work. The chief sources of occupation were agricultural labour and household work. The former provided employment for 130 men and 36 women, and the latter for 58 men and 176 women. Of the remaining 37 men and 78 women, the males were chiefly occupied as tailors, shoemakers, carpenters, smiths, &c., and the females in sewing, knitting, and lace-making. A lunatic asylum, in its ordinary signification, is an extensive building in which the insane are collected, very frequently in large numbers. Some have been sent for curative treatment, others from being dangerous, others from inability to extend to them proper care at home, and others, again, because they were found to be a nuisance or an inconvenience. An asylum, then, may be said to meet a public want, which presents itself in a variety of aspects, and under phases which modern habits of life are every day rendering more and more complicated. But is there no risk, it may be asked, of the welfare and happiness of the patient being sometimes sacrificed to the convenience or comfort of his family? or is it necessary or natural that the insane should, as a general rule, be all gathered together in large barrack-like buildings, and be subjected to the same wearisome routine and irksome discipline? No doubt the existing system has its advantages. It affords convenient means of withdrawing from the family circle those who are unfit for ordinary social life, and of placing them, without much trouble or delay, in circumstances in which their power to do harm will as much as possible be neutralised, and in which their eccentricities will not attract public attention. And there can be no doubt that the seclusion and isolation which asylums afford the means of enforcing must, in many cases, greatly conduce to recovery, and, therefore, both for the cure and for the care of the insane, they are calculated to confer inestimable advantages both on the patients and on society. But must asylum treatment, or rather what it often degenerates into— asylum confinement—be continued as long as the patient remains affected with insanity? What is expected from such prolonged seclusion? Is comfort increased, mortality lessened, or expenditure

diminished? These are all vital questions in the disposal of the insane, and the experience derived from Gheel enables us, in some degree, to give them an answer. But Gheel, be it remembered, is not a model institution. Even its warmest advocates do not claim for it this position. But, even with all its existing imperfections, it teaches us the important lesson that a large proportion of the insane can be properly cared for without falling back on the restraint and seclusion of an asylum. I am far from maintaining that all the patients who are sent to Gheel are proper subjects for such an establishment. Some are of dirty habits, others are dangerous, noisy, suicidal, or disposed to wander. Such patients are not only unsuitable inmates for private dwellings, but also improper subjects for an institution in which efficient restraint can be exercised only by mechanical contrivances. But the evils to which I here advert have long been recognised, and by no one are they more thoroughly admitted than by Dr. Bulckens, the present enlightened medical director of the colony. Many years ago, the necessity of providing an ordinary asylum in connexion with the colony of Gheel was urged upon the Belgian Government by the celebrated Esquirol. Representations to the same effect have been constantly made by the Belgian Lunacy Commissioners since their appointment; and, at length, principally through the influence of the late Professor Guislain, of Ghent, the necessary funds were voted by the Chambers. The building is now ready for the reception of patients, and will be occupied early in spring. Unfortunately, however, it is on too small a scale to receive the whole of the patients who are not suitable for private care; and, indeed, its object is more that of an hospital for the treatment and observation of recent cases than a place of refuge for dirty and troublesome patients. The accommodation is calculated for fifty inmates only (twenty-five of each sex), of whom thirty-four will occupy associated dormitories, and sixteen be placed in single rooms. It is probable, however, that, through the pressure for accommodation, the numbers in the associated dormitories will be considerably exceeded. The plan was furnished by Professor Guislain, whose views it embodies, as previously carried into execution in the asylum of Ghent. Its characteristic features lie in the arrangement of the single rooms, and in the laying out of the airing courts. The single rooms are placed between two corridors, having the door opening into the one, and an unglazed window, provided with an ornamental iron frame, looking into the other. Facing this unglazed window, in the outer wall of the corridor, is a glazed window, which overlooks the airing court. The advantages ascribed to this arrangement are the introduction of warmth through the unglazed window from the heated corridor, the free supply of light and fresh air, and the facility it affords of efficient surveillance. The chief peculiarity of the airing courts consists in small yards being

attached to each of the "strong" rooms, with the view of affording to its occupant the means of exercise without fear of being excited by other patients.

The nature of the accommodation of the private dwellings varies in different parts of the commune according to the occupation and circumstances of the owners. In the village, the larger hamlets, and farms of the better class, the houses are generally substantial erections of brick, with floors of deal or tiles; but in the remoter and poorer districts the walls are frequently of mud supported on wattle, and the floors of bare earth—damp, rough, and uneven, like those of Highland cottages. The comforts enjoyed by the patients vary in a like degree. In the landward parts of the commune the farm or croft contains, on an average, perhaps about ten acres. On inquiry I have found its extent as great as thirty and as small as an acre and a half. The smaller possessions are chiefly where the land is poorest, and here also is generally found the greatest amount of poverty. The rent paid for about ten acres of fairish land, with a tolerable house, was stated to me to be 240*f.*, or rather less than £10.

