

advised above, were persisted in, and the meals composed, in a great measure, of this bread.

I now leave this remedy to be tested by others, and trust they will reap similar results. The rationale may be discussed on a future occasion.

As I am writing for the public good, I may be excused giving my name excepting to the editor of this journal.

On Residences for the Insane. By JOHN CONOLLY, M.D.

(From the Transactions of the Association for the Promotion of Social Science.)

It seems to have been long, before the assistance afforded in other forms of human infirmity was extended to persons bereft of reason. Their actions and appearance being usually repulsive or alarming, they were avoided, and suffered to wander about uncared for until this freedom became inconvenient or dangerous, and were then tied up, and beaten and starved, kept out of sight, and forgotten. Remnants of this system were to be recognised long after asylums were built for lunatics, and even to a period within the remembrance of persons now living. It is, indeed, only within the last thirty years that the exertions of the Society of Friends, which commenced at York about forty years sooner, became really successful in awakening general attention to the treatment required to restore health of body and of mind in those affected with the dreadful malady of insanity.

Much has been lately written in the public journals on the subject of proper residences for the insane, arising partly out of one exceptionable case of mismanagement recently occurring in a private asylum, but containing views and observations founded on abuses which have long ceased to characterize asylums in general. These writings have naturally caused great uneasiness in the minds of all who have relatives afflicted with insanity; and have also contained or led to suggestions, either impracticable or which would multiply the evils so justly condemned.

The mortality among the insane, and recoveries from all forms of mental disorder, appear to be so much influenced by the sanitary circumstances surrounding them, as perhaps alone to afford an excuse for offering some remarks on the subject to the Department of Public Health, and for describing some of the peculiar characteristics of insanity which must always,

and necessarily, modify the arrangements made for the reception of insane patients, determine the residences proper for them, and make special as well as general resources indispensable.

It seems to have been too much forgotten that in every case of insanity the first object should be, as in other maladies, the recovery of the patient; and that this is often impossible without a removal of the patient from home. All the influences and all the associations of home become perverted, in a large majority of cases, in this unhappy malady: the alarm, and even the affection, of surrounding friends lead to hurtful concessions and indulgences, and to the withdrawal of all wholesome control; until the bodily disorder present in the first stages is increased, and the mind is more and more irritated, thus making eventual recovery more difficult, and often altogether doubtful or impossible. Great dangers arise in the meantime, and dreadful accidents are the frequent result. The mere security of the patient then becomes, unavoidably, the first consideration. But the physician must never forget that the mental disorder which is terrifying a whole family is a disorder dangerous to the patient's life; and yet, if prompt and proper measures are resorted to, is generally, in its recent forms, curable. These measures comprehend medical treatment and moral control. The symptoms are to be mitigated, whilst the patient is to be protected. Not only the form of the attack, but the worldly circumstances of the patient, require immediate consideration.

One or two illustrations, taken from the most ordinary forms of recent mental disorder, will perhaps best show what respect must be had to both these considerations, in selecting a proper residence for an insane patient. Let us recollect then, first, the symptoms of approaching mental excitement, or acute mania.

After a few peculiarities of manner, and occasional oddity of talk, manifest mental disturbance ensues; various projects rapidly succeed each other, associated with ideas of grandeur, or power, or wealth, or accomplishments. Great restlessness supervenes, and a desire for instant travel, even to remote parts of the globe. Opposition produces paroxysms of rage. Very soon the patient menaces those about him; gesticulates, shouts, screams, rushes fiercely upon supposed enemies, or spies, or conspirators, or murderers. He thinks it is his duty to sacrifice those about him, and those dearest to him, his wife or his children. He is careless of dress, of cleanliness, and of decency. In such a state, the management essential

to recovery is impracticable in his own house, or in any private family. If the patient is a poor man, he is taken, fortunately for him, and with as little delay as possible, to the county asylum, where the cords, necessarily resorted to in his own habitation as the only security against his frantic actions, are at once removed; his wretched clothes are taken off, and he has the comfort of a warm bath, and receives various kind attentions from experienced attendants, and is visited by humane officers, and has good food offered to him, and a clean bed in a room in which he can neither hurt himself nor others. The cure, with the poor man, therefore, often begins at once. His mind and body are both favourably influenced. As long as he requires watching he is carefully watched. He soon becomes calmer; and although he may not immediately recover, the general superintendence of the asylum is consistent with his taking exercise, breathing fresh air, being well fed and clothed, being employed or amused, and lying in his nightly bed with free limbs.

