

confident that your experience would enable you to anticipate what, if time had permitted, I might have attempted to do, namely, to give to each group its psychological lineaments, by describing the symptoms of insanity, or the peculiar mental derangement characteristic of each.

I would strongly press upon you this view of the subject, one to which I have already referred, that this *is*, in fact, the stand point from which we all instinctively view a case of insanity when called upon as practical men to form a diagnosis or offer a prognosis upon any case submitted to us for the first time. We ask ourselves is this a case of congenital moral perversion, or intellectual deficiency? Is it one connected with masturbation, with pubescence, with hysteria, with phthisis, with drinking, with uterine disease, with brain disease? and so forth. If this is true, surely this is at least the *practical* basis upon which to form a classification of the insane; and if not the *most* scientific, it is certainly more so than the present poor, uncertain, and conventional one, or, perhaps, than any one which can be founded upon a physiological or psychological basis in our present very imperfect knowledge of the physiology of the brain. It has this especial merit at least, that it ever keeps before us the all important principle, that insanity is a disease of the *body*, whether it be of some remote organ sympathetically acting on the mind, or of the material organ of the mind itself.

On Private Asylums for the Insane. By J. W. EASTWOOD,
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(Read at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, July 9, 1863.)

THESE establishments have scarcely received their due share of attention and discussion in the pages of the 'Journal of Mental Science.' To account for this, the principal reason is, no doubt, that medical practitioners feel themselves less at liberty to write about private houses and private cases than about those large public institutions which have become necessary in almost every county. This is not to be wondered at, for charitable and pauper institutions, where the poor themselves pay nothing except through the regular assessments, have always been considered peculiarly the places where more extended observations could be made than amongst private patients. However, as there is much that is

different in the management, and in the social, though not in the moral and medical treatment of the two classes of patients, the observations which I shall make will probably not be considered out of place.

It is not desirable to expose to the view of the public the details of a private house in such a manner as would be likely to hurt the feelings either of patients or their friends, and therefore it is necessary to be somewhat general in the remarks to be made. Another reason why some persons are prevented from writing the result of their experience is, that it would not be in good taste for a physician to write about his own establishment, where he is himself the proprietor, in the same manner as may the superintendent of a public asylum, with perfect propriety.

The want of accommodation for private patients, particularly of the middle classes, has been strikingly pointed out in an interesting paper by Dr. Robertson in the January number of the 'Asylum Journal.' From the report of the Commissioners in Lunacy, we find the following to be the number of private patients in England and Wales on the 1st of January, 1863 :

County and Borough Asylums	.	.	259
Hospitals for the Insane	.	.	1928
Metropolitan Licensed Houses	.	.	1448
Provincial Licensed Houses	.	.	1706
			5341

The number of private patients accommodated by the County and Borough Asylums is diminishing, for it is found that those institutions soon become filled with paupers, many of whom are drawn from the workhouses, and then the private patients are obliged to be removed. This ought to be the case, and ere long it is to be hoped that there will be *no* private cases in the county or borough asylums. The hospitals for the insane are not at all situated in proportion to the population, for there are extensive districts—several counties together—without any such provision for the middle classes. The remarks of Dr. Robertson apply therefore not only to Sussex, but to several other counties, where the accommodation is deficient. Of the private licensed houses, the metropolitan district has engrossed a very large share of the whole number in England and Wales, although the rates of payment are higher than in the country districts. In the provinces we find private houses placed not at all in any regular ratio to the population; and they seem to be grouped more particularly in or near certain cities, of which York, Bristol, Gloucester, and Norwich, are favorite places. Some whole counties have no provision whatever for private patients, either in hospitals or licensed houses. Such are, Berks, Bucks, and Herts,

Cambridge, Cornwall, Dorset, Hereford, and Monmouth, Leicester and Rutland, and the three northern counties of Northumberland, Cumberland, and Westmoreland. A few of these, however, receive private patients. Other counties have accommodation for very few patients; whilst, on the other hand, some have asylums out of all proportion to the population. Wilts contains more than one seventh of the total number of lunatics in licensed houses in England and Wales. Somerset has more than one ninth, and Gloucester and Durham have each one sixteenth.

