

left island of Reil, compared with the corresponding points of the right side, I would remark that the simplicity of R.'s expressions, and his limited vocabulary, were quite in keeping with these conditions. At the same time it may be contended that their larger size and better development on the right side, combined with the fact that he was practically left-handed (having been congenitally hemiplegic on the right side), argue strongly in favour of the speech-centre having been seated in the right hemisphere.

In considering the mental capacity of R. in view of the pathological conditions described, we have to keep in mind at least four facts, (*a*) extensive destruction of right præ-frontal region, (*b*) simplicity of arrangement of gyri of left præ-frontal region, (*c*) loss of commissural fibres, (*d*) defective condition of motor and sensory areas on the left side, and corresponding deficiency of association fibres. What influence these conditions respectively had on his mental development, is a question which cannot yet be determined with certainty. This strange brain, prolific as it is in suggestions of various kinds, must wait its time for further explanations on these points.

Spanish Asylums. By DONALD FRASER, M.D., Paisley.

In the spring of 1878, while travelling in Spain in company with two friends, I took the opportunity of visiting several asylums. Having entered Spain by the north, I made known my desire to see some Spanish asylums, to an influential citizen of San Sebastian, who gave me to understand that I would find them in much the same condition that English ones were in about 40 or 50 years ago.* He furnished me with letters of introduction to friends in Madrid, through whom I became acquainted with an accomplished and enthusiastic alienist, Dr. J. M. Esquerdo, Lecturer on General Pathology in the General Hospital of Madrid, and director and proprietor of a private asylum in the neighbourhood of that city.

While in Madrid I attempted, through the assistance of a

* The Provost of Paisley told me recently that he remembers having seen about the year 1828 a row of cells having straw laid on the floor, and provided with posts, to which the madmen of that day belonging to the town were chained. This place was popularly known as the "shells."

member of the Cortes, to obtain statistics of the number of the insane, and of the provision made for their care. I learnt that there were few statistics of the kind, and that the few there were could only be obtained with great difficulty. A Spanish medical friend in Seville took the trouble of looking through the only authoritative Spanish work dealing with the administration of charitable relief in Spain, but he informed me that it contained scarcely a reference to the condition or necessities of the insane. From Dr. Esquerdo and others I obtained such information as there is to be had on the subject, and have incorporated it with the following notes.

On the 10th April, 1878, I proceeded to the village of Carabanchel, near Madrid, where the private asylum of Dr. Esquerdo is situated. Close to the house I met the doctor, who was on his way to visit the General Hospital, but with true Spanish politeness he returned with me, showing me over his place, and giving me all the information he possibly could. This, the only private asylum in the province of Madrid, had been opened about a year, and was, in great measure, incomplete. There were only twenty patients. The building of a wing for females was just commenced at the time of my visit. Dr. Esquerdo apologetically informed me that, as he was sole proprietor, I need not expect a very grand place. In going through the house we were accompanied by his nephew, who acts as resident physician, and a medical pupil. The institution was indeed abundantly supplied with servants, there being in all, including attendants and two coachmen, 23. The building was a long two-storied one, and had formerly been a dwelling house. On a projecting cornice of the vestibule were several small busts of distinguished men. He particularly drew my attention to a bust of Pinel, and another of Tuke, the founder of the York Retreat.

The best day room was furnished in drawing-room fashion; had a piano, and was hung round with engravings. While having a cup of coffee in this room, we were treated to a piece on the piano from a patient who had learnt to play since his admission. The bedrooms were clean and comfortable, the beds being provided with spring mattresses. Iron gratings were on the windows, after the fashion of Spanish dwelling houses, and they had no reference to the detention or restraint of the patients. He informed me that he was thoroughly opposed to anything of the kind, indeed he seemed to be a great admirer of Conolly, and spoke with

much appreciation of the system of non-restraint. I was shown a padded room, but I saw no patient in seclusion, or in any way restrained. The corridors were bare, and with white-washed walls, though quite in keeping with Spanish ideas of home comfort. There was a gymnasium nicely fitted up, a chapel with a prettily decorated altar, and a court something like a racquet court, for playing the popular Spanish game of ball. The bath room was provided with plunge and douche baths.