But when the malady appears in the same violent form in a person of the class above the poor, the plan of treatment is not so promptly resolved upon. Family councils are held, individual prejudices have to be combated, the desire to keep the nature of the patient's illness secret, causes every direct mode of relief to be objected to, and, above all, the name of a private asylum produces a shudder in the circle of distressed and weeping relatives. Their situation, if their resources are very limited, is indeed pitiable. The public asylums, with a few happy exceptions (Bethlehem Hospital, St. Luke's, the Hospital for the Insane near Northampton, and the Coton Hill Asylum near Stafford), and the private asylums where the terms are not more than can be afforded, do not offer the advantages enjoyed in the county asylums by the more fortunate pauper. Institutions adapted to the insane of the poorer of the middle and educated classes are yet unhappily wanted.

In reality, however, the greater evils incidental to the state of insanity are generally and most heavily accumulated on the rich. In the houses of persons of distinction the desire of concealment prevails more strongly than among people of moderate rank and possessions and prospects; and the deceptive belief is indulged in that money alone can command every resource; so that a determined attempt is made to have the patient treated at home. As long as this vain attempt is persevered in, the whole house becomes a kind of asylum, but without the advantages of an asylum. The patient will not be controlled by the members of his own family; he defies the

feeble efforts of his servants ; and the services of the nearest persons possessed of muscular strength are generally resorted to, and they, on their part, resort to the coarsest means of coercion and bodily restraint. Fights ensue, blows, and bruises, and wounds. Windows are broken ; bed-curtains are torn down ; doors are smashed ; the fire-irons become dangerous missiles ; and the patient breaks out of the house, terrifying the neighbours, and incurring the risk of various injuries. After this he is overpowered, knocked down, held by the throat, knelt upon, forcibly bound with ropes, or handcuffed and leg-locked in the roughest mode suggested by ignorance and fear. Then, perhaps without consideration, the nearest asylum, no matter what its character, is applied to for the aid of attendants, two or three of whom are obtained, often so ill instructed and so unskilled as to meeting the various difficulties of a case of mania in any better manner, as to permit the patient to continue bound, no matter how, so that he is prevented from striking or kicking them. In all other respects the patient remains neglected, thirsty, unwashed, feverish, raving ; and in many cases, becoming more and more exhausted and weaker every day, he dies.

Let us turn from this picture, and give a few moments consideration to the form of mental disorder most opposed to maniacal excitement, namely, melancholia. In this woful affection, some unknown condition of the nervous system for a time exists, which shuts out all pleasurable sensations, all cheerfulness, and all hope. This malady is, like other forms of insanity, common to men and to women ; but is, I think, more frequent in women. No rank, and none of the ordinary advantages of life, social or mental, form a security against it. An irreproachable life, cultivation of mind, and habits of the strictest piety, do not ward off its attacks. The patient thinks herself steeped in infamy and sin ; believes that she has ruined all her relations, and is to be put to a disgraceful and public death ; or, more dreadful still, thinks herself abandoned by the Almighty. Thoughts of suicide almost always supervene on this state, and self-destruction can only be prevented by constant watching, and by arrangements not possible in a private house. The act contemplated is viewed as a duty, and the thoughts are ever bent upon it ; although intervals of calmness and simulation occur, which usually lead to fatal concessions on the part of friends, and to a remission of precautions, of which the patient knows how to avail herself. The staircases, the windows, the chimney, a knife left on a table, or a pair of scissors, or a piece of tape or string, a stray

towel, a nail or peg in the wall, or even, sometimes, a pencil-case, or a key, or anything that can be swallowed, are converted into the means of death. When walking out, a pond, a brook, a bridge, a cart or carriage in motion, an advancing railway train, may each, if offered to the senses of the melancholic patient, become suggestive of some instantaneous mode of terminating life. None but those who have lived under the same roof with a patient of this kind can imagine the ever-during anxiety existing in a family in such unhappy circumstances. Uneasiness and dread supersede all other thoughts and feelings; all ordinary occupations are suspended, or pursued with interruptions. Every footstep alarms; every sound suspends the breath of the listeners. In these circumstances, there is no safety for the patient at home. No medical man, no clergyman, no private house keeper, would receive such a patient for any consideration; but when the same patient is transferred to a good asylum, much of the anxiety, and much of the danger, cease at once. There is, in fact, no other resource.

In both of these contrasted examples, the question of the patient's removal becomes then unavoidable, and the advantage of removal undeniable. Numerous examples might be added, taken from various forms of mental disorder. But the important question, as to the proper place or residence for the patient, which involves very serious considerations, is that which has been peculiarly prejudiced by the recent discussions in the public papers. It has been assumed, that as abuses still exist in some private asylums, no good asylums are to be found. It has therefore been proposed, seeing how comfortable pauper patients are in county asylums, that there should be public asylums for the richer patients also. Perhaps it is really to be wished that there were such. But as there are very few public asylums, even for persons of moderate circumstances, yet above pauperism, and none at all for the rich, those who take a sincere interest in the proper treatment of the insane, still wishing to avoid private asylums, become captivated by suggestions for richer patients being treated in detached residences, where no other patient is received. The evils incurred by such arrangements are many and great; and such, indeed, as to make the position of the lunatics of wealthy families inferior to that of the lunatic pauper.

