

2. German Retrospect.

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So much attention has been directed for some considerable time, and is more especially at the present moment, to the provision for the insane in separate buildings on the same estate, that we have thought it would be of some interest and profit to give a brief description of the now celebrated asylum in Germany, near Leipzig, called "Alt-Scherbitz," which we visited last autumn. A plan is appended, as we think there ought to be a permanent record of it in this Journal.

We give, at the same time, a short description of another asylum we visited in Germany, "Gabersee," near Munich, the buildings of which are arranged on the same principle.

These are examples of the pavilion, or, as some term it, the cottage plan. In a few instances the number of patients in one building is larger than was originally associated with the idea of a pavilion—still less a cottage.

To illustrate still more fully the system now gaining an increasing number of supporters among asylum men, we add a few references to asylums of a similar character in the United States, where the principle receives the name of "Segregation," that is to say, "a separation from others" (Johnson). The institutions we have now in view are the Willard Asylum and Kankakee.

Lastly, as in some measure pointing in the same direction, although not so fully carried out, we refer to Craig House, Morningside—which aims at very complete differentiation by classification in separate wards, as well as in distinct buildings—which may profitably be studied in connection with the arrangement of the buildings adopted in Germany and America, to which we are now drawing the attention of the readers of the Journal.

Alt-Scherbitz.

We met Dr. Paetz, the medical director of this asylum, at the Berlin Congress, August, 1890, and he kindly made arrangements for our visit, although unable to return home himself at that time. Taking the train from Berlin to Halle, one changes there, and proceeds on the Halle and Leipzig line until the station Schkeuditz is reached. Thence to the asylum of Alt-Scherbitz is an easy walk of little more than a mile. It is one of the asylums of Saxony, the other being situated at Halle. It was projected by John Maurice Koeppel, who was the first superintendent, occupying the post until 1869, when he died, and was succeeded by the present superintendent. The asylum was designed for the curable and incurable of both sexes. A committee, composed of a certain

number of the Assembly of the Province of Saxony, meets from time to time, in order to direct the affairs of the institution. Practically, however, the Medical Superintendent manages the asylum. It is nominally subject to the State. It was opened fifteen years ago.

The impression received on approaching the institution is an agreeable one, and conveys no idea of the object for which it is designed. The road from Schkeuditz to Leipzig goes through the estate. On the estate were fields of corn, some of which was cut, and was being carried in waggons drawn by oxen at the time of our visit. The trees on the grounds half conceal some of the buildings, while the river Elster winds its way through meadow and orchard. When one thinks of some of the gigantic and monotonous structures which have grown up in England as county asylums, one is thankful, indeed, that the spirit, under the influence of which such cumbersome piles of buildings have been too frequently erected, was far away, and could not desecrate this pastoral scene. Dr. Yellowlees could not pronounce Alt-Scherbitz to be "another gigantic mistake."

Dr. Hordt, Assistant Medical Officer, showed us round, and imparted all the information in his power during the two long visits on the succeeding days we spent there. The great help which was rendered us by the very intelligent Carl Wichmann, who has charge of the grounds, and superintends the gardening operations, must be here acknowledged. He has been in England, and speaks English perfectly.

There are six medical men on the staff, including Dr. Paetz, being about one doctor to 116 patients.

Alt-Scherbitz provides for 700 patients, and will eventually allow of 1,000 being under care. Provision is made for the poor, the middle classes, and the rich, the character of the accommodation varying according to the amount paid. One-third of the patients are in the central building, the remaining two-thirds in villas. The average cost per bed, without land, was only 1,000 marks (or £50); the land cost 50,000 marks, or £2,500. One villa cost 43,000 marks, or £2,150, and provides for 30 patients, being at the rate of about £70 per bed (above the average).

Of the 700 patients 630 are either paid for by the parish, or are in very poor circumstances. The remainder—70—belong to a higher class, and consist of two divisions, one paying £80 a year, and the other £40 a year.

For the better patients of the first class the furniture is very good; for the second class the rooms are not quite as well furnished, but are excellent. A villa, providing for some patients of these two classes, was built in the style of a Swiss chalet.

In a villa, providing for 36 patients of the third or pauper class, there were three sitting-rooms downstairs, and three dormitories above. In one bedroom were 13 patients. There is a large dining-

room, where all meet at meals. There is a small kitchen, but the dinners are not cooked in it, but in the one large kitchen, which is provided for the whole asylum.

There is a villa for the same number of patients (36 females) who are excited, but not dangerous. There are four attendants. There is a sewing room, to which poor patients from the central building also come. The airing-court is, in truth, a pleasant garden.

