and subsequently Drs. Robertson, Maudsley, and Clouston, have helped to make an otherwise clapperless bell articulate.

Through this organ of the Association, for which, speaking for my colleague and myself, I would venture to ask your loyal co-operation, much scientific work can be brought before the profession, many questions can be systematically discussed, and the invaluable experience of the Superintendents of Asylums on practical points be presented to its readers, and permanently preserved.

The objects I have mentioned as calling for further attention, and many more, belong to the Future of Psychological Medicine, and as I began my Address with proposing to review the period bounded by the years 1841 and 1881, I will close it with expressing the hope that when a successor of mine in this office reviews the then vanished period between 1881 and 1921, he will be able to report an accelerated ratio of progress compared with that of the time I have attempted, so inadequately, to survey.

And may the Medico-Psychological Association, which I trust will always be identified with this progress, be about to enter, after its wanderings, "forty years long," a land flowing with milk and honey, won by conquests over ignorance, superstition and cruelty—the triumph of the application of humanity and medical science to the relief of mental weakness and suffering.

Complaints by Insane Patients. By J. A. Campbell, M.D., F.R.S.E., Medical Superintendent, Garlands Asylum, Carlisle.*

Most of us are in the active discharge of the duties of medical attendance on the insane, many of us are at the head of large public institutions. We are by the public expected both to be learned, ready and exact. Serious calls are daily made on our knowledge of medicine and surgery, but by many of us I am certain these are much more readily responded to than the calls on our powers of administration and on our judicial functions as guardians and caretakers, as well as the physician and friend of our patient. Now to my mind no one portion of duty is more unpleasant than having to listen to complaints of illtreatment, or even

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negligence and carelessness made by patients, to investigate them, to weigh, balance and decide on the best course of action.

A laxity in paying attention to such complaints is dangerous, while a too ready attention and a disposition to go to the bottom of every trifle encourages the habit of complaining in patients, and often renders the lives of attendants miserable. I have lately had the subject of complaints by insane patients brought prominently before me in one way or another, though but few of the cases occurred in the asylum I superintend. I lately noticed that an attendant was fined in a Scotch Sheriff's Court for assaulting a patient on the sole evidence of this patient, who was stated to be labouring under delusions. The medical evidence stated "that though the patient was the subject of delusions they had no reference to the injuries he had sustained, and that his statement as to how he had come by his fractured rib could be implicitly relied on." This appears at first sight a strong opinion, and though I do not at all question the correctness of the law, the accuracy of the medical opinion, or the justness of the sentence, in this particular case, yet I must confess that I should little like to be sent to trial on the unsupported evidence of a lunatic, and I should less like to be punished.

A case was being investigated by authorities at Garlands Asylum many years ago, in which a patient complained of illtreatment by an attendant, though no marks of any sort or injuries could be detected on the patient's person; the alleged illtreatment had been witnessed by a patient, W. H. My predecessor in office at Garlands, who is alike eminent as a physician and administrator, was asked to give an opinion as to the probable trustworthiness of this patient's account, and he gave as his opinion that the man's mental state would not preclude his giving a correct account of what he witnessed, and he was much astonished at the account given, as well as at the wholesale and incredible statements as regards the asylum officers at large which the patient gave utterance to.

It is well to bear in mind that a patient may be injured in a way and by means that ordinary human prudence and foresight could scarcely avert, also that patients enjoy much more liberty, and that the formerly distinguishing features of asylums are rapidly becoming extinct; that asylums are becoming more and more like comfortable homes, with scarcely

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any precautionary devices, and that properly there is an increasing tendency in practice to consider recovery of more moment than mere safe keeping for life, and thus many risks are with knowledge and intention run.

Injuries to patients where the cause is unknown unfortunately occur in asylums, and are the source of anxiety, uneasiness, and suspicion, and the latter at times without any foundation. I briefly mention some of the cases of this nature that have come under my observation.