I need say little in support of the objection against private patients being placed in county and borough asylums. Every medical superintendent is aware that it is very little calculated to soothe a nervous patient to be associated with paupers, and to wear their dress. The difficulty is how to accommodate that large number of persons of the middle classes who are above being admitted as paupers, and who are unable to bear the expenses of a higher class establishment. Dr. Robertson's plan may well be applied in other counties besides Sussex, and I see no reason why a larger number of private establishments should not exist. It may be thought that suitable accommodation cannot be given for the amount that would be paid at an asylum such as is proposed. Dr. Robertson thinks the average payments might be made at about twenty-four shillings per week, founded upon the average of a few hospitals. The following list contains all the hospitals mentioned by the Commissioners in their recently issued report, with the average weekly cost per head in each, for the year ending the 31st of December, 1862 :

	£	s.	d.
St. Thomas's Hospital, Exeter	0	17	10
Liverpool Lunatic Hospital	0	18	4
Manchester Royal Lunatic Hospital	1	8	8½
Lincoln Lunatic Hospital	0	18	9
St. Luke's Hospital	0	10	11
Bethel Hospital, Norwich	0	10	3¾
Northampton General Lunatic Hospital	0	12	6
Nottingham Lunatic Hospital	1	3	4½
Warneford Lunatic Hospital, Oxford	1	0	3¾
Coton Hill Institution, Stafford	1	3	3¼
Bethlehem Hospital	1	0	10
Earlwood Asylum for Idiots	0	16	8
York Lunatic Hospital	0	17	0
The Retreat, York	1	0	0

It will be seen therefore that the average weekly cost of the whole of these hospitals amounts to 18s. 5d. per week, but in this rent is not included. It may be thought that private houses

cannot be supported for the patients to pay no more than Dr. Robertson's average. I have, however, no hesitation in saying that for an average of one guinea per week very respectable accommodation can be given, quite suitable for the class of persons for whom it is required. Moreover, I state this as a fact, and can say that it is already done. There is, therefore, room for the carrying out of Dr. Robertson's plan for Sussex, and for the establishment of some private asylums in various parts of England; and if the places were well chosen, they could scarcely fail in being successful. These remarks were written before the publication of the present report of the Commissioners in Lunacy. The subject has received further attention, and with reference to asylums for the middle classes, the Commissioners say, p. 15:—"So great is the want, indeed, of this kind of accommodation for the insane in England, and so poorly have the efforts of individuals to provide it in the ordinary way been seconded by the public, that attempts have even been made to supply the urgent necessity of forming joint-stock associations for the purpose, founded on the principle of a limited liability." If this want were supplied, not only would *all* the private patients in the pauper asylums be removed, but many who are at present admitted entirely or partially as paupers, would become private patients. I have known several instances where it was a disgrace to send persons to pauper asylums, whose friends could well afford to pay a moderate sum at a public hospital or a private house. This fact has been the subject of observation also on the part of the Commissioners, but as yet it seems to have been insufficiently attended to, and it is a matter which is within the control of the visiting magistrates. No remarks need be made respecting accommodation for higher class patients, for there will never be any difficulty in finding suitable houses for those who are able to pay liberally.

The *mode of life* of patients in licensed houses, especially in the smaller ones, closely resembles the "cottage system," so earnestly advocated by Dr. Mundy. Where a few patients only are associated together in one house, there is a greater amount of contact with sane persons in various ways; and this is altogether more like the home-life of the middle classes than where hundreds of persons are assembled together in the same building. It is difficult to provide suitable occupation for the men—a difficulty which exists in all establishments for private patients; but females can be more easily provided with employment. They will, in a few instances, assist in household work, and a large proportion spend some time in useful needlework for themselves or others. As the mode of life partakes greatly of the character of a private family, a considerable amount of liberty is enjoyed. I am of opinion, from experience, that this may be beneficially increased, even with safety

to the patients and to those around them. So many insane persons of the upper and middle classes are amenable to the discipline of a well-regulated private establishment, and are so fully aware of the necessity or propriety of their being placed there, that an attempt at escape would be very rare, even were more liberty given. Not a few patients may be safely trusted to take walks round the neighbourhood, unattended, either alone or in parties of two or three; and it is a rare thing for them to abuse the privilege granted to them, as it is understood to be during good behaviour. I should be glad to see this principle still further extended, of course always under the superintendence of the medical officer; and leave of absence granted for patients to visit their friends, or to make excursions to a distance. This would tend greatly to break the monotony of a residence in any place, and some patients may safely be trusted in this manner, for a limited time, who would not control themselves for a long period. At present the system of obtaining leave of absence is usually resorted to as a preliminary to being discharged, but it would be very desirable to make use of it simply for the purpose of giving an agreeable change to the patient. He would visit his friends with the expectation of returning, and not, as now, of remaining at home.

