Gossip about Gheel.(1) By CONOLLY NORMAN.

GHEEL is a well-worn theme on which it is hard to say anything that is very fresh. But circumstances of various kinds have of late contributed to renew general interest in this ancient settlement. The condition of lunacy affairs in our own country is somewhat fluid just now, and the insertion of any foreign object may help to bring about solidification. Finally, I had occasion to revisit Gheel during the past summer. On the whole, when I was asked for a paper for to-day it seemed not unsuitable that I should fall back upon this time-honoured topic.

Gheel, as most of you know, is the principal village of a Belgian district lying nearly due east of Antwerp, from which it is distant about thirty miles. The tract of country in which it is situated has been notorious from the earliest historic times for its barrenness and the worthless nature of its sandy soil. It formed portion of the sterile and arid plain which the Romans called Taxandria, a term expressive at once of the nature of the wood (scrubbed yew trees) with which it was overrun, and of the Roman abhorrence of its desert surface bearing that infernal plant sacred to Hecate.

In later times the country, of which Gheel is nearly the centre, has been known under the Flemish name of Kempenland (in French, *la Campine*); and it retains to this day some of the characteristics which it presented in the time of Tacitus. When the fields fall out of cultivation for a short period they present the appearance of desert, sterile, and sandy wastes, growing little except heath; and as one goes along in the railway train to visit Gheel one is struck by the fact that although it is very low-lying—I am not sure that it is not in parts below the level of the sea,—yet where there is a strip of rough ground beside the railway it is covered with heather and ling. I speak of this very noticeable condition of the earth for a definite reason. The locality has become, in spite of the difficulties which Nature presents, extremely fertile. The minute care in the cultivation of the soil which prevails in almost every part of modern Belgium has here reached one of its highest points, and the desert smiles like a garden. This is due, as the inhabitants and those who write about the subject are never weary of pointing out, to the fact that it is an insane settle-

ment, and that so much profit and advantage accrue to the inhabitants from their originally charitable work of looking after the insane, that they have been thus able to turn their wilderness into a model farm.

Much of the history of this improvement could perhaps be dismissed as traditional, but some at least has been observed in quite modern times. Dr. Peeters, in his charming little tale *Betty* (2) (a romance founded on the facts of Gheel), published apparently about eighteen years ago, talks of the condition of the Winkelom Moor, which lies a little way south of the town of Gheel, forty years earlier, and of the transformation it had undergone since then. He attributes this change to "patient labour," as our familiar phrase is, and praises his predecessor, Dr. Bulckens, for boldly sending out patients to live in the isolated farmhouses which were scattered over the moor. At the earlier period, he says, "the soil was uniformly arid and bare. In many places the sand was so fine that it rose in headlong eddies under the force of the wind, and the seeds sown in it by the hand of Nature dried up and never germinated. In the least barren parts were to be met various specimens of the flora of the moors, the heather blossoms yielding an abundant harvest to the bee. Whin, with its yellow stems, was also found, and aromatic thyme and greenish moss. In the low bottoms, where the heavy rains formed stagnant ponds that dried but slowly, some scattered samples of green herbage were to be seen, and sometimes even the modest corolla of a crowfoot. A few dwarf pines, covered with branches to the roots,(3) and springing from seeds driven before the wind, seemed like lonely sentinels to keep guard upon the moor." People not beyond middle age, he further says, can perfectly remember when more than a hectare (about two and a half acres) of the moor used to be sold for five florins.(4) At the time when he wrote he tells us the appearance of the moor had been altogether changed. "A large number of dwelling-houses, built of brick, clean and wholesome, have replaced the cabins of former times. Many herds of cattle browse upon the rich pastures, a host of peasants till the ground, fertilised by their former labours, and bearing an ample crop of rye, of oats, of potatoes, and even sometimes of wheat. Every year the ceaseless labour of the people of the Campine conquers fresh territories from the heath."

I have dwelt upon the reclamation of this Belgian "heather field" in the Campine, I hope not too tediously, because now that we are all occupied with the employment of our patients, now that we all look upon employment as the best medicine in many cases, it is interesting to see how far employment in its earliest and perhaps its wholesomest form has been carried, and is being carried, in the ancient settlement of Gheel. At home we have at least plenty of miserable upland moors growing nothing but bog-myrtle and ling, abundance of low-lying swamps green and yellow with sphagnum, and decorated with no better crop than an occasional mayflower or water crowfoot.