Insanity is a great leveller; but in all my professional observations I have scarcely ever met, in any class of society, with patients so deplorably situated as in these detached or

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isolated residences for the reception of single patients whose property gave them the unhappy privilege of being secluded in them. Such houses are usually the property of a retired attendant; some man or woman whose habits have been formed in old-fashioned establishments, and who, too often, regards the patient as merely a source of continued income. The patients consigned to them are often without the medical and general care and superintendence which they would have in any good private asylum, and equally without the comforts of a private residence. They are also excluded from all the social advantages consistent with good private asylums, and of which the results are found to be so singularly salutary; and live in a solitude calculated to nurse every passing delusion into strength, and to leave every evil habit to run to incurable extremes. Gloomy surrounding walls, a neglected and slovenly garden, desolate patches of barren ground, ill-dressed attendants, who consider the physician's visit as a troublesome intrusion, prepare him to find a patient whose costume and general appearance are scarcely to be recognised as those of a gentleman. Everything in the interior of the house corresponds with its exterior aspect. The patient's condition, both physical and moral, is wretched. If he is harmless, he is allowed to indulge in all negligent habits as to dress, as to diet and exercise, and, indeed, as to everything that saves immediate trouble to those about him. He is permitted to take stimulants if he desires them, and his attendants avail themselves of his example, either in the house or in public-houses. The attendants themselves, even when most disposed to do what they can for the patient, become listless and apathetic, as an unavoidable consequence of the idle life they lead; and the patient has no person of cultivated mind to associate with, or to appeal to; no variety of objects or persons to attract or to exercise his attention; and often, not even a book to read. If the patient is not so gentle and submissive, and the attendants are not possessed of good temper and patience, mechanical restraint is freely resorted to; instruments for such restraint being usually entrusted to their discretion. During the hours of night, especially when the patient is feverish and restless, and perhaps disposed to violence, requiring especial care and every effort to soothe and compose him, the straight-waistcoat is still too often substituted for all the attentions that would, as a matter of course, be paid to him in a well-managed asylum, public or private. All such attentions are omitted, and fall into habitual disuse; and the unprotected patient is

made helpless that the attendants may sleep. I wish to avoid all exaggeration, and even any statements not absolutely necessary to the question under consideration ; but I have seen, in these detached residences, practices and consequences of which the description is not required, but of which the end was the death of patients who, I believe, if placed in a good private asylum, might have lived and recovered.

Scarcely in any private asylum now existing in this country could such general neglect and such fatal abuses be found. That some remains of the old abuses yet linger in a few of them, and that with such abuses neglect is always associated, may be true ; there are, of course, some private asylums established almost undisguisedly, as mere places of profit, and in which an excessive economy accumulates many evils, difficult of detection ; too scanty food ; too little attention to warmth in winter, and coolness in summer ; and all the faults arising from the employment of harsh and disreputable attendants ; but there is every reason to hope that the indefatigable exertions of the Commissioners in Lunacy will gradually lead to a severer scrutiny than has often been exercised as to the position and character of persons undertaking the charge of the insane ; and that some proof will be required of the medical attendants in private asylums not being utterly unprepared for the important duty of relieving or curing patients disordered in mind. Certain preparatory studies and opportunities of acquiring practical knowledge should be insisted upon, for which facilities ought to be given in all our county asylums ; each of which, during at least three months in a year, should be a school of clinical instruction. Medical students would avail themselves of such an advantage with avidity ; and their doing so would be of great benefit to the public.

Generally speaking, the private asylums in England are now so well conducted as to present every advantage adapted to the richer patients, and to secure all the care and comfort which the poorer patient enjoys in our admirable county asylums. The arrangements made by proprietors of high character and education are suitable to patients of the higher ranks or of the wealthy classes ; including quiet and privacy when needed, and salutary social adaptations when practicable. Removal to these institutions from the patient's home is usually followed by an immediate alleviation of his malady ; and he becomes at once surrounded by every

circumstance and means favourable to cure. Public asylums for the rich could not possibly offer more advantages, nor secure such special attention to each patient. They appear to be recommended by the publicity they would give to every patient's case; and this publicity would not be submitted to. The friends of patients of the higher and even of the middle classes would shrink from it. A very lamentable effect would ensue; that of causing many more patients to be immured in the private residences for one patient, already described; or the shutting up in garrets, or in the secluded wings of country mansions, of many patients of rank and wealth, who would be left entirely to the care of servants, never seen by commissioners, or relatives, or friends, but allowed to drop out of social life and out of remembrance. The extreme sensitiveness of great and ambitious families has too often led to the consignment of a mad or imbecile member to this hopeless solitude; the fact of their existence being soon forgotten, and forming, many years afterwards, a sort of mysterious family legend in the neighbouring hamlets.