This plan has been acted upon by Dr. Williams to a considerable extent, at the Gloucester County Asylum, and has been followed in other places. It has also met with the warm approbation of the Commissioners. As far as yet tried it has been found to answer well. There is much more room for its application in private asylums, where, from the class of patients, a good effect is likely to be produced. It has been for some time past the custom for a few patients from private establishments to be taken to the sea-side to spend a few weeks, and with a very beneficial effect. The chief objection to this plan being carried out with any but first-class patients, is the great reluctance which the friends have to provide for any additional comfort, on the ground of expense. They too often think that when an unfortunate member of their family has been for several years insane, that there is no necessity to be at much outlay for his comfort and enjoyment. It is true that a patient thus becomes an unproductive member of society; but frequently he retains an acute sense of the loneliness of his situation, and is sensitive to the neglect of his family. Not having the opportunity of visiting his former friends, and seldom seeing them, he feels more fully that he is compelled to remain almost a prisoner, and shut out from the world. After a time the friends almost forget the existence of the poor patient, or wish to do so, and do not suppose that he possesses much feeling, whereas in some instances this neglect has been most acutely felt. If friends were aware how much pleasure and agreeable change

they could be the means of giving to their afflicted relatives by a small outlay, they would not be so unwilling to grant it.

The means of amusement of the insane depend partly upon the situation of the house. If near the metropolis or a large town, small parties can occasionally attend lectures, concerts, and other things; and thus there will be less necessity for amusements being provided within the establishment. This, however, only applies to those who are in a fit state to attend public places, and who can conduct themselves well. There will always be a certain number who, from the possession of peculiar delusions, or from not being able to conduct themselves well enough out of doors, would never have any amusement if it were not provided for them within. For this reason a general recreation room, even where the number of patients is not large, is quite indispensable. Here both sexes may be brought together for lectures, concerts, dancing, and other amusements. The mixing of the sexes has a beneficial effect, for it is manifestly contrary to the indications of nature for a number of persons to be living together, and having only rare opportunities of even seeing the opposite sex. There are many patients who feel this kind of seclusion very much, especially in those houses devoted only to one sex, and who greatly enjoy a mixed party even among themselves. An important object in private asylum life is to render that life as much like home as possible, and to enable those who are mentally afflicted to conduct themselves as much as they can like other members of society. The more this is done the more successful generally will be the treatment. Setting aside the really acute cases, which are subject to strictly medical treatment, the chronic ones will have their comfort greatly increased, and out of their number a larger proportion of recoveries will eventually be found. To show how far this may be accomplished, I shall give you the results of the carrying out of these views with the small number of fifty patients—a number, however, which is considerable for a strictly private establishment.

For the sake of convenience I have put down the names of fifty patients, twenty-five of each sex, which were under my care during the year 1862; and in a tabular form I can show who have attended to certain things which afford a fair test of the extent to which patients may be amenable to the ordinary rules of society. These are:

1. Family prayers daily, and a complete Sunday evening service, conducted by myself, with the assistance of a patient, a clergyman of the Church of England. The patients of both sexes are assembled, together with members of the family of the proprietor, visitors, attendants, and servants.

2. Attendance at the parish church, and sometimes at neighbouring churches.

3. Out-door walks or drives beyond the boundary of the establishment.

4. Lectures and amusements within doors in winter; and tea-parties and pic-nics out of doors in summer.

During the year 1862.	Prayers and Sunday evening service.	Church.	Out-door exercise.	Lectures, amusements, &c.
25 Male patients . . .	22	11	21	15
25 Female patients . . .	25	12	19	19
50 Patients	47	23	40	34
Per cent.	94	46	80	68

This table may be regarded as a correct measure of the amount of order, discipline, and compliance with the requirements of social life, which may be met with in a well regulated establishment. Such a result as this, and even a more favorable one, cannot be obtained without the exercise of a moral influence, which a physician has less opportunity of exercising in a large pauper asylum than amongst a number of private patients whose position in life enables him to come into closer contact with them. The German psychologist, Feuchtersleben, thinks that when the medical officer is in close contact with his patients, they will not pay the same attention to his wishes as when he keeps himself at a greater distance from them. In this I think he is mistaken, for it is only necessary that the physician who has charge of the insane be equally firm and kind, and they will not take advantage of his familiarity with him.