H. P., who for seven years and a-half was a patient at Garlands, was discharged recovered in 1878, and, so far as I know, has kept well since. She was a violent, mischievous, destructive, and dirty patient for a long time. She had one attendant in charge of her alone. Every care was taken of this patient, yet she often had marks on her body, and that in unusual places. She sometimes was put to bed free of marks, and in the morning was much bruised, and this even at a time when she was improving and reported to be lying quietly at night. I had no reason to think that even the day attendants or the night attendants caused them, but there they often were. The patient recovered, and as I had been much exercised in mind by this case for a long time I often conversed with her, always with a view to getting some clue to her former mysterious bruisings. She told me that they were all done by herself, that she used to listen until the night attendant was out of earshot, then climb up her shutter (she slept in a single room on the ground floor), and let herself fall, usually straight, on her back from as great a height as she could get to.

S. K., a well-marked general paralytic, was admitted on the 14th August, 1874, and became gradually more paralysed. On May 8th, 1875, was sent to bed without a bedstead. He was carefully examined by me, and no bruises or injuries were detected. On May 21st, after being thirteen days confined to bed in a single room, as he was not looking well, he was examined, and the fifth rib on right side was found separated from its cartilage. On May 24th he had a congestive attack, and died. During the sixteen days that he had been in the single room he had, though almost completely paralysed, been known to get on his feet, and also to have fallen. He had been rather excitable and rolling about at times. Post-mortem examination verified the diagnosis as to the separation of the rib and cartilage; healthy lungs, with very slight pleural adhesion under the injury, were found. An

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inquest was held on the case. I considered that death resulted from general paralysis, and that the dislocation of the rib was not a factor in it. I had no suspicion of rough usage in this case, and I think it most probable that the injury was caused by the patient scrambling to his feet and falling either against the corner of his room or on his breast, with his fist or hand between his rib and the floor.

H. F., æt. 57, had been four years in the asylum, and became so paralysed that he had been for some time confined to bed in a single room without a bedstead, and with a-half shutter up. On May 28th, 1873, was seen lying still in bed as usual; an hour afterwards was found lying opposite the window with his left femur fractured at its lower third; the femur united with some shortening, and he died three years afterwards a general paralytic, whose disease was known to have existed for more than seven years. I believed he had a temporary, but short-lived, recovery of power over his extremities, such as one often notices in this disease, and that he climbed up and fell off the shutter. In both these cases the possibility of external violence by attendants or fellow patients was excluded as far as it is possible in an asylum.

One night as I was going round the asylum with the male head attendant we looked into a single room, just in time to break the fall and probably save the life of a general paralytic, who was just in the act of taking a header off his bed as we opened the door.

By the kindness of Dr. Howden, the well-known and successful physician in charge of the Montrose Asylum, I am enabled to give the facts of the following case which was treated by him.

M. F. was admitted on May 14th, 1869, labouring under violent suicidal mania; exacerbations occurred at the menstrual periods, when she was under the special supervision always of one, often of two or three attendants. At these periods her attempts at suicide were varied and increasing—viz., by strangulation, choking by stuffing throat with pieces of her dress, attempting to cut throat (with blunt knife), to open large vessels of neck with pins, to gouge out her eyes, to bleed herself by biting pieces out of arms. She once produced profuse and dangerous hæmorrhage by tearing her vagina with her hand. She refused food, and when all means failed tried to provoke assaults from patients and attendants by making violent attacks on them. Various drugs were administered without effect. She had to be restrained for four days to allow bite of arm to heal. On September 17th the head attendant observed this patient looking

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ill, and called attention to her. Medical examination showed fracture of sternum, and two ribs on left side, the patient either could not or would not tell how the injuries were caused, and no satisfactory evidence could be got as to the cause, the attendant in charge of her stating that she had been violent and throwing herself about. An abscess formed over the sternum, and from first to last a gallon of pus must have been discharged. Double pleurisy and bronchitis set in, but, contrary to expectation, recovery, both bodily and mental, took place, and the patient was discharged on December 11th, 1869. She made the following statement:—"I am quite sure my breastbone was broken by myself. The day I was hurt I got up on the sideboard in the ward, and threw myself down three times; the third time I remember distinctly feeling something crack, and I spat up a quantity of blood, and felt faint and ill just before the head attendant found me looking ill."

