

ASYLUM REPORTS.

Some Registered Hospitals.

Barnwood.—The Committee make a naïve admission in their report. They state that so many patients have been maintained for nothing, and in the next sentence say that their general regulations (approved by the Home Secretary) expressly prohibit gratuitous admission of patients. It might be well supposed that they are eager for someone to tread on the tail of their coat. Anyhow we hope that they will not be penalised for such a gross infraction of their own regulations.

Dr. Soutar gives the particulars of an interesting case. In 1887 a lady was admitted suffering from melancholia. There was no change for three years. In the fourth year alternations of gloom and cheerfulness supervened, which continued for the fifth and sixth years. The patient was then moved to one of the cottages on the premises, where she did fairly well for a year. She then had a severe relapse, becoming suicidal, full of hallucinations, refusing food, incoherent, dirty, and indecent. After four months improvement supervened, and a good recovery was made eight years from admission. He also notes a case where, after nine months of acute excitement, followed by a period of rapid degeneration, the adoption of thyroid treatment was followed by complete recovery and discharge in six weeks from the commencement of that treatment.

Bethlem.—This institution is to be congratulated on at last having a very fine recreation hall.

The following paragraph is extracted from Dr. Percy Smith's report:—

I must not omit to notice the irreparable loss the hospital has sustained in the death of Dr. Haak Tuke. For many years we have had the advantage of seeing him at the weekly meetings of the Sub-Committee, at which he hardly ever failed to attend. His wide knowledge of mental diseases, his unfailing kindness and consideration for the patients in the hospital, and his familiarity with the difficulties and responsibilities of the medical staff in a hospital admitting so many acute cases, rendered his advice and counsel invaluable to the patients, the Committee, and the Medical Officers.

The immense number of private patients poured into Bethlem each year affords Dr. Smith opportunities for recording weak points in the 1890 Act, of which, as we know, he takes full advantage. The following extract reveals a serious danger, due, perhaps, more to the wrong reading than to the Act itself:—

Only 18 of the 115 certified patients to whom was given the "Notice of Right to a Personal Interview with a Justice" availed themselves of this right. For the first time since the introduction of this right into the Lunacy Act of 1890 a case occurred in this hospital in which, as the result of the report to the Commissioners in Lunacy by the Justice who visited the patient, his discharge was ordered by them. The facts briefly were as follows:—The patient had twice previously been under care in this hospital and had recovered. He was re-admitted under certificates which showed that he was hostile and dangerous

to his wife; he quickly improved after admission, and the Justice who visited him considered that he had recovered, and reported thus to the Commissioners in Lunacy, although the medical staff of the hospital considered that sufficient time had not yet elapsed for thorough recovery, and that, on discharge, he would relapse and probably be again dangerous to his wife. The Commissioners directed that if no further symptoms of insanity had shown themselves since the visit of the Justice, the patient must be discharged. He was accordingly discharged from certificates, but, as he was desirous of going to our Convalescent Home, he was allowed to remain as a voluntary boarder for that purpose. In a few days, however, he declined to follow my advice and was allowed to return home, there being now no legal obstacle to this step. Within a very short time after his leaving, hostility to his wife returned and he assaulted her, inflicting a wound on her head which might have had serious consequences, and the matter was put in the hands of the police.

The Justice who had visited the patient here, on being informed of the result of the patient's premature discharge, expressed his astonishment at the result of his report, and said that he had no idea that its effect would be to cause the patient's discharge, but that he thought the most it would do would be to specially call the attention of the Commissioners to the case, and he further said that he did not think that the majority of Justices were aware of the fact that their reports under such circumstances would have a like effect. The wording of the Act, however, obliges the Commissioners to "take such steps as may be necessary to give effect to the report," and it is very evident that in the existing state of the law the premature discharge of a patient on the report of a Justice, in spite of medical opinion, may be fraught with the most serious consequences.

The following is from the report of the Visiting Commissioners:—

Out of the whole number of patients and boarders under treatment here, roughly speaking a total of 250, only 65 pay towards the cost of their maintenance. We have much pleasure in noticing this fact, and thus showing that this is a hospital doing much charitable work for the middle-class persons of unsound mind in this country, and in no way a charitable hospital only in name.

