

the State Board of Insanity, Massachusetts, with the duty of supervision of the clinical, pathological, and research work of the institutions for the insane, feeble-minded, epileptics, and inebriates under the general charge of the State Board of Insanity. This position carries with it no direct control of the medical work of the institutions, but grants the right of visiting the institutions, investigation, and recommendation under the Board of Insanity.

Dr. E. E. Southard was appointed Bullard Professor of Neuro-pathology in the Harvard Medical School, September 1st, 1909. The terms of this professorship are as follows :

“This professorship shall embrace study, research, investigation, and teaching in relation to disease of the nervous system, whether functional or organic, and shall include not only the affections ordinarily classed under neurology, but all diseases and disturbances, both those classed under psychiatry and any others that may exist. The methods and detail of work under this professorship are not restricted. It should include any form of research and investigation which may lead to the increase of knowledge of nervous and mental disease. It comprises the comparative study of these diseases in animals and all other living forms.”

BELGIUM.

By Dr. JUL. MOREL.

The asylums for the insane, since their transformation, have become veritable hospitals; and the medical work, especially as regards the curable and improvable cases, approaches that of the ordinary hospital. The result is that the insane in all modern asylums are cared for and observed day and night, as in a hospital, and assiduous nursing is given alike to the excited, agitated, degraded, paralytic, turbulent, destructive, suicidal, etc.

Great Britain has been closely associated with this movement in both its humanitarian and reformatory aspects. Patients are not detained for the profit and benefit of the medical staff, but, on the contrary, to obtain the maximum of care and treatment with a view to their return home.

In both England, Ireland and Scotland, an increase in night supervision has resulted in immense advantages to the patient. Observation at night is necessarily restricted to those patients whose condition calls for constant supervision. In all asylums the greater part of the patients do not belong to this class. The proportion of night staff to patients varies, and depends upon the classes and the numbers in each class. Generally, those who need most attention during the day require the most observation at night.

In Belgium the tendency of most of the proprietors of asylums is still to imitate what formerly was the practice in Ireland, namely, to have a single night watch, who was not always a trained attendant, who patrolled the different sleeping apartments, and whose duty was to summon the regular attendants, who slept in rooms in close proximity to the dormi-

tories, and solicit their help whenever a patient appeared to require it. To facilitate the night work and to prevent the patients from injuring themselves, numerous single rooms were in use in which the patients were put in the evening, often restrained with fetters on hands and feet, which were fixed to the beds, there to remain until the morning. The paralytic patients were abandoned to themselves, and were necessarily dirty because of want of any assistance. Suicidal patients and epileptics with frequent attacks were also restrained. It is true that adjacent to the dormitories there were bedrooms for the attendants, who, though asleep, were supposed to have charge of them.

Upon this state of affairs coming to the knowledge of the Minister of Justice, he demanded from the Committee of Medical Inspection (1) their help as to what measures to take. The Committee of Medical Inspection, in their report, proposed important improvements. They were designed to suit the different wards of the asylums, and the number of attendants for night duty was to be proportionate to the number and class of the patients. All their propositions were not agreed to, but the principles were accepted and most of their report approved of. On March 24th, 1908, the Minister of Justice addressed the following circular to the directors (2) of all the asylums for the insane.

"The reports addressed to my Department have shown that Article 23 of the Regulations framed on June 1st, 1874, which prescribed for each establishment continuous night supervision, is not observed in most of the asylums for the insane.

"The night supervision is generally entrusted to attendants who sleep adjacent to the dormitories, besides the night patrol attendant who makes his rounds at longer or shorter intervals. This system, which evidently does not provide continuous supervision, is not of a nature to prevent accidents, as experience has shown repeatedly.

"You are requested, in consequence, to take the necessary steps to organise in your establishment a continuous night supervision, especially in acute and observation wards and infirmaries. The night supervision ought to be entrusted to the ordinary nursing staff and not to attendants specially appointed for this purpose. There should be maintained at the same time the round of visits which exists at present.

"J. RENKIN,
"Minister of Justice."