Dr. Howden, though at first blaming the attendant in charge for neglect, found that her attention had been momentarily taken off, by separating two patients who were quarrelling, and M. F. had at once taken advantage of this opportunity.

In coming to a decision as to the probable date at which bruises have been caused, one should be most guarded and careful, and also in the expression of opinion. I have for several years carefully noted the appearance of bruises and their changes in the cases that have come under my observation, and have been much struck by the different results of bruising by violence in fat, thin, old, melancholic, and feeble patients. The extent of the bruising is much influenced by the state, age, and general condition. The alterations in colour, the absorption of effused blood, and thickening, is also entirely dependent on this. I have seen a black eye in one case disappear in three or four days, and in another remain little altered for as many weeks. I have noticed a large bedsore form in one night in a patient who had not previously been confined to bed, but whose vitality had been much exhausted by a succession of severe continuous epileptic fits. As a rule though known to us, and recognised as possible, such things are seldom or ever seen outside.

In a very aged patient, whose skin had the parchment appearance often seen in old and feeble cases, the simply holding her hands to prevent her scratching while her face, &c., were being washed against her will, produced black discoloration on the back of her hands.

At the last annual meeting of the British Medical Associa-

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tion, Dr. Blandford called attention to "cutaneous discolorations in the insane resembling bruises," the remarks of the asylum physicians present clearly showed that both the state described and its cause were well known. I have noticed this present in an old feeble case, who, though she took milk and fresh meat, had not been taking vegetables. I have known similar cases occur in private, and having at the time of occurrence of this case my attention directed to the subject, I made a rule that the mince meat furnished to the general paralytics at Garland's should have a ration of potatoes mixed with it before it left the kitchen, to prevent carelessness of attendants causing this element in diet from being omitted.

Hæmorrhages may take place from vascular causes without external violence. I saw a black eye occur in a sane patient synchronously with a short loss of consciousness, which was followed by slight partial paralysis, though the patient had not fallen or struck himself.

Unfortunately occasionally, even in the best regulated asylums, where every precaution is taken, where rules for doing most things are carefully drawn up, where medical and other supervision is exercised to a degree, and where the attendants are carefully selected, well paid, and made comfortable, carelessness, negligence, and occasionally loss of temper, occur, and afford grounds for real cause of complaint. I try to instil into the attendants under my rule that they should exercise a direct influence over each other. That one black sheep may do incalculable harm to all. That instead of hiding and excusing offenders, the sooner any practices which are against rules are put a stop to the better for all; and that they must realise their direct responsibility for the safety of their charges, and with a view to this a card containing the prominent features of each admission is furnished to each charge attendant with every new case.

Although it may seem a digression from my subject, I here record what I think a great drawback to the discipline of lunatic asylums. I allude to the admission of imbecile children. Though attendants may fully see the necessity for complying with asylum rules and the provisions of the Lunacy Law as to violence, &c., with reference to adults, yet it is difficult to prevent them giving occasionally what they consider just correction in the case of small mischievous imbeciles. I have within the last eight years summarily discharged two otherwise good male attendants for slapping a

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mischievous imbecile boy who ought to have been in some training school, where proper correction could have been judiciously and legally given when really requisite.

Many complaints are distinctly the result of delusions, which very slight examination can demonstrate. I have at present a patient under my charge who persistently tells all visitors in vague and general terms that I illuse him. When closely questioned, however, and asked to particularise the ill-usage, and pressed on this point, he says that I get into his head at night. A female patient complains to me each morning that the female attendants are men in women's clothes, and that they "raped her" during the night. She is over 60 years of age; while A. W., a female private patient, who accidentally injured her arm while a patient here, during all her residence insisted that it had been broken by Dr. Macleod, the assistant medical superintendent, which, I need scarcely say, was not the case; and some years after she had left this, when seen by him in a private asylum, she still asseverated to him that he had broken her arm.