The occasional occurrence of an instance of misconduct in an asylum for private patients ought not to make the public forgetful of the marked improvement which has taken place in both public and private asylums during the last twenty years. Almost every thing in their arrangements may be said to have changed; and the animadversions lately made on the treatment of the insane, and the illustrations resorted to for the sake of heightening their impression, have, in reality been based on negligences and cruelties exposed and banished many years since. Neither gross ill-treatment of insane persons nor the detention of patients after recovery, can now be considered within the limits of possibility. The few patients met with in asylums who appear to be well enough to return into the world, are either such as would be overwhelmed in mind by the change, or who entreat the proprietor of the asylum to remain in a home where they have no wants, or cares, or responsibilities. For a great majority of the patients the painful trials of ordinary social life are indeed happily exchanged for residences where their comfort and health are systematically attended to, and where they are subjected to no disappointments, to no unkind words or actions, and to no dangers, a charitable construction being put upon all that they do and all that they say, in all the varying moods of their malady.

Statistical details are scarcely required to show that the health of any class of persons must be ameliorated by the careful exclusion from their residences of all known and avoidable causes of disease. With the exception of the county asylums near London, of which the prodigious size will be found to create new sources of sickness, all public and private institutions for the insane are now so regulated, that all the known and ordinary causes of the large mortality once prevailing in such places are most diligently guarded against, and whatever is known to be favourable to health is as studiously considered and supplied.

Acute cases of mania, even in young persons, have a tendency to be speedily fatal; and almost every form of insanity, whatever excitement and violence may be exhibited, is associated with debility and the same tendency to fatal exhaustion. Many facts are on record which show that in the old institutions these tendencies were not opposed by proper medical treatment or by sanitary attentions. Exposure of the patients to cold, to damp, to dirt and darkness, and to semi-starvation, was almost the rule in all asylums. Large bloodlettings, severe blisterings, lowering medicines, the privation of fresh air and of exercise, prolonged confinement in narrow wooden cribs, or enchainment to pillars and walls, in basement rooms or apartments where proper ventilation was unknown, all contributed to produce an excessive mortality. Even so lately as twenty years ago, the deaths in some asylums were as many as fifteen or seventeen per cent.; whereas, since that time it has been reduced at least more than half. Some of the direct causes of death have entirely disappeared. Mortifications of the extremities were, under the old system, among the ordinary causes of death: they are now almost unknown in asylums. Ulcerations of the back, often occasioned by lying on wet straw, are rendered less frequent, and far less commonly fatal, by the adoption of beds and comfortable bed-clothing adapted to each case. Scorbutus was common; now, it is very rarely seen. Good food, both animal and vegetable, and the warming and ventilation of the galleries and bedrooms, have driven away these afflictions. The peculiar form of paralysis called *General Paralysis*, first accurately described by M. Calmeil, the celebrated physician of the Charenton Asylum, was once considered to be generally fatal within two years from the appearance of its first symptoms: now, life and a considerable share of comfort are preserved in this malady for six or

seven years. Suicidal deaths are also diminished in number. Cases of refusal of food, and of enforced alimentation, which the old registers and case books show to have ended fatally in nearly every instance, are greatly diminished in frequency. The tendency to tubercular consumption, of which mental excitement is still a frequent precursor, appears to have become less common. Instances of death from mere exhaustion are fewer in number. The disuse of bloodletting has saved many lives: and I think it may be said, with perfect truth, that the patients seen in the galleries of asylums, or certainly those met with in the workshops, in the gardens and grounds, in the bakehouses, laundries, and kitchens of our County Asylums, where several of them are now always cheerfully employed, scarcely present more examples of debility and ill-health than are always to be found among artisans, and labourers, and servants, out of asylums.

In every well-regulated asylum the whole system is, indeed, strictly hygienic, in the largest sense of the term; comprehending an attention to all that can directly or indirectly promote the health of the body and the mind. The patients enjoy perfect liberty of their limbs. Chains and all mechanical instruments of coercion are unknown; buildings for the reception of many hundreds of insane patients being opened without one instrument of restraint being provided. In the best private asylums all such terrible appliances have been absolutely discontinued. Fresh air, clean clothing adapted to the season, good food liberally supplied, comfortable beds, warmth, ventilation, scrupulous cleanliness throughout the house, varied occupations and amusements, social entertainments, religious services judiciously and regularly performed, and spiritual consolation timely and prudently imparted—all utterly inconsistent with the old methods of treatment,—are now the things which peculiarly characterize asylums for the insane. The poorest lunatic is introduced to comforts unknown to him before, and which diffuse calming influences over his whole frame of body and soul; and the richer patient enjoys advantages in asylums which no wealth can command out of them.