We quote the above because it gives us an opportunity of making a few remarks about "charity," as displayed in some institutions other than Bethlem. The old saying that the left hand should not know what the right is doing in the matter of alms is by no means so ancient that it is not applicable nowadays. We do not mean that the public should not know that charitable aid is largely given in registered hospitals, for obviously the public must be informed of the fact in order that it shall be prepared to take advantage of it, and to aid by charitable donations where so much required. Further, there is every reason that honour should be given where honour is due for the great blessing conferred on the middle-class insane. But we take leave to doubt whether the publication of the exact amount of aid given by any institution adds to the dignity of its Annual Report. No good reason can be given for assessing this at so many pounds, shillings and pence. On the other hand it invites critical questioning as to the correctness of the basis of assessment. The method adopted is to take the average cost per week of *all* patients, rich and poor, and then to assume the difference between that average and the payments of the particular patients, which may be below the average, to be the

charitable aid. This average can hardly be a correct basis, for is it possible to maintain that the costs of all patients are exactly equal? Can it be supposed that a patient who pays 5s. a week gets exactly as much as he who pays £5? Even if it were possible to suppose such a thing, does a hospital which, unlike Bethlem, has next to no endowment, and which pays its way, confer the benefit? Are not the real benefactors those patients who, by paying the excess, support the poorer ones? This consideration will be more striking when, as is not uncommonly the case, the hospital itself, after the richer patients have paid for the poorer ones, finds itself with a handsome profit on the workings of the year. We make these remarks in no carping spirit, for such a spirit is not admissible in regarding the beneficent work done, but we cannot but think that the feelings of others must be a little jarred, as ours are, by a too particular detail, which to some may appear to be of the nature of a vaunt.

Lincoln, The Lawn.—A very suitable and handsome recreation hall has been built and opened here. The report is embellished with some excellent illustrations of this and other parts of the institution. The recoveries of the female patients reach the high rate of 87 per cent.

Nottingham, The Coppice.—The remarks which we made above as to the necessity for the public knowing of the work done in registered hospitals are warranted apparently by the following extract from Dr. Tate's report:—

As considerable ignorance as to the nature and object of this hospital appears to exist among persons in the town and neighbourhood, I take this opportunity of stating that it is in no way a private venture or speculation, as was alleged during the discussion on the site for the new Workhouse, but that it is the second oldest benevolent institution in Nottingham, and was commenced more than a hundred years ago for benevolent purposes, and not for pecuniary gain, its chief object being to afford to the poorer members of the upper and middle classes mentally afflicted the best medical treatment, care, and nursing at a moderate charge.

The workhouse question above referred to was a serious danger to Dr. Tate, who was threatened with the planting of such a building with its infirmary capable of holding 1,500 close to the asylum. He and the Committee energetically moved the Commissioners and Local Government Board, with the result that the official inspector of the latter found the site to be unsuitable, and the danger was averted.

St. Andrew's, Northampton.—The death-rate reached the abnormally low rate of 3 per cent. on the average number resident. The Commissioners speak with approval of the large number of the patients who are induced to work, an average of 82 of 172 males being employed in the gardens, shops, or office, and about the same proportion of females in the usual directions—sewing, laundry, etc. Structural alterations to a considerable extent were in progress.

St. Ann's Heath, Virginia Water.—Who shall now say “*Magna est Veritas, et prævalebit?*” *Magnitas* has not been conclusively shown of late to be an attribute of *Veritas*, and as to prevailing, there are no signs of giving in on the other side, for, no doubt on the principle of its being necessary to overcome evil with good, Dr. Phillips writes: “I am confident that no other hospital for the insane is in better order, has a more efficient staff, or is better managed, and with more consideration for the patients than *St. Ann's Heath.*” We sincerely hope that the shadow of affliction will soon pass away. Dr. Phillips is much impressed, and rightly we think, with the desirability of assistant medical officers having some athletic propensities. He holds that the work of such an officer is monotonous, and cannot safely be continued without fear of mental and moral deterioration. This fear, he says, is much less real in the case of a man with healthy sporting and athletic instincts. For our part we cannot but admit that the undoubted spread of athleticism in the younger generation of medical men has worked great physical and social good without in the least way hindering the general advance of scientific knowledge, but we cannot admit with Dr. Phillips that it is the first essential.

Some Scottish Royal Asylums.

Aberdeen.—The new hospital was opened last August, and has proved to be worthy of the great amount of thought bestowed on it. The managers now have to face no less a task than reconstruction of the main building. The patients are stated to have increased from 286 in 1866 to 742 at the present time.

Dundee, 1895.—The managers have, under the advice of Dr. Borie, taken a lease of a large mansion in the neighbourhood of the asylum at a reasonable rent. This judicious step has been followed by distinct improvement in the mental conditions of the private patients transferred thereto. It accommodates 19.

Edinburgh, 1895.—The great event of this year was the final transfer of patients from the old East House to Craig House. Dr. Clouston has the satisfaction of recording that the change of scene and surroundings was acceptable to each one of those transferred. The whole working of the new institution is warmly commended by all who have had to pass opinions on it. The East House has been pulled down, and the land sold for rather more than was anticipated. Many members of the Association will no doubt miss, on revisiting the scene of former labours, a very dear but very ugly old friend. The best intentions of the earlier part of the century, as represented by the asylum buildings now gone, would be scouted nowadays, and no better measure of progress can be found than is supplied by the comparison with them of the palatial structures that take their place. The improvement has met with its reward in a marked increase in the number of applications for admission.