It is to be noted that the directors of asylums were not even invited to bring the ministerial decisions to the notice of their medical officers.

We rejoiced at these new ministerial utterings, which were for the welfare of the patients; and it was hoped the proprietors would be eager to fulfil them faithfully, because the demands were not exorbitant, and because in the new asylum, Fort Jaco, under the direction of Dr. Ley, these innovations had already been quite independently decided upon, the change to start from the day the religious orders left the asylum to be replaced by trained attendants.

The moment had come for the proprietors of the Belgium asylums to rise to the level of modern ideals, the more so that in the corresponding asylums abroad, the reform of night care and observation had already been

realised. In the United Kingdom there is a proportion of 1 attendant to every 10 patients. In Belgium the law is the same. For ten years the inspectors of lunacy in Ireland have been congratulating themselves on the notable improvement in their asylums, due to reformation of the night service and resulting in the disappearance of a large number of single rooms. These single rooms were formerly filled at night with excited, noisy, destructive, turbulent and dirty patients. If indifference is displayed with regard to excitement, depravity, dirtiness and sleeplessness, we cannot express astonishment if the patients become progressively worse both physically and mentally. We have been told by patients who have recovered that finding themselves tied to the bed aggravated their symptoms. It was not the doctors who carried out the restraint. In very many of the asylums in Belgium the attendants place patients under the restraint considered necessary during the night. There are often, unhappily, omissions in the official journal of restraint, in which ought to be duly recorded all the names of the patients placed in restraint both by day and night. The medical officers are commonly non-resident; they may live at a great distance from the asylum, and they pay only a short visit to their 400-700 patients. This makes it impossible for them to exercise proper supervision during the day and less so at night. Abroad the medical officers are unanimously of the opinion that in proportion as a better knowledge of the value of night supervision is appreciated, so isolation in single rooms becomes less necessary.

In England the ratio of night attendants to patients is 1 to 71, in Scotland 1 to 72. It varies in different asylums. At Leavesden it is 1 to 30, at Aberdeen 1 to 49, and at Stirling 1 to 31 patients.

In Belgium there still exist blocks of single rooms, and the proprietors of certain asylums prefer to remain indifferent alike to the progress made and the happy results shown in asylums abroad. In some of our asylums with 500 patients, perhaps more, there is only one night attendant. The Minister of Justice has just made a concession to those proprietors who believed themselves unable to submit to the instructions conveyed in the above circular. He addressed to them the following letter:

“Considering that the regulations prescribed in the circular of March 24th, ordering the organisation in the asylums for the insane of continuous night supervision by the ordinary nursing staff, at least in the three principal divisions of each establishment, have given rise to serious difficulties, I have decided to replace them by the following:

“Each asylum for the pauper insane should have a special ward where are placed during the night under continuous supervision those patients having need of particular observation.

“If this is adopted, then the night supervision such as is now actually in practice at most of the asylums (*viz.*, one attendant, at least, sleeping in a room adjoining the dormitory, and a night patrol at intervals through the inhabited parts of the asylum) will be considered sufficient. It is important that the night-round should be at least every hour, and that it should be possible to see all over the dormitory from the attendant's room, and that the dormitory should be sufficiently lighted for this purpose all night. Respecting the night staff, it is convenient that

their direction should be confided to a specially qualified attendant, and by preference one of the ordinary nursing staff. There is no objection to the provision of special night attendants provided that they have sufficient experience of service in asylums.

"J. RENKIN,
"Minister of Justice."

Once more this circular confirmed the impression that however good the minister's intentions were, and though he had consulted the Committee of Medical Inspection, yet he believed it best not to refer the matter to the medical staff so as to hear their views as well as those of the directors on night supervision. This circular confirms the Minister's indifference to the opinions of the medical staff, and abandons them entirely to the control of the directors. It also has all the appearance of an agreement made between the Minister and certain proprietors of asylums, to nullify the changes ordered in the first circular and replace them by others more in harmony with an egotistical spirit. It is doubtful whether the Committee of Medical Inspection could have wished to go back upon its original propositions, the more so that its recommendations were in practice at the asylums abroad.