A Gheel crofter's house of the better sort is much larger than the dwelling of a small farmer in Scotland. The day-room or living-room, which is first entered, is generally of large size, with a huge projecting chimney, under which there is commonly sitting-room for several persons. Over the fire, which is always on the hearth, and of turf or peat, is usually suspended a large pot or caldron, in which the food for the cattle is prepared. Plates and dishes of Delft ware, with a goodly array of beer-stoups and glasses, are generally in sufficient abundance to fill a number of shelves fixed on the walls; and in almost every house there is an ancestral-looking eight-day clock. On one side of this room, and generally opposite the fireplace, is the byre, usually tenanted by from four to six cows; and on the other are the bedrooms, and a sort of work-room, containing baking-troughs, churns, &c. But bedrooms occupied by patients or members of the family frequently occur in queer out of the way corners, occasionally reached by trap-stairs or ladders, resembling those attached to masons' scaffolds. The patients' bedrooms are generally of small size, but they are all single. The furniture is scanty, but the bedding and general aspect of the rooms convey as favorable an impression as is derived from an inspection of those occupied by the family. On the whole there is an appearance of rough comfort and plenty, and the looks of both the patients and their guardians give indication that the means of subsistence are adequate. Milk, butter, and cheese constitute the chief animal portion of their diet; and bread, potatoes, and vegetables of various kinds its chief bulk. But in a number of houses I noticed bacon suspended from the roof, and other indications of fulness. The

chief evil under which the Gheel houses suffer, especially those of the landward district, and more particularly of its poorer portions, appeared to me to consist in the insufficient means of warmth. In most of the houses there is a cooking stove, which stands either in the living-room or in the adjoining work-room, and which diffuses a comfortable degree of heat; but the sleeping-rooms are frequently remote from its influence, and, being without fire-places of their own, must in winter be extremely cold. Moreover, in the mud and wattle houses the walls are so thin, and frequently also in such a dilapidated condition, that the temperature there must fall extremely low. I am not surprised, therefore, to find that of the 257 deaths which took place in the four years 1856-59, 160 occurred in the six winter months, against 97 in those of the summer half year.

A visitor who should inspect merely the houses of the village, or of the larger hamlets, would be apt to form too high an opinion of the Gheel system of treatment; but on the other hand, one who visited merely the remoter hamlets and the scattered cottages of the Winkelomsheide would infallibly fall into the opposite error. Herein, accordingly, may consist the explanation of the very different accounts which have been published of Gheel. But, in forming his opinion, the visitor must bear in mind that the patients are classified according to the very same principles which regulate classification in ordinary asylums. They are placed in groups or zones, which form the substitutes for asylum wards. Thus, in the village and larger hamlets are placed the quiet, better behaved, and more industrious of the patients, while the more noisy, dirty, and least manageable are placed in the remoter hamlets, and in the separate houses of the Winkelomsheide. Several reasons combine to suggest this mode of classification. In the first place, in the village and the more populous landward districts, the public peace would be disturbed by noisy or troublesome patients, and decency outraged by the obscene; and, in the second place, the inhabitants of the village, and the more wealthy of the peasantry, are above the pecuniary necessity of receiving such patients. They accordingly refuse them as inmates, and indeed decline to retain any patients whose habits have become filthy; and thus, as a matter of necessity, all the worst patients, whether included in this category from being noisy, destructive, dangerous, filthy, or obscene, gravitate into the remotest districts and poorest houses. Such cases constitute the opprobrium of Gheel. But an erroneous idea would be formed of the system if it were imagined that the patients continued permanently in the houses in which they are first placed. On the contrary, their guardians are changed whenever this step seems advisable, either from the progress of the malady, from incompatibility of temper, or from any of the other numerous causes which, in the

nature of the circumstances, must be constantly occurring. During the year 1859, accordingly, there were 132 changes of domicile.

Of the 800 patients, 68 are subjected to some degree of mechanical restraint, but in 51 of these cases this is restricted to anklets connected by chains about a foot in length, which are worn to prevent escape. About fifteen patients wear leather girdles, to which their arms are attached by short chains in such a manner as to prevent the dangerous employment of their hands, without depriving them entirely of their use; and two require the strait-waistcoat. But the concentration of bad cases, consequent on the system of classification adopted, is apt to produce an unfavorable impression on the visitor, who, on finding in certain localities every third or fourth patient hobbled, or every sixth or eighth with his hands fastened in the manner described, might, on limited inquiry, be led to condemn the whole system; and I cannot deny that the condition of several of these patients was very miserable. Personal cleanliness, and cleanliness of clothing and bedding, are occasionally greatly neglected, but I am not prepared to say in a greater degree than is the case with the peasantry with whom they are placed, and who, from the causes to which I have adverted, are occasionally in a state of great poverty and misery. Indeed, it is their poverty alone that induces them to receive such inmates, and the pittance which is paid for their maintenance—from 6½d. to 7¼d. a day—must under such circumstances prove totally insufficient to afford the means of providing for their proper care. Every patient requiring mechanical restraint should be considered an improper case for Gheel. Repressive means of this kind are not only to be deprecated on their own account, but also for the tendency to believe in their necessity which they keep alive. But I am satisfied that much of the restraint now in use at Gheel might, with a little additional care and trouble, be dispensed with. The chains to the legs, and the girdles round the body are worn night and day; and the clothes of the patients are so fashioned as to permit of their undressing without the removal of the instruments of restraint. This permanent application of the means of coercion is quite uncalled for, and I firmly believe that a regulation calling for the removal of the chains and belts every night would soon lead to the discovery that in many cases they could entirely be given up. Whenever it was found necessary to continue restraint, the patients should be removed from Gheel or placed in the asylum. Unfortunately, however, as I have already said, the new asylum is of much too limited extent to receive all the patients, who, from one cause or another, should not be left in private dwellings; and hence the evils to which I have been directing attention are not likely to be soon eradicated. At this season of the year, too, (September,) the condition of the patients is frequently aggravated by ague. In almost every house in the poorer districts which I