Glasgow.—This asylum, like those above, has its change to report—the gradual removal of all pauper patients in favour of private and charity cases paying low boards. Less than one-eighth of the patients are now rate-paid. The managers have unfortunately occasion to point out that revenue is less than expenditure, and they state with regret that legacies are decreasing in number and amount.

Perth, James Murray's.—Dr. Urquhart expresses the opinion that early discharge of recovering cases is of almost equal importance to early treatment. He thinks that in face of a threatening relapse in a convalescent patient it must be a matter for anxious consideration whether immediate removal from asylum surroundings is not the best course in the patient's interests. He admits, of course, the necessity for watching the interests of the public. In regard to long standing cases he fully believes in the efficacy of change of asylum, and instances two such cases recovering after transfer to him from other asylums, and one case after transfer from him, these occurring in the year under report.

Montrose.—Dr. Howden gives a list of cases dying soon after admission. Of these one died nine days, another two days, and yet another two days after admission—the last two from institutions. He hopes that this practice of sending patients in a dying condition will be checked by the emergency certificate now requiring the certifier to state that the patient is fit for removal. In this respect England in borrowing the urgency certificate from Scotland has led the way, though complaints on the same grounds from English Asylums tend to show that the certificate is not universally protective.

We do not know whether the following case has been preserved in medico-psychological literature, but it certainly is worth preservation, and may be read in connection with a very similar but more fatal occurrence in Ireland a few months back. It was originally recorded in the *Glasgow Medical Journal* by Dr. Havelock, and is related by Dr. Howden in connection with sudden outbreaks of insanity.

In a small country town there resides a family of well-to-do artisans, with a history free from any trace of insanity. The parents are in the prime of life, while their four sons and five daughters are adolescents. The favourite daughter, a shop assistant in a neighbouring city, returned to her home in a state of great mental perturbation; she locked herself into her bedroom for several hours. When interrupted by her friends, she was found to be in a state of religious ecstasy, declaring she had communed with God, who had revealed to her that she was about to die, and that Christ would appear to receive her into His arms.

Moved by her earnest protestations, the family gathered round the bedside, and sent off for her father and brothers, who were working in neighbouring towns; and, influenced by the contagion of her example, began also to engage in prayer and anticipate the immediate coming of Christ.

When the father arrived on the scene, he found the whole family in a state of great religious excitement; his house had been divided by them into a part they called "heaven" and a part called "hell," the mother, who did not com-

pletely fall in with their views, having, of course, been consigned to the latter division.

Attempts by the parents to reason with and control their children were unavailing; unable to stem the torrent, the father and mother were soon as excited as the rest. For several days matters went on in this way; little food was taken, there was no sound sleep, day and night were spent in religious exercises in preparation for the immediate coming of Christ. The mental symptoms in all consisted of a state of ecstasy, with hallucinations of sight and hearing, and an overpowering desire to pray and preach.

At the end of a week the father came to his senses, and made strong efforts to induce his family to resume their ordinary mode of life. During an altercation which ensued, the eldest son jumped through the window in a semi-nude state, followed by the daughter who had been the originator of the mischief. Both were at once arrested by the police, and having been certified to be insane, were consigned to the Montrose Asylum.

The male patient laboured under hallucinations of sight and hearing, was violent and restless, but recovered in a fortnight; the female was more coherent but with similar symptoms. She recovered in a few months. The others soon quieted down at home when the ringleaders were removed and have remained well.

Some Scottish District Asylums.

Argyll and Bute.—Dr. Cameron mentions as a remarkable fact that while the number of patients chargeable to Argyllshire parishes have increased since 1882 to the present time from 265 to 325, the number from the county of Bute has remained absolutely stationary. Why this should be, and why the total population should have increased only by about 15 per cent. in 14 years, would form an interesting subject for study and explanation.

A marked improvement in the nursing of patients has followed the institution of the regular course of training, and Dr. Cameron reports that the attendants take a greater interest in their work.

Fife and Kinross.—Dr. Turnbull gives some account of his new hospital building and states that the male sick-room has been entirely staffed by nurses by day, to the great comfort of the patients and without any drawback.

Inverness.—The proportion of readmissions to total admissions was 35 per cent. Dr. Keay explains this high ratio.

The increase is doubtless in great measure to be accounted for by the efforts made in recent years to check the growth of the asylum population by boarding out chronic cases. Some of these people break down from time to time and are sent back to the asylum. The regret with which one looks upon a high rate of readmissions is tempered by the thought that at any rate it is pretty good evidence that patients are not detained in the institution longer than is necessary for their own welfare or for the public safety.