In the first circular the Minister rightly stated that he could not regard as night supervision the attendants sleeping in rooms adjoining the dormitory; in the second circular, apart from the supervision of special patients congregated in a particular ward, the Minister accepted the attendants sleeping in proximity to the dormitories as sufficient. During the night they had the right to watch the patients through a little window looking into the lighted dormitories. The second circular insists upon an hourly patrol. The long intervals between the visits will permit of sudden suicidal ideas being translated into action, and such patients, owing to lack of proper supervision, will have time to carry out their suicidal intention. Will the attendants sleeping in their room hear the movements of epileptics when having fits? What is to become of the patients confined to bed who require to satisfy the calls of Nature in the absence of the night attendant? The wet and dirty patients will have to remain so until the appearance of the night attendant! The sick patient unable to call anybody will have to go without help! We could multiply the examples of what might happen during the absence of the night patrol.

It is well known that it is impossible to accumulate in a single ward all the patients who require continuous supervision. In addition, the second circular permits the director to employ at night special attendants provided they have sufficient knowledge of asylums. Who is to judge of this? The director?

To sum up, the medical staff have been completely ignored in the organisation of night supervision in the asylums.

(¹) There is in Belgium an Inspector-General of Asylums, who is an official of the Department of Justice and has no medical training. He visits each asylum twice a year. The Committee of Medical Inspection (C.C.) is composed of three medical men (unpaid), who receive their expenses. They have little to do with the Inspector-General, and their reports never receive much attention.—(²) In Belgium practically all the asylums are private institutions, and medical directors do not exist. The directors are appointed by the proprietors; also the two medical directors of

the State asylums have not the same position as generally obtains in other countries. In Belgium the religious bodies contract with the State to supply the furniture of the staff, the food, clothing, bedding, and maintenance of the patients.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

DURING the year 1909 the scientific output has been highly satisfactory. Its peaceful termination was in marked contrast to the discomforts we have already experienced during the present year owing to the floods in Paris. The members of the Société Médico-Psychologique were not able to meet in January, and the Maison de Santé d'Ivry, founded by Esquirol, was suddenly inundated, an event which entailed the hurried removal of the patients to another establishment.

We have accordingly experienced in the twentieth century a disaster such as was aptly described by the Latin poet :

"Vidimus flavum Tiberim, retortis
Littore Etrusco violenter undis,
Ire dejectum monumenta regis
Templaque Vestæ."

We hope that the remainder of 1910 will be more agreeable. The three societies devoted to the study of mental diseases, *i.e.*, Société Médico-Psychologique, Société de Psychiatrie, Société Clinique de Médecine Mentale, emulated one another in their activities: papers and clinical cases have been numerous and interesting.

The Nineteenth Annual Congress of French alienists took place in Nantes at the beginning of August. Dr. Vallon, Superintendent of the St. Anne Asylum in Paris, occupied the chair. The attendance was large, owing to Dr. Vallon's scientific attainments and personal popularity. In his presidential address he criticised severely the new Lunacy Law which has been so hastily enacted by the Chambre des Députés. Dr. Vallon regards it as a piece of retrograde legislation, which, obviously directed against the alienists, will inevitably be prejudicial to the insane. It is now under the consideration of the Senate, and Dr. Vallon hopes that their discussions will be prolonged interminably. Dr. Victor Parant, of Toulouse, presented a report on the fugues and psychiatry. He divides the fugues into two classes, according as they exhibit a specific type, or do not present definite clinical features and distinct origin, but are common to various affections. The following are examples of the former class:

(1) Fugues in melancholic states. They originate from an acute attack of anguish or in states of simple depression. Of those that originate in conditions of anguish, the onset is sudden, and without premonitory signs.

(2) *Fugues oniriques*. A typical example is the fugue in alcoholism, which is characterised by delirium and sensory disorders.

(3) Fugues in epilepsy. The impulse is irresistible, sudden, and does not rise into consciousness. Ambulatory acts may precede the