The means of occupation for private patients is one of the most difficult things the physician has to contend with. In this respect it is easier to deal with pauper patients and those of the working classes, for they can be occupied in various ways. They cannot, however, be so well engaged in their leisure hours as the classes above them. Educated persons can take more pleasure in reading, writing, billiards, and amusements generally, than uneducated people. It is almost impossible to find actual employment for gentlemen, professional men, and many tradesmen. A few will spend some of their time in gardening and farm work, but their position prevents them from doing more than this. Amongst female patients the same difficulty exists, though not to an equal extent, for the needle is a resource for every class. Owing to these reasons the number of persons occupied in a private establishment affords no proper idea of the condition of its inmates, and I have not included this as a test in the table given.

It may be asked, if so many persons confined as lunatics are able to attend church, go out for walks, and take their part in social gatherings, are not some of them fit to be at liberty, to be taken care of by their friends, or to take care of themselves? The answer to this question is plainly this—that these unfortunate persons have been brought into this state mainly by the necessary discipline of an asylum, and by the efforts, often silently exercised, of the medical and other officers; and that were they amongst their friends, even supposing they were willing to take charge of them as being harmless, they would not be treated with proper judgment and kindness. The vagaries of an insane member of a family are not invariably attributed to disease; and it is at times difficult to convince the friends of a patient that he could act otherwise than he did. The physician can put aside feeling, and will not be annoyed at things which would otherwise be disagreeable, by thinking, as a patient remarked to me, that, after all, they proceeded from the fancies of an insane individual.

There is still a large amount of prejudice existing in this country against private asylums for the insane. This is probably owing, to some extent, to the fact that originally medical men were not the proprietors of licensed houses; and it could not be expected, therefore, that the same amount of philanthropy could be felt towards so interesting a class of persons, such as I am sure exists amongst the profession at the present day. We have yet to suffer for this state of things, although at the present time the cause no longer exists to any appreciable extent. In the published words of our secretary, Dr. Harrington Tuke, “Even if higher principles are thrown aside, professional training and the habit of his life raise the physician above the power of any motive prompting him to extinguish the light which it is his province to revive. Although the common lot forbids him to work without the reward of labour, the principle of *profit* is not the motive present while he exercises the divine art of healing.”

I am addressing a number of gentlemen whose time and labour are given up to this interesting branch of our profession, and I think I can safely say that we all feel conscious that the welfare of our patients, whether in pauper or private asylums, is a motive of greater influence with us than the pecuniary benefit to be derived from them.

As one means of removing the still lingering and lately-roused prejudice against “mad-doctors,” and their establishments, I would suggest to the proprietors and medical superintendents of licensed houses that they should give persons better opportunities of seeing them. It is, of course, far more desirable that a private asylum should be made almost public; but by means of invitations judiciously issued, not only by the proprietor or superintendent to his own

friends, but also to the friends of the patients, they may see something of the inner life that is led; they would then find that though lunatics are "shut up within the walls of an asylum," to use the current expression, yet that those walls contain persons who enjoy a fair amount of the pleasures and comforts of life, and are as happy as many of those who pity them; that they enjoy a considerable measure of liberty, which is being gradually extended, and which is capable of still further judicious extension.

Homicidal Insanity. By HENRY MAUDSLEY, M.D. Lond.

ON considering the uncertain state of popular and scientific opinion with regard to homicidal insanity, it will appear that the confusion is due mainly to the influence of the method of studying mental phenomena, to the false foundation upon which psychology rests. The method is subjective, whereas it should rightly be objective. Each philosopher looks into his own consciousness, makes generalisations from what he thinks he finds there, and then, with these false visions of unseen realities, constructs the fabric of his system. As, however, the animal, the infant, the idiot, the uncultivated man of every clime and time, are none of them capable of introspective consciousness, it is obvious that a very large part of psychical nature is ignored by the subjective method. It is furthermore evident that a system which thus concerns itself with the most complex, with mind only at a certain degree of development, and neglects, instead of beginning with, the most simple, has no right whatsoever to the claim which it sometimes makes of being inductive. Accordingly it is found that the advances which in recent times psychology has made, have been actual appropriations from the physiologist. Beneke's psychology is in great part physiology clothed in psychological language; and Sir W. Hamilton borrowed from Beneke.*

Let us see how incompetent consciousness really is to supply the facts of a mental science, even granting that it were trustworthy to the extent of its competency.

* Appendix to Beneke's 'Lehrbuch der Psychologie als Naturwissenschaft,' 3rd edition, from which it appears, that Beneke, by letters, asked Sir W. Hamilton about a certain coincidence, but received no reply. The strange thing was, that in 1847 Sir W. Hamilton and Professor De Morgan were quarrelling as to which of them was the originator of the new theory of logic, when Beneke had put forth that theory in 1832, and more fully expounded it in his 'System of Logic' which, in 1843, he sent to Sir W. Hamilton.