In another villa, for 24 poor women, there were two large dormitories, there being an attendant in each. Here was a sewing-room also, and 15 patients were at work. A patient was sitting under a verandah at the front door. In most of the villas the open-door system is carried out.

The villas have two storeys; the administrative buildings of the central asylum have three storeys.

Although the institution was opened in 1876 some of the buildings are still unfinished, namely, two additional villas for the female and one villa for the male patients. About 80 per cent. (male and female) of the patients are employed; on the farm 130 men are at work. An epileptic patient has the charge of the pigs. There are 80 cows; some of the women patients were engaged in milking. In the fields men patients were cutting the corn, and a group were engaged in shelling peas. There are workshops for carpenters, tailors, etc.

There are pavilions for the men and another for the women of the chronic infirm class, each building containing 50 to 60 patients.

To meet the difficulty arising out of the distance of some of the villas from the central kitchen, the meals are sent in a four-wheeled conveyance. There are tin boxes for the food and the milk. The vehicle is large enough to supply all the separate buildings in two visits, but as the women patients' buildings are near the kitchen they carry a good deal by hand. It occupies about ten minutes for the conveyance to go from the kitchen to the most distant villa.

It should be stated that bricks are made on the estate. Sufficient details have now been given to convey an idea of the kind of provision made for the various classes of patients received into this asylum. In the plan which is appended it will be seen that the central buildings consist of blocks, including the administrative offices, the observation stations for men and women, the hospital in the centre, the houses of detention for both sexes, and the reception rooms for the men and women of the third social class, while outside this central group there is an infirmary and reception rooms for men and women of the first and second class. In front is a large pleasant garden, while to the spectator's right are two buildings of considerable size, called the "Emperor William-Augusta Foundation." The high road to Leipzig, already

mentioned, separates the buildings we have enumerated from the pavilions or cottages. It would be seen that these are scattered about and are surrounded by plantations, fruit gardens, and pleasure grounds, the men's colony being to the east, and the women's on the west. Some of the villas have been in use in former times in one way or other. No. 32 was the old inn.

Gaberssee.

This is an asylum established near Munich. When completed there will be provision for 500 patients, men and women.

On entering the grounds one sees on the right the administrative building, an unpretentious erection, and a little further on to the left the house of the Medical Superintendent. Next in position is the building in which there is the kitchen, washhouse, mangle and drying rooms, store room, dwelling rooms for the head cook and laundry women, and provision for 16 female patients who work. There is also a sewing and day room.

We then have three entirely distinct pavilions for female patients, the first being for the tranquil, the second for the semi-tranquil, and the third for the excited. These pavilions are separated by gardens and wood from three exactly similar blocks for the male patients.

The pavilions are built of red brick with slate roofs, and consist of ground floor and one storey. There are 30 patients accommodated in each, or, in all, 180, to which number must be added 30 in the house on the farm, 16 in the administrative building, and 16 in the block containing the kitchen and other offices, making a grand total of 242. When the additional buildings are completed the total number of patients will be 500.

The cost of each pavilion ranges from £1,500 to £2,000.

On the general plan of the estate, an unoccupied space to the west remains. Upon this will be erected a pavilion, to be called the reception house, where patients can be admitted in the first instance after admission.

Another pavilion will be used as a hospital. A third will be partly used for accommodating the second medical officer and the chaplain. Lastly, there will be other pavilions in the cottage style, containing from 20 to 30 beds in each.

It must be stated that to the east of the existing pavilions and equi-distant from those for the male and female patients is the chapel, and that still further east is the mortuary and post-mortem room.

About 100 of the men are employed, and about 80 of the women.

The estate covers 250 acres.

All forms of mental disorders are admitted, but there are very few idiots.

The medical staff consists of a Superintendent and two Assistant Medical Officers, or one to 80 patients.

The weekly charge is 8s. 2d. per patient.

No mechanical restraint of any kind is used.

Kankakee.

In the United States there are at least two remarkable institutions built on the principle of providing a large number of buildings distinct from the central one.

In Illinois, the Eastern Hospital for the Insane at Kankakee provides for about 1,500 patients. The cost per bed for the buildings was £112, and including the land £116. It may be stated that the cost per bed of thirty-one institutions for the insane in America, built on the old-fashioned plan, was £236. The number of acres at Kankakee is 476. There are one central and eighteen detached buildings, built of stone with slate roofs. The central building for both sexes, three storeyed, provides for 275 patients. Taking the detached buildings, which accommodate 1,225 patients, the cost per bed was only £76. They consist of two storeys. These buildings are about 85 feet apart.