Patients often take a dislike to one attendant, and, even if he merely does his necessary duty by them, find cause of complaint. I usually find it advisable to shift such cases to another ward, and have often given a patient a round of the asylum without finding him much better pleased.

Again one finds cases who seem to have making charges and complaints as a part of their disease. I had, for several years, a patient of this sort under my care; he had been a railway guard, was fairly educated, plausible, and well mannered when he chose. He had alternate attacks of depression (when he had to be fed with the tube) and excitement, in the intervals he took an active interest in all that went on, kept what he called "Tallies" of every one, and everything, wrote voluminous letters to the Visiting Committee, reported the attendants to the head attendant, the head attendant to me, my doings and omissions to the Justices at their visits to the wards. Wrote fairly sensible letters to the Commissioners in Lunacy, and occasionally wrote about the two latter bodies to the Lord Chancellor and the Home Secretary. He used to exercise great ingenuity, and take great trouble in getting up his complaints. I have known him hoard and hide little pieces of meat from his dinner for long till he got a smelling little parcel, then put it under a mattress, and report that the attendants neglected their duty in looking after the bedding, lead me into his

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dormitory (if a stranger or Visiting Justice was present so much the better) turn up the bed and show it as proof. He seemed to exercise all that was left of a once intelligent mind in such pursuits, and from practice he laid down his complaints so well that I am certain he often convinced strangers that there was much truth in his allegations, and that he himself was a very illused man.

It is sufficient merely to notice that complaints of all sorts are made by females labouring under hysteric forms of insanity that the object is gained if notoriety is obtained, if they receive attention, especially male attention. The subject is so well known that it is unnecessary to discuss it.

Frequently false impressions are received by patients on admission, and during the first few days of their residence in an asylum, owing to the faulty state of their perceptive and also their reasoning faculties, impressions which frequently remain for long, and almost amount to delusions. Occasionally the result of such a state gives rise to feelings that they have been illused, on, and immediately after admission. I just note the following:—H. J., a well educated governess, was admitted into Garlands in a state in which stupor alternated with excitement. She had been without food for four days. I tried, unsuccessfully, to get her to take food after she was examined, and then fed her with the tube. She rapidly improved, took food herself, and became rational. One evening, a month after her admission, I was sitting talking to her at a dance, when she told me that she had always been well used except the first day she came in, but that then she had been cruelly treated, that she was not allowed to take food herself, and that it had been pumped into her by a great, tall, rough man. She would not believe me when I told her that I fed her, and that all means had been tried to get her to take food before forcible feeding was resorted to. A clergyman, who came in acutely excited, told me when he got better that, during the first few days of his residence all the inmates of the ward he was in appeared to him to have a short leg and a long one. And a patient's description of two round holes in a shutter in the padded room, which he conjured into the eyes of a demon, his imagination filling in the face, determined me in fully admitting light where practical to secluded maniacal patients.

The complaints made by Mrs. Petchler in regard to her treatment at the Macclesfield Asylum, which were in-

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vestigated with great care and attention by the two Commissioners in Lunacy, whose enquiry occupied four days, and was conducted in the fullest manner possible, with the result that the Commissioners* "were satisfied, from the evidence given before them, that Mrs. Petchler was insane at the time of her admission, and was a proper subject for care and treatment in an asylum, that the charges preferred by her had not been substantiated," &c., were most probably the result of faulty perceptions, and a too early discharge.

As regards complaints of personal violence, the invariable rule at Garlands is at once to have the patient stripped and examined; if a man he is seen naked, his ribs felt, and his chest examined; if a female her body is looked over by the head attendant, and her chest only examined by the medical officer if no marks are noticed. I had a patient, M. S., who for some time complained of having been beaten every day, and so far as I could make out, without cause, as she never had a mark on her; but she gave it up owing to the trouble it involved to herself in dressing and undressing. A personal examination ensures the safety of the patient, and necessitates care and accuracy in reporting of injuries by attendants as they soon know that such matters cannot be hidden.