As to treatment, he informed me that he trusted most to good hygiene. He used the bromides a good deal, and seemed to have faith in phosphorus for the treatment of general paralysis. He had tried the treatment by coloured glass, using variously coloured panes, according to the kind of light required, but had so little faith in its value, that when any of his glass got broken he did not replace it. Altogether the treatment and surroundings of the patients were in harmony with our English notions of what is best. The doctor and his patients were evidently on most excellent terms. I understood that so far as was possible with private patients and Spaniards, they were employed in the open air; the land extended to between 20 and 30 acres, most of it under cultivation. The situation was very good, and said to be healthy. The house, which stood on a slight elevation, commanded an extensive view of the plain on which Madrid is situated.

It has been asserted by some that there is not much insanity in Spain, but Dr. Esquerdo did not believe this. On the contrary, he considered that there was a great deal, though from the want of accommodation and registration, accurate information could not be obtained as to the actual amount. In view of the great consumption of tobacco in Spain, I asked him if he thought that it had any influence in the production of insanity. He appeared to think that it had not much.

I next proceeded to the public asylum of the province of Madrid, situated at Leganes, a village distant about 14 kilometres from the city. Unfortunately, the medical superintendent was absent during my visit. I was therefore shown through the establishment by the manager or lay superintendent. I was first taken to the chapel, which was provided with a small gallery fenced with wooden railing for the males, the floor being reserved for the females. The dining room of the private patients was a long narrow room, provided

with narrow tables having marble tops, and laid out with knives, forks, and table napkins. The private patients, of whom there were about 60, are divided into two classes. The first-class pay about the equivalent in Spanish money of three francs a day, while the second pay a franc and a half. The bedrooms were very plainly furnished, and the beds were clean and comfortable. The recreation-room for the first and second class was a squalid-looking room, having wooden benches round its sides; the chief or only amusements being dominoes or cards. The male airing court was surrounded with high walls, and contained a number of trees. In order to get to this court we passed through a large day room, crowded with poor patients, who seemed to have nothing particular to do but loaf about or play cards or dominoes.

The bath-room was of the most wretched description, and contained two stoneware baths sunk into the earthen floor, and an erection like an old village pump, which turned out to be a douche bath. The patient is enclosed in the wooden box, which was provided with a grating in front, and the water then pumped upon him. Punishment is not allowed, and the douche is never used for that purpose. I was also told that the camisole was seldom used, perhaps on an average about once a month.

The single sleeping rooms of the private patients of the second class, and of the poor were provided with commodes, fixed in the corner of the room, the vessel being removed through a trap door opening into the corridor. In a padded room an epileptic patient lay in bed. He was in the habit of taking many fits in the day, and had occupied this room day and night for over twelve years. In fine weather he was said to be taken out for exercise. He was very anæmic, and the air of the room was fetid.

There were four or five males in seclusion, described as "Furiosas." They were seldom allowed into the open air save for exercise. Their cells or rooms were provided with beds, and were occupied day and night. The door is furnished with a perforated plate or slide to allow the inmates to be seen from without. I saw no trace of excitement in any of these "furiosas."

The dormitories were placed next the roof, and appeared to be not too well supplied with cubic space, though I was assured that there was plenty of ventilation. I was shown a few sleeping cells used for epileptics with beds raised only about four or five inches above the floor. I lately saw

a somewhat similar arrangement in a Scottish County Asylum.

The female department called for no special remark. There were six females in seclusion, and their rooms had this redeeming feature, that they opened into a small court or garden a few feet square, planted with shrubs and flowers.

There were three cows kept for the use of the institution. The garden was large, and contained many vines; it was open to patients of both classes, though I understood that few if any of them were employed in its cultivation.

The kitchen, with its arrangements, was very good. The Sister who accompanied us evidently took pride in it, as well as in her well-filled store-room. I was pleased with a neat surgery presided over by a Sister. I learnt that there had been no serious accident for two years; and there were only four or five very sick in the house. Sedatives were not much used.

There were 200 patients, of whom 140 were paupers. During the year there had been 40 admissions, 10 or 12 deaths, 14 discharged cured, and 14 improved.

I was informed that there were 22 male attendants, including servants, 8 females, and 14 sisters of charity, in all about 51; being in the proportion of one attendant to four patients. There were four night attendants. The medical work was done by two physicians and two students. The Sisters exercised considerable authority, as may be imagined, when it is known that the asylum is overlooked or inspected by a committee composed of ten ladies, called a committee of vigilance, which is nominated by a minister of the crown, and has for its head the Princess of Asturias. Two of this committee visit every week, and there is no other Government or official inspection.