Gheel has, as I am sure my hearers know, an historical and antiquarian interest which is specially strong for us Irishmen. In the middle of the modern village stands the large parish church dedicated to St. Amand, the Apostle of Flanders, which is well worthy of a visit on account of its stalls and confessionals of Flemish oak, probably, I think, carved by Vanbruggen, and, as far as I can judge, little if at all inferior to the famous work of that artist in St. Paul's, Antwerp. But the real centre of Gheel and its district is the Church of St. Dymphna, situated in the outskirts of the village. This is also a very large building, and is esteemed by Belgian antiquarians as one of the most remarkable edifices in the country. The date of St. Dymphna's martyrdom is about 600 A.D., and the church is said to have been first erected on the site thereof early in the twelfth century. Probably not much of the original structure now remains, the church as it appears at present being mostly late Gothic. Of course you will remember that persons of unsound mind in the early ages came to Gheel to worship at the shrine of St. Dymphna, and that from harbouring these poor pilgrims the village and commune began the great settlement for lunatics that we now see. At the west end of the church, close to the tower, there is still to be seen the cell (Ziekenkammer) in which the patient was placed on his first arrival. It was provided with a sort of aperture (squint), through which the patient could see the high altar while service was being celebrated. Over the high altar stands a carved wood reredos of great beauty and interest, dating, I believe, from the late fifteenth century. It is divided into eight compartments, the first six depicting scenes in the life of the

saint; the seventh, the bearing of her reliques in procession; and the eighth, which is allegorical, the removal from the skull of a living patient of a little devil. Extremes meet, and in St. Dymphna's Church I pointed out to a very distinguished Scotch physician and lunacy official that this scene perhaps anticipated the operation of trephining for general paralysis, which he seemed to advocate at the Dublin meeting of our Association in 1894. In the ambulatory just behind the high altar, the reliquary of St. Dymphna stands, supported by four stone pillars about four feet from the pavement. The mental invalids who came as pilgrims to the church used to pass between these pillars, underneath the reliquary, on their knees. The reliquary itself is adorned with paintings by a contemporary of Memlinc, inferior of course to the works of that great master, yet recalling the more famous *Chasse de Sainte Ursule* at Bruges. A very valuable early retable (reredos) in the north side chapel is the oldest work of art in the church, but it has no special connection with the church's story.(5)

It is interesting to note the origin of St. Dymphna's relation to the unsound of mind. She was the daughter of an Irish king, who, flying from the incestuous passion of her father, was by him pursued and overtaken at Gheel, where he slew her with his own hand. "Saint Dymphna," says the Rev. M. Kuyl, "who had thus wisely triumphed over the insane passion of her father, was designated by Divine Providence to serve as special protectress against all forms of insanity."(6) Dr. Alt, of Uchtspringe, who has found testimony in some ancient work that our wicked countryman suffered sometimes from a "consuming melancholy," and sometimes from "frenzied violence," concludes that he was the victim of circular insanity. Father Kuyl's view, however, seems more "up to date," since it appears to imply that abnormal sexual passion is in itself proof of insanity. At least it is clear that the saint's special association with mental illness, as well as her martyrdom, was due to the insanity (the "senseless fury") of her father.

To return from the beautiful traditions of the ages of faith to the more prosaic affairs of to-day: the tract of country which now forms the commune of Gheel is about thirty miles in circumference. It contains some 12,700 inhabitants, of whom about 2000 are insane patients. Following the course of a patient who is sent to Gheel, we first go to the infirmary,

a building about fifty years old, with beds for thirty-five male and thirty-five female patients. It is not only used for the immediate reception of patients on their arrival at Gheel, but also for the treatment of patients suffering from serious bodily illness, or of patients who have, through intercurrent excitement, depression, etc., proved temporarily unsuitable for family treatment. Patients who are deemed permanently unsuitable for Gheel are also kept in the infirmary for short periods until they can be removed to a close asylum. I can remember having seen in this hospital a patient dying of dropsy from Bright's disease; a patient in the last stage of general paralysis (he had put through nearly the whole of his illness in the settlement, having been a quiet demented case); a recurrent melancholic in a state of agitation; and a young maniacal case that was settling down, and was about to be discharged from the infirmary to a family. The last time I visited Gheel I noted that there were but fifteen patients in the female division of the infirmary. The number, however, varies, as may be supposed, according to various exigencies.