Complaints of illtreatment by epileptics, after a series of fits, are most common. They are usually grounded on soreness from the fit, or from straining in the violent excitement which frequently precedes or follows it. So far as my experience goes the northern epileptics are more excitable, violent, and dangerous than those in the Midland Counties and the South. Epileptic excitement is the cause of nearly all the seclusion at Garlands. In several cases at present under my care each attack of excitement brings a strong accusation against usually one, sometimes two attendants. I shortly sketch the most prominent case of this sort that I have had or have. A. P., an epileptic of many years' duration, while free of fits is a capital tradesman, has done most of the painting in the Asylum during the last few years but when he takes fits becomes most excited, and always requires seclusion for his own safety and that of others. After the attack begins to subside he remains moody, irritable, and suspicious, and usually tells a pretty circumstantial tale about some attendant, and attributes his attack to the way

* 28th Report of Commissioners in Lunacy.

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in which he was illused. I have more than once shifted him from ward to ward when he accused an attendant, and afterwards, when he got over the attack, he has, on more than one occasion, told me that he scarcely recollects about accusing any one, that he had not been roughly handled; at times he won't believe that he made any charges.

Last year the visit of the Commissioners took place the day of the Psychological Meeting. I was absent from the Asylum. The patient, A. P., was just getting over an attack such as I describe, and the following entry appears in the report:—"and gave special attention to an epileptic reported to be at times violent, who complained that an attendant, O. T., had twisted his arm on a particular occasion, he called other patients to confirm his testimony; but though it was not corroborated, we think there was some truth in the statement." The patient told me afterwards that the attendant had not used him roughly.

I briefly summarise the foregoing as follows:—

That tact, experience, and sagacity are necessary to distinguish between the complaints that should be thoroughly sifted, and those that should be listened to and made light of.

That complaints of personal violence should be thoroughly enquired into, and that an examination of the person of complainant is the surest and most reliable mode of arriving at facts.

That evidence of violence by bruises as shown by extent, colour changes and disappearance of ecchimosis is much modified by the nervous state, age, and condition as to fatness of the patient, and this, to an extent, scarcely to be credited by those who have not had good opportunities for observing it.

That "cutaneous discolourations in the insane resembling bruises," as pointed out by Dr. Blandford, are well recognised.

That occasionally, but comparatively rarely, ecchimosis true, and not to be distinguished from the result of violence, occurs from disease of vessels.

That the complaints of patients may be well founded.

That patients, however, frequently make false charges.

1st. The result of ill-feeling to one attendant or official.

2nd. The result of general ill-feeling to those looking after and detaining them.

3rd. The result of delusions.

4th. From an hysteric state, love of notoriety, and medical attention.

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5th. The result of a confused state during the early part of the attack when perception is impaired.

6th. The result of combined soreness after an epileptic fit or fits, and the confused state described above.

The question of accepting the evidence of an insane patient on oath is a difficult one. That certain patients are quite capable of giving trustworthy evidence is undoubted; but the evidence of a patient who labours under delusions should not be accepted as of equal value with that given by a sane man, though certain weight might fairly be attached to such evidence in corroboration of other evidence, and given merely as a statement. I have attempted to deal with this subject in a calm, judicial manner, simply putting the matter in its different aspects before you, and quoting a few cases which seemed specially applicable to the points under consideration.

Happily for me, during 15 years of asylum experience, I have had a comparative exemption both from complaints, which were thoroughly founded, as also from those without any real foundation, the latter of which must at times, from the manner in which they are promulgated, taken up by the credulous, increased in importance, and heightened in detail, prove almost as unpleasant as if grounded on truth.

I believe that the vast majority of the relatives and friends of the poorer insane know and appreciate the care that is bestowed on their relatives. On their visits they judge more by the patient's appearance than by what he says.

The chief value, if value there be in this communication, will be in the discussion, which, I trust, it will give rise to, and the large, no doubt, differing, but yet valuable expression of opinion that will be elicited from those of long and varied experience, especially from the medical officers of those enormous asylums which now abound in many of our English counties, who, if they give much consideration to this portion of their duties, must necessarily have much valuable time taken up by it.

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