A few days after my visit to the asylum at Leganes, I visited the asylum of Toledo, and was here privileged with the company of Dr. Esquerdo, who brought with him an interpreter in the person of a Cuban, who spoke a little English; and very amusing to my two companions was the somewhat Polyglot discussion indulged in by the three medicos during the journey.

The asylum, called after its founder, Casa del Nuncio de Toledo, is one of the oldest in Spain. It was founded in 1483 by Francisco Ortiz papal nuncio in Toledo, and named by him "Casa de Innocentes," or house of the Innocents; and it may be interesting to some to know that this was the

madhouse of Toledo to which the false Don Quixote was sent by his friends. The present building was erected by Cardinal Torenzana about 1790, and, as may be supposed, is not structurally in harmony with present notions of what an asylum should be. Externally it is a handsome building, and is in the form of a square, having a cross in the centre which divides the interior into four spacious patios or courts. The centre of the cross contains the chapel, which, by the way, has over its altar a painting, which Dr. Sanches informed me was by Ribera.

The asylum is situated in the town, surrounded by houses, and with no grounds or garden attached, though there was a pleasant view obtained by us from the unglazed windows of a recreation room on the first floor. The building, though capable of containing from 200 to 250 patients, yet at the date of my visit contained only 47, of whom two or three were private patients. There was a resident chaplain and a medical superintendent, Dr. Fernandez Sanches, who accompanied us through the house, and seemed keenly alive to both its structural and sanitary defects. In traversing the courts which practically do duty for day rooms, the nose was assailed with a most evil odour from gratings which evidently communicated with drains. Such dormitories as existed were large and well ventilated. There were, however, a great many single rooms, or rather cells, many of them wretched dungeon-like places.

There were no patients in seclusion. Evidently Dr. Sanches is a follower of my friend Dr. Esquerdo in the matter of non-restraint. The following figures form a striking comment on the sanitary condition of the asylum.

Of 117 patients admitted during the quinquennium 1872 to 1876, 59 died, 25 were dismissed cured, leaving 33 in the institution. The assigned causes of death amongst the total population of the asylum during the same period were—Diseases of the cerebral and nervous system, 30; of the chest, 6; of the abdomen, 35; constitutional diseases, 6; ganegrene of the feet, 1; asphyxia from strangulation, 1. Total, 79.

Of the 35 deaths from diseases of the abdominal cavity, 24 were due to *dysentery*. Thus nearly a third of this terrible mortality was caused by a disease due essentially to bad sanitary conditions.

The forms of insanity in 103 of the 117 admitted were—Mania, 54; Melancholia, 10; Monomania, 4; Ecstasy, 1;

Stupidity or dulness, 1; Dementia, 10; Epilepsy, 12; Hysteria, 3; Imbecility, 5; Idiocy, 1; General Paralysis, 2.

I now take my leave of an institution which has little besides the interest of its antiquity to recommend it. The same evening we bade farewell to our friend Dr. Esquerdo, whose kindness we shall never forget, and to whom I was indebted for letters of introduction to friends in Valencia, Granaça, and Seville.

To Valencia and to Spain belongs the honour of providing the first asylum for the insane in the world. In the year 1409, a begging friar, Jofre Gilanext, feeling much for the fate of the poor lunatics who wandered about the streets and fields of Valencia, founded the first hospital for their care, the "Casa de Orates." Originally intended for the insane alone, it became diverted from this purpose and now fulfils the functions of a general hospital—a hospital of which at the present day the Valencians are justly proud. This famous hospital I did not take time to visit, preferring to see the "Manicomio," or asylum proper. Indeed, I was not at first aware that the general hospital contained a number of insane patients. On enquiring for the asylum, I was directed to an ex-Jesuit convent situated a little way out of the town, which had been converted into an asylum in 1865. At the time of my visit all the female patients and about eighty or more males were placed in it. As the physician had just paid his morning visit and had gone, I was shown through by an under official. There being no resident physician, the institution is managed from the general hospital. As dinner was being served during my visit, we proceeded first to the dining-room of the male division—a large, bare room with earthen floor. The patients sat at slim, narrow wooden tables, and were being served with soup, meat, and bread, in small tin basins. There was a small dining-room in somewhat better style for private patients, who pay from 2½ to 5 francs a day. One of the dormitories which I was shown contained 46 beds. It was large, well aired, and appeared in quite a satisfactory condition. Passing through a court, we reached a row of out-houses, which looked like cellars, and this was my impression of them until I was startled by seeing a face peering through a narrow slit in one of the doors. An attendant was standing at the open door of what appeared to be a larger cell than the others. Here, to my astonishment, I saw a scene which is not likely to be met with in any other country in