The infirmary, as I have said, is not a new building. It has some pleasing features and is beautifully kept, but I am afraid its construction cannot be called advanced from an asylum architect's point of view.

More modern—and, indeed, very good—are the pathological laboratories and museum. This department is one which presents much interest to us at the present time, when we are endeavouring in Ireland to induce the committees of asylums and the Government to see the necessity for a laboratory for the Irish asylums. Gheel is very far in advance of us in this respect, and yet it has but 2000 patients, and one of its claims on public approval is its economy. One member of the resident medical staff devotes almost all his time to pathology, and does excellent work, keeping well abreast of the time in this most important department.

About 270 patients are admitted to Gheel during the year. About two a week, or 100 during the year, are sent in from the cottages for treatment in the infirmary. There are six resident medical officers, including the physician and director, Dr. Peeters.

When a recently admitted patient, such a one as the maniacal case mentioned in a preceding paragraph, has been

under observation for a little time in the infirmary, and when a suitable location has been found for him, he is sent out into family care with a householder in the neighbourhood. Some live in the town, some in the adjacent villages, some in solitary houses in the country. The people with whom the public patients live are shopkeepers, artisans, and peasants, and the patients share the various occupations of their hosts. On the two occasions on which I visited Gheel I enjoyed opportunities of seeing a large number of patients. The first occasion was at the time of the meeting of the Congress for the Care of the Insane held at Antwerp in 1902. The Congress visited Gheel in a somewhat ceremonious way. We were received with distinction and hospitality, and those who were musical were charmed to listen to the cantata of "St. Dymphna," which was rendered by a great chorus in the market-place. I then saw most of the patients and their dwelling-places in the town, and I was highly pleased with the appearance presented by both, and with the wonderful air of contentment of the patients. Again I visited Gheel this year, but I determined to go without notice or preparation, when the settlement could not be said to be "on show," and when I could see anything I chose in my own way. Accordingly I wrote to no one, and brought with me a courier who knew Flemish and Dutch as well as French. Luckily I did so, for Dr. Peeters was away, and the Gheelois generally are not multilingual. I drove round the outlying villages and houses where the patients were. Through the kindness of Dr. Boekmans I was afforded every facility. I was chiefly anxious to see the patients in single farmhouses, and I saw a number of these along with some of the villagers. On the whole, the favourable impression which I formed in 1902 of the condition of the insane in the colony was confirmed by what I saw in 1903. I found the country patients very comfortable. They lived in rooms better than those inhabited by their hosts, and they were better clothed on the whole. Many of the rooms, it must be admitted —and this is apt to be objected to by the English visitors,—had tiled floors, but we are so familiar in this country with brick or tile in their unbaked condition forming floors—in other words, with mud floors—that I felt I could not quarrel with the floors of these houses made of excellent tiles. A number of patients were working in the fields, and of these the clothes,

I confess, were generally rather soiled, but it was with good honest clay, while the patients' garments seemed warmer than those worn by their hosts; and as the weather was somewhat cold, it being late in the autumn, they wore stout neckcloths. The patients' clothing and the furniture of their bedrooms are supplied by the administration. Definite rules are laid down as to quantity of clothing, bedding, and so forth. Lay inspectors are specially appointed to look after these matters, visiting the patients at least once a week, and seeing their clothing, bedding, etc. Besides the more essential articles of bedroom furniture, which were sufficient and good, it is also provided in most cases that there should be a curtain to the window. In almost all the rooms which I was in there were pictures on the walls.