entered, I found several of the inmates, both sane and insane, suffering from intermittent fever, and this, no doubt, often helped to give a darker hue to the picture.

But, fortunately, there is a brighter side to turn to. Of the whole 800 patients, I should say that perhaps 700 are comfortably and happily placed; and we have herein evidence, which cannot be called in question, that a large proportion of the insane may very properly be accommodated in private dwellings, and be allowed to enjoy the pleasures derivable from ordinary social life.

The patients at Gheel are not by any means all fatuous or imbecile. Of every 100 admitted, 13 are affected with melancholia, 42 with mania, 4 with monomania, 34 with dementia, and 7 with epilepsy. I state this fact, as there seems to be a general impression that the cottage system is applicable only to the fatuous or demented. This, however, is very far from being the case, and at Gheel may be seen many patients affected with mania or melancholia who, I conceive, are there under more favorable circumstances than they would be in closed asylums; at the same time, I admit, I saw some cases, especially of patients suffering under the monomania of persecution, which I did not consider properly placed at Gheel. In a very large proportion of the admissions, the affection was already chronic and the prognosis unfavorable, only 17.6 per cent. being considered as affording much hope of recovery. Indeed, the greater portion of the patients have been brought from other asylums already in a state deemed incurable; the proportionally small number of curable being chiefly paupers of Brussels, which city sends, with few exceptions, the whole of its insane poor to Gheel. Accordingly, of the total number of patients, 216 were from this town. The position of Gheel as a place of curative treatment cannot therefore be inferred from the number of recoveries. Still it appears from the registers that 19 per cent. of the admissions during the four years 1856-59 were completely restored to sanity, and the advocates of the system argue that this proportion, considering the class of patients admitted, is extremely satisfactory. The deaths in 1858 amounted to 9 per cent. on the average numbers resident, and the average age at death during the four years just named appears to have been nearly fifty-three years. Of deaths from suicide there were only two in four years, and only one case of pregnancy. No death is recorded in this time from violence by a patient. To afford a standard of comparison, I may state that in the public asylums of Scotland, in the year 1860, the proportion of recoveries on the admissions was 37.7 per cent. for males, and 40.1 per cent. for females; the per-centage of deaths on the average numbers resident, 10.2 for males, and 7.5 for females; and the average age at death, 44.5 years for males, and 49.2 years for females. At the same time, the deaths from violence and suicide were more numerous than at Gheel, and immunity from pregnancy was certainly not less.

In the medical administration of Gheel there is room for improvement. The duties of the director, M. Bulckens, are too multiform, and his time is too much occupied with correspondence and the keeping of registers, to permit of sufficient personal inspection of the patients. In stating this, I do not overlook the fact that each of the four sections into which the commune is divided has already its special medical inspector; but the proper working of the system must so much depend on the thorough acquaintance of its head with everything that is going on, that nothing should be allowed to interfere with frequent visitations by himself. Where the distances are so great, the assistance of a horse seems indispensable for the efficient discharge of this duty; and, unfortunately, the emoluments of M. Bulckens' office are too limited to afford him help of this kind. The talents and zeal of this gentleman are deserving of a much higher reward than is at present accorded them.

Before closing these letters, I think it may be well to add a few words on the procedure adopted in France for the discharge of patients, and on the form of the registers kept in the asylums of that country. Every patient admitted on the application of relatives, may at any time be removed by them; provided he is not, in the opinion of the medical superintendent, dangerous to himself or others. In this case, however, it is necessary to give notice to the *préfet*, who is authorised to order continued detention. In all admissions d'office, the authority of the *préfet* is required for the discharge of the patient; but the relatives, by relieving the department of the cost of his maintenance, may at any time constitute him a voluntary patient, and then dispose of him as they think fit; provided always he is not certified as dangerous by the superintendent.

The registers of a French asylum are extremely voluminous. A space of several pages is allotted to each patient. On the first pages of each division of this kind are copied the certificate of insanity granted before admission, the order by the *préfet*, and whatever other documents may have been transmitted with the patient. Next are entered copies of the certificates granted by the medical superintendent on admission and at the end of fifteen days; and the remaining pages are reserved for the monthly entries on the condition of the patient, which the superintendent is required by law to make. A marginal space is reserved for the signatures of the official visitors. This system involves a great deal of writing; but it has the great advantage of at once bringing under review all that is known concerning the patient, and in this respect it must be of great assistance to the official visitors in enabling them to determine their course in all cases in which an appeal is made to them.