Europe. The room would be about 12 to 14ft. square, and was lined with straw. Crouching amongst the straw, or sitting on a fixed bench which ran along the back of the room, were about ten men having no other dress than a coarse blue shirt, which reached below the knees. These wretches were greedily devouring the food which had just been given to them in small tinned basins, most of them crouching amongst the straw and looking like so many monkeys. Their bronzed necks, arms, and legs testified to the length of the enforced exposure. These patients I was told were furious or destructive, hence their situation and want of clothing. There were seven or eight cells, and all occupied. I estimated at the time that there were about seventeen men in this condition. One of these cells for single patients was opened for my inspection. Its inmate was a vigorous looking young man, who, being strong and dangerous, had an iron belt round his waist; to this belt his wrists were chained so as to give his hands a few inches of play. His wrists were marked by scars caused by the iron bracelets which encircled them. The walls of his cell were covered with rude drawings. On the door being opened, he appealed pitifully, as it appeared to me, to get out; and I must say that neither his manner nor appearance indicated any peculiar ferocity. I have often thought since how excellent a thing, to use a phrase which I consider most objectionable, a little "Conollyism" would be in this ex-Jesuit convent. I was next taken to see a strong arm-chair firmly fixed in the floor in which particularly outrageous cases were confined; the seat was padded, and had an oval opening, while a pan was placed beneath for the patient's excretions. This engine was abundantly supplied with straps and buckles for confining various parts of the patient's body, and the attendants showed me the whole concern with much the same interest that the sacristans of some of the cathedrals we had visited turned out their most interesting relics. This was, unfortunately, no relic, though, so far as I could learn, it was very rarely used. I next asked about baths, and was taken to a court, into the centre of which a large bath was built, which from its size was capable of bathing several patients at once. This bath was said to be in daily use, though it had the appearance of being seldom used. From here we marched across a court to another out-house, the door of which being opened, I saw amongst the straw, not another patient as I expected, but a pig. While

puzzled as to the meaning of this, my attention was directed to the roof, where a piece of piping, not unlike a piece of broken gas pipe, hung down. This, I was informed, was the douche bath. It was said never to be used for punishment, and to have used it at all must have sadly incommoded the pig, whose den the place was.

As the cells above described were only the day-rooms of these poor creatures, I asked to see their sleeping place, and was taken to a crypt-like part of the building, which was fitted up as a dormitory, the beds being of a poor character. An inner portion of this crypt was provided with a wooden platform about two feet high, running along the wall and projecting about six feet. On this platform chaff and straw were heaped up, these forming the bed and bed clothes of the worst class.

The female side was very much in the same condition as the male. Passing along the mouth of a gallery, or covered way, I observed a blue-shirted individual running along the passage, who, suddenly tucking the shirt between the legs, made a somersault. Turning, in astonishment, to my guide, I asked if this was a man. "No; a woman," was the reply. In a female airing court, which looked in quite a crowded state, were a number of women dressed as above.

The Valencians are fully alive to the defects of their asylums, and admit that the ex-convent wants all the necessary conveniences for such an institution as an asylum. They lament also that the actual department of the insane of the provincial hospital is in want of space, of ventilation, and of light, and that it lies far behind in the general advance. So they have secured an excellent site half a league to the north of the city, and thereon intend to erect a model asylum capable of holding 600 patients, and at a cost of about 3,000,000 reales; the patients are to be treated by the mixed system, both "manicomic" and colonial, "with a convenient separation of the sexes, of paying and pauper patients, and of dangerous and quiet patients. The dangerous patients are to be accommodated in a central building, properly called an asylum, and submitted to a continuous assistance and vigilance, while the quiet and the convalescent patients will lead a free and family life in a number of country houses, thus forming a colony peopled by the insane, and by families dedicated to their cure."*

* Memorial to the provincial deputation in reference to the erection of a new asylum

So they anticipate great things for their projected asylum, and sum up its advantages thus: "Close to the capital, sharing in the mildness and beauty of its climate, with abundance of water, sufficiently retired for the patients, with the elements necessary for them to dedicate themselves to the cultivation of the ground, to work, to fatigue, with a broad horizon, excellent walks, gymnasium, play-room, lecture hall, indeed, with everything necessary." As if to justify all the outlay, &c., they say what we much wish we could believe. "Now it is necessary to make progress, and do all that the advance of science requires, which now *declares possible* the *complete* cure of lunacy." Let us hope that when this goodly edifice is reared to the glory of Valencia, and for the good of humanity, in the asylum properly so called, the patients shall be at least clothed, if not in their right mind.

