

*On the Want of Better Provision for the Labouring and Middle Classes when attacked or threatened with Insanity.*

By S. GASKELL, Esq., Commissioner in Lunacy.

Before entering on the special subject, it may be well to state briefly the existing arrangements made for the poorest portion of the community throughout England and Wales.

For the pauper attacked by insanity, asylums are required by law to be opened in every district, and on behalf of this class little further is needed, except a more satisfactory recognition of the intention of the legislature, and the abolition of certain restrictions attributable to an incomplete abandonment of obsolete views and practices. But for those not included in the list of paupers there is a lamentable want of proper means of care and treatment in this portion of the United Kingdom. Benevolent individuals have indeed from time to time endeavoured to supply the deficiency; nevertheless, the few charitable institutions scattered over the country are quite inadequate, the amount of hospital accommodation for mental affections being far below the demands made for succour and relief, presenting, as it does, a striking contrast to the abundant provisions made for bodily ailments in every district.

The question naturally arises—how are the unfortunate individuals who belong to the labouring and middle classes accommodated and treated? It is too notorious that many are detained at home, causing sad disasters, confirmation of the malady, and reduction of the family to pauperism by the expense incurred; others, again, are sent to private asylums, where the cost of maintenance being necessarily great, a like pauperising result ensues; and in numerous instances admission is obtained into the county asylum, which, being strictly instituted for the reception of paupers, involves an evasion or infraction of the law.

Among cases such as the foregoing may be found many who have contributed to the rates for the erection of a county asylum, and yet when affliction reaches their own homes, they look in vain for succour and relief such as they have aided in obtaining for the poorest class.

In order, therefore, to supply a great want, to diminish the number of the insane by affording available means of cure, to prevent sad disasters, to keep the independent labourer off

the pauper list, to ward off permanent expense to parishes, and to check evasion of the law, it appears incumbent on the State to supply the needed accommodation.

It is satisfactory to think that only a moderate sum might be required for the purpose, for there is good reason to believe that if the land and buildings were supplied by the public, all other expenses would be met by the payments made for the patients under treatment, and thus the institution would become self-supporting.

If, therefore, by district rates alone, or by a combination of this means of raising funds with grants from the State, institutions could be established for the labouring and middle classes, a great boon would be directly extended to them in particular, and indirectly also the general community would benefit therefrom.

Many additional arguments might be adduced in support of the proposition now made, and much more might be said both on the general principle and also on the details; believing, however, that reasons sufficient to obtain consideration for the subject have been stated, I leave the question of provision as regards this class of life, and proceed to draw attention to the kind of accommodation needed for different forms of insanity.

In this respect also there appears to be a manifest want.

It is well known that diseases of the mind, as well as diseases of the body, assume an infinite variety of forms, varying both in kind and intensity. Indeed, few disorders to which the human frame is subject present aspects so dissimilar as mental affections, and hence the necessity of accommodation and treatment suitable to the severity or mildness of the attack.

In asylums, however, as at present constituted, the law recognises no distinction as regards the kind of cases needing care and protection, the same certificates, orders, returns, restrictive regulations, and penalties being applicable to all patients, whether affected merely by the slightest aberration, or suffering from total loss of mental power and self-control.

How marked a difference is here observable in respect to bodily complaints, for which we have hospitals both general and special, dispensaries for milder cases, as well as convalescent and sea-side houses. And why, it may with good reason be asked, have we not asylums adapted to the slightest as well as the most severe form of disease?

While drawing attention to this matter, I will not attempt to delineate the exact provision suited to the multifarious aspects

in which insanity presents itself, but shall simply treat on the kind of care needed for mild, transient, incipient, and convalescent cases.

No one engaged in the practice of medicine can fail to have observed this great want, and instances innumerable must have been noticed of injurious detention at home ; of confinement in the houses of strangers, where neglect and severity is the rule ; and, lastly, of well-meant though injudicious discharge from asylums.

Under the present system, it may be remarked, not only are the sufferings of the patient aggravated and prolonged, but, moreover, the law is disregarded. It is notorious that many persons affected by the milder forms of insanity are placed in unrecognised houses, opened avowedly for the reception of nervous invalids. It becomes therefore a question, whether a continuance of this manifest breach of the law should be permitted, or whether enactments should be framed to meet the defect.