As to the medical staff, we can only state that in addition to the Medical Superintendent, there were three Assistant Medical Officers at the time of our visit in 1884, but at that time there were only 615 patients, some of the buildings being in course of erection. This is a proportion of about one medical officer to 150 patients.

This institution has been in operation sufficiently long to test the wisdom of the plan adopted of a central building with a large number of entirely distinct pavilions. We are able to give the opinion of a high authority who has watched the experiment from the beginning to the present time with great interest. Mr. Frederick Wines says:—"Kankakee has already accomplished all that the originators expected from it. It shattered at a single blow the superstitious veneration formerly felt for the old-fashioned type of hospital construction. The ideas embodied in the Kankakee Asylum have been more or less carried out in three other institutions, namely, at Toledo (Ohio), at Richmond (Indiana), and another in Dakota. A new asylum for pauper insane on Long Island (New York) resembles it, although it owes its inspiration not so much to Kankakee as to Alt-Scherbitz. The other Superintendents of Institutions for the Insane in the United States are beginning to take the ground that a cheaper style of architectural construction is indispensable, and that detached villas in connection with existing asylums are practicable and the best method of providing for an increase of insane patients."

*The Willard Asylum.**

The other institution in the United States to which we have referred is the Willard Asylum in the State of New York, the object in view being (1), economy of construction; (2), economy of maintenance; (3), facility for taking patients out to work on the farm. It provides for 1,800 patients, the largest number in one asylum in the United States. In the main building there are 600 patients, but the Superintendent considers that half the number would have been much better. There are twenty detached blocks. Experience has convinced the Superintendent that it would have been preferable to have had only 50 patients in each. It is found possible to erect these buildings at a cost of £50 per bed, exclusive of land.

This State Asylum was opened in 1869 for the chronic insane of the indigent class, but we observe that during one year 106 cases of acute mania and eight cases of puerperal mania were admitted, so that it is evidently not restricted to the incurable class. In fact an Act of the Legislature creating the Willard Asylum required that recent as well as chronic cases should be admitted. The guiding principle in the building has been the segregation of patients according to their mental condition, the buildings being so placed that they would permit economical enlargement of the asylum by the erection of similar blocks. It has been found that this plan has materially reduced the cost of construction, favoured a good classification, and increased the health and happiness of the patients. It allows of an increase of accommodation when necessary in such a way as to "obviate the objections to a large establishment under one roof."

The Willard Asylum is stated in a recent report to have involved a total expenditure for the erection of buildings of all kinds, land, furniture, waterworks, and all purposes, except salaries and maintenance, of £297,968, the capacity of the asylum being 1,800 beds, or £165 per bed.

The number and position of the buildings are as follows:—

1. The main building.
2. A group of five buildings for men, 1,400 feet east of the preceding.
3. Further east—1,700 feet—a similar group.
4. An infirmary for 150 men, located 700 feet from the preceding group.
5. An infirmary for 225 women, 1,800 feet east of the same, and one mile from the main building.
6. A detached block for 250 women, 350 feet south of the main building.

* For the part taken by Dr. Chapin in the organization of this institution see "The Insane in the United States and Canada," by D. Hack Tuke, M.D., 1885.

7. A similar group for women, 400 feet further south.

The Willard Asylum covers an area of 930 acres.

To the foregoing description should be added a statement in a recent article on the institution by one of the medical staff:—

“Since the inception of the Willard plan many asylums have adopted the principle of the segregation of a large number of the insane in separate asylums upon a great farm, with accessible out-of-door work for the strong, and a main hospital or building for acute cases and for the more feeble and infirm. The increased personal liberty which results, the larger freedom enjoyed, the classification of the disturbed and quiet and of the demented, helpless class, which is thus rendered possible has an everlasting effect upon the whole population thus provided for. . . . The nearer an asylum can be made to approach the village household, and still serve the purpose of a useful institution, the better it will become. The poor do not require and do not appreciate extravagant surroundings and palatial structures to which they have never been accustomed in their own homes.”

In the examples we have given there is a full recognition of the institutional as well as the pavilion or cottage system. In insisting on the importance of the latter it is not intended to detract from that of the former. We wish to show, however, that there may be a considerable number of isolated buildings, along with sufficiently effective supervision, and without any practical difficulty in the supply of hot meals from the kitchen in the central building.

Craig House.