For the same purpose of freeing the asylum of as many cases as possible, 28 were liberated on trial with fairly good results.

Lanark.—Dr. Campbell Clark issues his first report of the year's work at this new asylum. It is already within sight of being filled, and plans for additional accommodation for 300 patients have been prepared and sanctioned, and the work was to be commenced at once.

The total cost was £174,000, including cost of the estate, buildings, lighting with electricity, furnishing, etc. The actual number built for was 500, but the administrative departments were calculated for a higher number. The cost per bed is not a low one, but when the matters provided are reckoned up, it cannot be said to be high. For instance two separated blocks for male and female officers are found, containing day-rooms for the attendants, as well as sleeping accommodation for some of them, and all the superior and domestic staff. Twenty-five cottages for married attendants have been built.

Each of the Visiting Commissioners speaks warmly of the liberal manner in which things have been done. In little matters, as easy-chairs in plenty, in having dormitory blinds double so as to exclude light more thoroughly, in having special admission and examination bed-chambers opening out of bath-rooms, etc., it is easy to put away a lot of money without presenting a great effect to a casual observer. But to those who know what these comfortable things mean to patients it is otherwise, and more satisfying than gaudy halls and so forth. The spending a large sum in this way is a credit to the liberality of the Committee and rate-payers, and the successful application of that sum is a credit also to Dr. Clark's enlightened organisation.

Midlothian and Peebles.—Ninety-three admissions into an asylum of about 250 average population are undoubtedly in excess of the usual proportions. And they were not of a cheerful nature speaking from a Superintendent's point of view—12 with fixed delusions or hallucinations, 12 with organic brain disease, 8 with senile decay, 5 with congenital imbecility, 2 with epilepsy and 11 many years insane—50 in all, form a heavy total of incurable insanity. We note that at last Dr. Mitchell is to have an Assistant Medical Officer. We hope that he will now find it possible to undertake the preparation of the Association's Tables.

Perth.—The Commissioners speak favourably of Dr. Robertson's endeavour to dress the patients in clothes of different shape and pattern, the clothes being made as far as possible for each patient. Patients are thus enabled to go outside the asylum without being recognised as inmates. It is reported that, as was to be expected, self-respect has been much increased. One-third of the male patients are on parole in the grounds, without in any case a forgetfulness of the pledge given. The two new convalescent houses—Pinel and Tuke Lodges—have been opened with becoming ceremony, and so far have been found to fulfil the purposes for which they have been erected.

Roxburgh, Berwick, and Selkirk.—The water question which has troubled the Committee for so long has at last been settled after much argument, and provision has been made on Dr. Carlyle Johnston's recommendation for a daily average supply of 60 gallons per head.

Stirling.—This asylum is becoming quite insufficient for the needs of the district from which its patients are drawn. The total admissions seem to maintain from year to year the same ratio to population. This ratio is 10 per cent. lower than the general average for Scotland, which is 72 per 100,000 population. The ratio of readmissions to population shows a marked tendency to rise of later years, and as a consequence the proportion of first admissions is lessened.

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Craig Colony and Chalfont Colony for Epileptics.

The report of the Craig Colony for epileptics, on the first eight months of its working, from February 1st to October 1st, 1896, is necessarily of extreme interest. The colony in that period has admitted 145 persons, viz., 69 men and 76 women. A few of these came from their own homes, but most of them from the county poor and almshouses. All were declared to be indigent and were admitted on the official application of a Superintendent of the poor. It is pointed out that there exist in the asylums of the State about 150 and in the poorhouses about 600 more of this class who are eligible for admission to the colony.

The Managers urge the need for extension, and the liberal manner in which the colony is treated may be judged from the fact that they ask for appropriations for additions and improvements in the coming year, to the extent of 256,000 dollars. With these additions they estimate that accommodation will exist for 500 persons. Already, however, they claim that the colony has produced fifty per cent of the cost of maintenance.

The institution is provided with a double water supply, one for drinking and the other for general purposes.

The medical report claims a general improvement in mental and bodily health, the latter manifested by increased weight and by a diminution of fifty per cent. in the number of fits. Whether this last is due to improved general conditions of occupation, diet, etc., or to medicinal means is not clearly defined.

Flechsig treatment was tried in twelve selected cases, six of whom improved. Four were treated by thyroid, of whom two were markedly improved, and bromide and chloral were given in small doses to a large number.

The dentist reports, amongst other work, the filling of 318 teeth and the treating of 124 of the 145 patients.

This dental care, with the improved dietary, would without doubt exercise a most important influence on the general health. The care of the teeth is too little attended to in the majority of our institutions, and few (Bethlem is one of the exceptions) have a regularly attending dentist.

The future progress of this colony will be watched with extreme interest; both in regard to its success in dealing with so wide a