A man who had lived in a farmhouse near an outlying village for over thirty years struck me exceedingly. He slept on the ground story in a room which had, it is true, a tiled floor, but was very comfortable. The walls were decorated with the usual sacred pictures, which I saw, I may say, everywhere; there were also photographs of his children, grown-up men and women, and grandchildren. He showed me his grandchildren with great pride. His speech, a compound of Flemish and Dutch, I could not understand much of. It was obvious, however, that he was delighted with his numerous progeny. He insisted on taking me by the arm and leading me from his bedroom across the common room, to show me the cowshed. It contained eight cows. It is hard to say whether he was most delighted with his grandchildren or with the cows kept by his host. The house was constructed on lines that seem common in the smaller Belgian farmsteads. The whole edifice resembles in section the broken-backed initial A that you will see in the *Nuremberg Chronicle* and elsewhere. A vertical dividing wall, generally well on one side of the centre, divides the entire floor space, and on one side of this wall is the cow byre; the common room lies on the other, and beyond this, again, are the bedrooms. The arrangement secures that the homely odour of cows and their belongings is constant and strong. Vaccine odours are not peculiar to Belgian farmhouses; they prevail in many much frequented Swiss and Bavarian villages, and even at home if you happen to live next to a cattle lair, as I do. Happily they are said not to be insalubrious.

There are some other features of Gheel which have attracted

unfavourable comment, just and unjust. Englishmen, not content with reflecting on the tile floors of the rooms on the *rez-de-chaussée*, damn the almost perpendicular stairs that often lead up to those bedrooms which are on the first floor. Unless in the case of epileptics or others who are liable to injury, there is no more in the one point than in the other. The luxurious arrangements of an institution are not to be had in family care, but there are compensations. A more serious question is whether it is right to place any of the epileptic insane in family care. Personally, I incline to think not. Again, I can hardly imagine any circumstances under which it is wise to place public patients of that class whom the French charitably call *faible* in family care—unless, indeed, in the care of their own immediate family, and even then but rarely. Speaking generally, no cases need more the unremitting attention only to be secured in a hospital for the insane.

The whole impression, however, produced upon my mind by what I have seen of Gheel corroborates that of many other observers: of Baron Mundy, who lived there for three months to study the system; of Dr. Alt, who can say that his experience is not founded on mere flying visits paid in summer weather, but who has visited Gheel at every season and under every circumstance; of the founders of the settlements at Lierneux, in Belgium, and at Dun-le-Roi, in France, who have been bold enough to imitate Gheel under new conditions, and with great success; and of many others who are endeavouring all through Europe to introduce or extend the system of Gheel with such modifications as local conditions may require. A curious proof from within Gheel itself that family care is more widely applicable than used to be supposed is furnished by the fact that the Dutch Government have sent to Gheel a number of their patients. A little Dutch chapel has been built there for their use, and a Dutch Lutheran minister is in residence and looks after their spiritual wants. In a house which I visited close to Gheel two patients were living, a Dutch patient and a Flemish patient, apparently in perfect harmony with their Flemish hosts and with each other.

I will not delay you by adding to my rambling remarks any fiscal details. It is sufficient to say that family care has been found economical at Gheel, as at the other great Belgian settlement (Lierneux), as in France, Germany, Scotland, and, indeed,

https://doi.org/10.1192/bjp.50.208.53 Published online by Cambridge University Press

wherever it has been tried. At Gheel not only is there the economy of dispensing with costly asylum buildings, but, although the amount paid by Government for maintenance is less than in the close asylums, yet the margin between the money received and the money expended has been sufficient to build the infirmary, the laboratories, bath houses, residences of certain officers, etc., and still to leave a decent credit balance.

It has never been the economic aspect of Gheel that has specially interested me; though speaking in a poor country, and in one where the overcrowding of our asylums causes serious monetary as well as medical trouble, one is glad if one can point to any economy. But the real matter of importance to us is that family care presents a method of dealing with the insane which is feasible in a great number of cases, which is curative in some, which is improving, tranquillising, and humanising in very many, and which in suitable cases, even where improvement is not to be expected, is more free, happy, and wholesome than existence in an asylum ever can be. I have said there is a compensation for the absence of asylum luxuries. When can an asylum be home-like to the poor? It needs to be handsome if it is not to present the unutterably dreary and demoralising desolation of an Irish workhouse ward, than which no more melancholy form of habitation has been occupied by man since the days of the cave-dwellers. But the handsomer and the brighter you get the great precincts of an asylum, the further you are from home. Home surroundings have an educative, a supporting, a calming effect. An asylum is, as of course we know, for a great number of our poor people a necessity. But there are cases where it is not indispensable, and in such cases we must remember that the rigid discipline, the unvarying routine, the monotonous and uninteresting life of an asylum can do harm. Seeing that too strict a discipline, deprivation of all initiative, and absence of interest in anything beyond a narrow circle have been accused of producing partial dementia in certain gallant men outside our institutions, we can hardly doubt the possibility of an "asylum dementia." Take the old man I spoke of a little while ago. His pictures and his photographs, and the little trumpery odds and ends about his room, flattered that sense of property which we all enjoy, and his sympathies were roused for the rustic belongings of his host as well as for his own family por-