Dr. Clouston in his plans of Craig House has endeavoured to combine the advantages of a central building and villas to as great an extent as possible. How different classes of cases shall be distributed must depend upon the careful consideration of the mental condition and tastes of each patient. It is very important, however, for the guidance of those who are providing accommodation for the insane to have some general rules before them—the outcome of large experience. For this end, we add the distribution of patients, which Dr. Clouston proposes to make in the new building, including the separate houses.

The exact problem before him was to provide accommodation for 190 patients of the more educated and richer classes, each paying from £80 up to £1,000 a year, and on the assumption that he would have about 80 admissions of new cases a year of every kind of mental disorder. He had long before laid down the principle for asylum construction that “the house should be adapted in its various parts to the various mental states of the patients it was to receive,” and he had to provide also for a certain degree of classification for the rates of board paid. The hospital

and the home ideas had to be combined in different degrees in different parts of the new institution according to the mental state of the patients who inhabited them. Before carrying out his principles into stone and lime, Dr. Clouston states that he went carefully and repeatedly over his individual patients at different times, both alone and with his chief heads of departments, classifying them to the best of his judgment according to their medical requirements.

It was thus a classification of individuals each known intimately to him from a medical point of view. The progress of the cases from the acute into the convalescent or chronic stages was taken into account in the classification, each stage being assumed to require a change of ward or house.

Dr. Clouston's final conclusions were as follows, and he has provided for them in his plans:—

The 95 patients of each sex he divided into ten groups. Of these groups three are to live in three distinct and separate houses not attached to the central buildings, or necessarily very near them, one of them being at the seaside twelve miles away, and of the whole number of patients about 25 per cent. are to occupy those three separate houses. The next three groups are to live in three houses—not “wards” or “pavilions,” as ordinarily understood—attached to the central buildings by glass corridors. Those houses will contain about 25 per cent. of the patients. The last four groups are to occupy four wards in the central building, near the medical officers, and consist of the remaining 50 per cent. of the cases. Those wards are to be of two distinct kinds, differently constructed and arranged, two “corridor wards” and two “domestic wards” to give variety.

The first three groups, those in the distinct houses, are to consist mostly of the convalescent and the safe, the moderately sociable, and those generally near sanity and not much liable to deteriorate mentally, in fact, those who would be happier there. The doors of the houses will not be locked, and in each house both sexes may live and dine together. A lady companion will be at the head of each.

The next three groups in the attached houses are to consist of the convalescing, those needing more medical supervision, those who are more or less social. Some of them may need night nursing and attention. One of those attached houses is a Hospital or Infirmary for the sick and those needing much and special bodily nursing and care. A trained bodily nurse is to be in charge, and the patients will dine there. In the other two there will be lady companions for the ladies. All the patients in the attached houses will go to the central dining-rooms in the main building for meals, except the sick. They will go much to this central drawing-room, bowling alley, billiard-rooms, and to other amusements in the evenings. The mildly melancholic cases, for whose

disease amusements are so directly curative, will be chiefly in these attached houses.

The last four groups, those in the four central wards, will consist of the acutely excited, the dangerous, the very suicidal, the cases of chronic excitement, the dirty, the very demented, the very delusional cases, and those who tend to rapidly deteriorate in habits. Nearly all these will dine in the central dining-rooms, of which there are five, to secure classification. Two of these wards will, with the infirmary, be for the reception of most of the acute recent cases who need special study, special care, frequent medical visits, and constant watching by day and night. By means of these arrangements and this classification Dr. Clouston hopes to provide for each patient, in the degree his case requires, the following most desirable things, viz. :—

1. Medical study.
2. Supervision.
3. The therapeutic contact of sound with unsound mind.
4. Recreation.
5. Social enjoyment.
6. Safety.
7. Changes of conditions and surroundings as the symptoms require.
8. Tests of recovery.
9. Individualization.
10. Antagonism to a dull monotony of life.
11. Leaving the institution contented, with the feeling that he had not been shut up and "associated with lunatics" most of the time he had been under treatment.

Dr. Clouston does not advocate these exact arrangements as being necessarily the best for a pauper asylum, but he contends for the application there of the general principles he has followed out.

We might sum up his arrangement for each sex as follows :—

1. Three distinct houses for convalescent and quiet cases, to contain 25 per cent. of the whole.
2. Three houses attached by glass corridors—one of these being a hospital—for the improving, the quiet, the mild melancholics and the sick, and those needing special nursing and medical care, 25 per cent.
3. Four wards in central buildings near the medical officers—two of them being distinct in arrangement from the other two—for the acute cases, the dirty, the destructive, the very suicidal, the dangerous, and the troublesome, nearly all of whom require constant medical care and observation, 50 per cent.