In many instances coming under this class the disease is so slight and undeveloped as to present few features recognisable as positive indications of insanity, the symptoms being rather of a negative character ; in others, again, although, the disordered action may be more manifest, yet the signs are of so slight a nature as to be scarcely sufficient to warrant a certificate as required by law.

All such cases clearly require remedial treatment of some kind or other, but it cannot be a matter of surprise that both on the part of the patient and the relatives there should be a repugnance to resort to asylums as at present constituted. An aversion is naturally felt against denouncing a member of a family as mad, to be consigned to a lunatic asylum, and subjected to the lunacy laws.

To obtain the object now advocated it seems desirable to extend legal sanction to a class of houses into which patients should be allowed to place themselves voluntarily, or be admitted on less complicated and stringent documents ; and further, that in them a limited control only should be exercised over the inmates, extending possibly to certain rules of the house, a required presence at the family table, return home at an early hour, and strict prevention of absence during the night time.

Such places offering an agreeable change of scene, quiet and retirement, as well as the benefit of good advice, would afford a means of treatment much to be desired for incipient and transient cases. For those also convalescent from the more

severe forms of the malady they would prove of great benefit as probationary houses, intermediate between the asylum and home. There is good reason to believe that detention under observation for a limited period, in houses so constituted, would have the effect of preventing, in a great measure, the grave accidents which sometimes occur after the abrupt removal of a patient from the care and supervision under which he has been placed. A short residence in them would bring into operation and confirm the power of self-control, and thus, by promoting complete recovery, diminish the risk of relapse to which patients are now often subject from a too sudden return to their ordinary mode of life.

Nearly five thousand patients are discharged annually from asylums in England and Wales.

A large proportion of private cases returned as recovered have first been removed under some kind of trial either with relatives or in lodgings, and ultimately they have been struck off the list as cured. For a majority of such patients, and for nearly all those sent out relieved, the modified control of a probationary house would prove of inestimable benefit.

Abodes such as are here contemplated, marked by an entire absence of offensive objects, sounds, or restrictive contrivances would invite early treatment, prevent the malady from running on to an incurable extent, and be the means of counteracting disasters to which the community are, unfortunately, too subject under the present system.

A few instances of this nature I now propose to enumerate, as illustrative of the want of a more comprehensive provision for the insane.

We have no available means of ascertaining the exact number of cases neglected, or of the amount of misery endured, owing to the want of timely care and protection. Through the medium of the daily press we, however, obtain an occasional glimpse sufficient to justify the assumptions already made.

In a single number of the *Times*, of May 15, 1857, we read the account of a woman killing her two children and accusing her husband of the deed. She had recently been discharged from an asylum, and was proved to be insane. In another column of the same paper we find, that a labouring man suffering under religious delusions destroyed the attendant placed by his friends to take care of him.

In the month of January, 1858, a young man who "for five or six years had not been of sound mind," and had lately become worse, put an end to his father's life by great violence.

In the following month the wife of a cabinet maker who "for four months had been suffering from aberration of intellect," committed suicide by cutting her throat.

In the following May a journeyman printer, who, according to the evidence of his medical attendant, had "for some time been suffering from unsound mind," suddenly and without provocation took the life of a fellow-workman in presence of his companions, and then mutilated the body.

In August following a farmer in good circumstances, who had been insane nine years, and had twice attempted suicide, fatally assaulted the man who was engaged to attend him.

In the next month a lady who had for "some time been labouring under mental depression," left her home, and after two days and nights, was found in an almost lifeless state on a hill side.

In the following November a seaman who had been several times in an asylum, and had twice attempted suicide, was placed on trial for killing his grandmother, which he did "in a paroxysm of mania, in the belief that he was destroying a man who was attempting his capture."

In the same month, a commercial traveller, proved to have been "for some time a raving madman," nearly severed the head of a sick friend with whom he was on good terms.

In the next month a wool-sorter, who "for some years back had shown a gloomy tendency of mind," which had increased, killed his wife by ripping open her abdomen with a razor, and immediately committed suicide by cutting his own throat.