traits. There is an element of human happiness about all this which is lacking in asylums. This human interest kept him alive—body and mind. He would probably enough have been a very dull old dement in an institution. Again, the same may be said of many of the female patients whom one saw in Gheel sitting on the doorstep with their hostess's children in their arms. Looking after the children seemed to be a very common occupation for the women boarded out in Gheel, and if a woman can be trusted (and the mothers appeared to trust these patients entirely), what occupation is there for a woman to be compared to it? What can an asylum offer at once so congenial and so calculated to keep alive the intelligence and the feelings of a woman?

It goes without saying that the patients who are sent to Gheel are selected. The homicidal, the suicidal, the continuously turbulent, and those who are liable to offend against public decency are excluded under the regulations. I think that these regulations should be made even more strict than they are. Untoward occurrences are of extreme rarity. They would perhaps be even more rare if the ideal arrangement could be obtained (as it easily could under slightly different conditions), and if no patient were sent to an insane settlement until he had been under expert care for some considerable time, and his case had been thoroughly and individually studied. This can best be effected where a settlement is established around and in connection with an ordinary reception asylum or insane hospital. Of the patients sent to Gheel, about 17 *per cent.* are found unsuitable for family care, and are sent directly to close asylums. Individual study of cases and minute knowledge of their personal peculiarities are the essential conditions for the beginning of family care. Attempts to treat patients wholesale or according to the names that somebody claps upon their diseases, can only end in disaster here as everywhere, but here the disaster will be more notorious.

We are often told that family care is fraught with danger, fraught with difficulty, is practically unworkable, and so forth. I answer, *solvitur ambulando*—behold Gheel. I am then told, or used to be told—nay, I have said myself, but it was a great many years ago,—that Gheel is inimitable, having been founded in the piety of primitive ages, and being inhabited by a population among whom care for the insane had become something

approaching to an hereditary tact. Again, however, *solvitur ambulando;* Gheel has been equalled, in some respects surpassed, by the modern settlements at Lierneux and at Dun-sur-Auron, while family care has been established at numerous centres in Germany, in Russia, in Holland, and in Italy.

Viewed with regard to the question of extending the insane settlement or other form of family care to fresh countries, these modern examples—I am ashamed to say I am only personally acquainted with Lierneux—are no doubt the most instructive; but all must yield in general interest, in what I might call personal charm, to old Gheel, where family care was first practised on a large scale, where by the reforms of the last century family care was first systematised, and where the path of modern progress is illumined with the beautiful traditions of the past. *Floreat semper.*(7)

(1) Read at the Quarterly Meeting of the Irish Division, held at Swift's Hospital, Dublin, November 13th, 1903.—(2) Written originally in Flemish and translated into French. The French edition, which I have, is undated, but references in the preface seem to show that it was published in 1885 or 1886. When Dr. Peeters is asked about this little work, he, with his accustomed modesty, disclaims literary merit, and says he merely wrote it for the instruction of his people. It presents an interesting picture of his ideal of the insane patient in family life.—(3) A sure sign in that country that the tree was not under human cultivation.—(4) The Dutch coinage was then used in Belgium. Twelve florins equal £1 of our money.—(5) A full and well-illustrated account of this fascinating edifice is to be found by those who can read Flemish in *Gheel in Beeld und Schrift* (*i. e.*, Gheel in Art and Literature). It is much to be regretted that this work is not reprinted in French, so as to be accessible to a larger public.—(6) *Gheel vermaard door den dienst der H. Dimphna*, Anvers, 1863. I quote at second hand through Dr. Peeters.—(7) I must here gratefully acknowledge my obligations to the articles of Dr. Alt, *Das Heutige Gheel*, published in the *Psychiatrische Wochenschrift*, Nos. 1 to 4, 1899. They contain the best account of Gheel as it is to-day, and are very full, eminently fair, and friendly with the friendliness of an impartial foreign expert.

Discussion

At the Quarterly Meeting of the Irish Division, held at Swift's Hospital, Dublin, November 13th, 1903.

Dr. Nolan, in the course of some remarks on Dr. Norman's paper, said he had visited Gheel and Lierneux, and it had struck him that the standard of living was simpler and lower all round than that of Ireland. Although he had not come to all his conclusions about Gheel, it raised in his mind the whole question of the treatment of the insane. The people of Ireland were not as unsophisticated as those of Gheel, and the system might not work so well, but he held that a few colonies might be laid down, though he did not think that the idea of getting trained married attendants to board patients out, and so train the people of the district around, would work. The mental condition of the patients at Gheel, with one or two exceptions, did not strike him as being any happier than that of those in asylums. Knowing the country, north and south, he did not think the system would be so successful in Ireland as at Gheel.

Dr. Mills thought that as many as 10 *per cent.* of patients in Irish asylums are capable of being dealt with by home treatment, and advocated its adoption,

especially as the public were against further expenditure in the matter of asylums.

Dr. DRAPES said that on the whole patients were better off in asylums than in the best managed colony, though in some cases the home treatment was beneficial.

The CHAIRMAN (Dr. LEEPER) wanted some explanation of the different methods which seemed to prevail in Belgium. He had visited an asylum near Brussels not long ago, and found something very different from Dr. Norman's rosy picture of Gheel. It was an asylum for 500 State-supported patients, situated in eight acres of ground, to only one half of which (four acres) the patients had access. It was apparently devoid of any sanitary or sewerage arrangements. As Dr. Leeper approached it he was assailed with such a noisome stench that he became quite ill. The gentleman who received him, but who refused to show him the wards and patients, affirming the convenient reason that the Government would not allow it, appeared to be the non-medical proprietor. He gloried in the free use of restraint (strait-jacket, etc.), and ridiculed the English notion of non-restraint, which he called "the system of the broken ribs." He likewise sneered, "I suppose your Commissioners give you notice when they are coming." Turning to the methods spoken of so favourably by Dr. Norman, the speaker said that he did not think liberty and open air would bring about cure without skilful and methodised treatment.

Dr. NORMAN, in reply to Dr. Nolan, said that the fact that family care could be adopted was obviously true. *It had been adopted.* He did not see why they should start with the supposition, which he thought underlay a good deal of the arguments against boarding out, that an asylum was absolutely necessary for every stage of every case. Old patients at Gheel were visited at least once a month by one of the medical staff, and recent cases not less than once a week; cases of bodily ailment or acute excitement daily, or several times a day. Hence, and with the aid of the infirmary, the patient could receive any definite mode of treatment. There were certain classes, in his opinion, not suitable for boarding out, *e.g.*, epileptics. Dr. Leeper has drawn our attention to the asylums in Belgium; they are badly managed because in private hands and under no supervision. The question of the education of the people to care for the insane was important. In Germany and in South Austria the plan of boarding out patients with married attendants has been adopted. As far as he had seen, the patients were well cared for in Gheel, and though, as Dr. Nolan said, the standard of living might be different from here, still that did not affect the question. With regard to finance, whether family care would pay in Ireland could hardly be said until the attempt was made.

Dr. NOLAN wished to remove the impression that he was against the scheme. He reiterated his opinion that the attempt ought to be made, and believed the system in Ireland would be similar to that now existing in Scotland—to his mind, not ideal.

Dr. NORMAN said that he thought the system in Scotland laboured under the difficulty of insufficient care. Patients should not be left to the necessarily insufficient care of relieving officers and parish doctors. If family care were adopted in Ireland it would require very much closer supervision.

The Relationship of Wages, Lunacy, and Crime in South Wales. By R. S. STEWART, M.D., D.P.H., Deputy Medical Superintendent, Glamorgan County Asylum.

THE conditions of life of the whole community in the county of Glamorgan, the staple industry of which is that of coal, in which 17 *per cent.* of its population are directly employed, are subject to modification through the influence of an arrangement

https://doi.org/10.1192/bjp.50.208.53 Published online by Cambridge University Press