In the same month, a working silversmith, "under medical treatment for a nervous complaint, was suddenly seized with a violent frenzy," and furiously attacked his wife with a poker, and then committed suicide by nearly severing his head from his body with a razor.

H. B., an agricultural labourer, first exhibited symptoms of insanity in the early part of 1856. In the month of June, in the same year he became violent and uncontrollable, was tied to his bed with ropes, handcuffed by the constable, and taken to the Macclesfield Workhouse as a lunatic. After remaining in the workhouse a month he made his escape and returned home. He continued to be manifestly insane, the money earned by him was entrusted to his wife; and in a journal kept by the patient frequent allusion is made to the temptations of the devil. On the 20th of April, 1858, he went to a relation at Stockport, who, noticing him to be "much worse," procured an order for his admission into the Stockport Workhouse; on the same day the patient returned

home and dashed his wife's brains out with a cleaver, saying, "I've killed the devil."

Early in May, 1858, A. L., a married "weak-minded" woman, living in Nottingham, who for a considerable time "had suffered much from depression of spirits," killed her infant, to whom she was much attached, and then attempted suicide. At the trial, the jury "without any hesitation," acquitted her on the ground of insanity, and she is now a patient in Fisherton Asylum.

G. R., who, "in the year 1857, was of unsound mind when he attempted suicide," cut his wife's throat in September, 1858, was acquitted at the Hants Assizes, on account of insanity, and is now a patient in Bethlem Hospital.

Towards the end of October, 1858, W. G., who had only recently been discharged from the Suffolk County Asylum, assaulted and killed his aunt and sister, and subsequently became a patient in the Hoxton Asylum.

The foregoing are merely a few instances of undoubted insanity which have been accidentally noticed in the newspapers—how many more have been recorded and have passed unnoticed it is not easy to say—many such must have appeared; and a multitude of like cases have undoubtedly occurred, the particulars of which have never been published, nor ever told, beyond the family threshold.

By thus viewing passing events, the conclusion is forced upon us that an appalling amount of untold misery is endured, and damage inflicted from day to day, owing to the want of due care. Neglect of the insane is obviously followed by a train of the severest calamities. Unprotected, the sufferer becomes a wreck; others fall victims; he himself is branded as a criminal, and remains in confinement for life. Whereas, were preventive means afforded, the course of diseased action would be checked, and many awful catastrophes prevented. The perpetrator of such acts as I refer to is usually regarded with severity; could he state his case, it might possibly be one of complaint, that neglect by guardians, more or less responsible for the public health, had allowed him to fall into a state of mind rendering him no longer responsible for his actions, and had failed to prevent a catastrophe which might have been foreseen and avoided.

How many of the seven hundred so called criminal lunatics now confined during Her Majesty's pleasure belong to the class here indicated?

Let us now return from the consideration of calamities resulting from a diseased action, which totally subverts all

natural affection, and briefly survey a somewhat similar class of occurrences arising from a loss of the strongest instinct implanted in us, namely, that of self-preservation. I refrain from detailing cases given in the daily papers, and simply state the fact, that there are upwards of one thousand instances of suicide each year, to which should also be added the unsuccessful attempts, which are doubtless large in number.

Judging from the statements made by those who have recovered from their wounds, we are justified in saying that many suffering from this form of temporary insanity might be rescued were timely care provided for those labouring under an uncontrollable impulse, and a great reduction of the instances of self-destruction be effected throughout the country, if the accommodation now advocated were afforded.

The short space of time allotted to the reading of each paper limits me to a brief and imperfect sketch of two large and important subjects which deserve fuller consideration; the mere outline of these I now present, in the hope it may prove sufficient to show the want of a more comprehensive provision for the insane.

Without being over sanguine as to the amount of benefit likely to arise by the provision of suitable refuges, if only the smallest fraction, say one per cent., could be saved, we should have sufficient reason for the establishment of institutions such as are now recommended.

**NOTE.**—The author of this paper will feel obliged, if the Members of the Association would communicate to the Editor or to himself, any instances of mischief from delay of care to insane persons, during the year 1858, and subsequently.