On the 1st Jan., 1877, there were in the insane department of the general hospital, and in the asylum, taken together: Males, 289; females, 159. Admitted during the year: Males, 81; females, 54. Dismissed, males, 50; females, 24. Died, males, 43; females, 25, leaving 441 patients at the end of the year.

In the "Journal of Mental Science" for July, 1868, there is a description of a visit paid to the Lunatic Hospital at Granada, by Dr. Lockhart Robertson. Though my visit to the same institution was paid ten years later, there is no necessity to add to Dr. Robertson's description of it. I did not see the somewhat primitive arrangements for the night treatment of acute cases, which he describes, and which I have referred to as existing in Valencia, though I heard the shouting of some female patients who were in seclusion and were *naked*. I saw one male in seclusion. I was addressed in very good English by one patient, who maintained that he was a British subject, having been born in Gibraltar, and that he was unjustly confined. He appeared to be a private patient, and his room (with which he expressed himself as pleased, and said was one of the best in the house) was a miserable little den. There were over 160 patients in the asylum at the date of my visit; of these 105 were males.

Dr. Robertson speaks of this hospital as the oldest lunatic asylum in the world, but this is a mistake, as it was not founded for more than 80 years after the one in Valencia. According to Dr. Esquerdo, Spain, in one single century (the 15th) founded four lunatic asylums: Valencia, Zaragoza, Seville and Toledo. Zaragoza I had not the opportunity of

visiting. Its hospital was destroyed by the French Army in 1808, and, though rebuilt, or restored, it has little to recommend it, being much in the same condition as those above described. I understand that it provides accommodation for 400 patients.

The General Hospital and Asylum of Seville was visited by me on a Sunday afternoon, on a day when the hospital was open to the public, who availed themselves to the full of this liberty. Accompanied by a Spanish medical man and a house surgeon, we had literally to elbow our way through crowded wards and corridors. I admired very much the large and lofty wards, though I did pity those poor patients who were seriously ill, and had to endure the noise, bustle, and crowding of the occasion. The portions of the institution closed to the public were the venereal and lunatic departments. The latter demands very little in the way of description: we saw three or four women in seclusion, and one old woman in a camisole strapped on a chair. I obtained from a clerk a table of the movement amongst the patients during the year 1877, which, however, contains little of general interest.

A large number of patients are regularly sent to Barcelona, to the best asylum in Spain, that of San Bandilio de Llobregal, which, besides making provision for private patients, receives public patients from 21 provinces of Spain. This asylum, which is thus both a private and public, and even a military asylum, has accommodation for 600 patients. It was founded in 1854 by its present proprietor and director, Dr. Antonio Pujadas, and, judging from an illustrated prospectus which is now before me, it is admirably adapted to the purpose for which it was founded.

The public asylum of Barcelona is a department of the general hospital, and is said to be in a deplorable condition, and to provide accommodation for about 500 patients. I understand that here also there is a project for a new asylum.

The only other public asylum is that of Valladolid, which is said to be passable enough, if not, indeed, one of the best public asylums in Spain, considering that the building was originally a palace of Don Alvaro de Luna, who was executed in Valladolid, in 1493. It has accommodation for about 500 patients. In this city there is also the private asylum of San Rafael, with about 15 patients.

Besides the private asylums above mentioned there are

other three in different parts of Spain, which combined make provision for not more than 160 patients.

This rapid sketch of the asylums of Spain would not be complete without stating that in several provinces there is a small department, or depôt, attached to general hospitals, and these are without the most necessary conditions for the treatment of their patients.

The asylums of Spain point, as do most of her institutions to her past glory and her present decadence. In this matter the fault lies not with the medical profession, the leading members of which are on a par with those of other European nations. At the present day, for instance, there are fully 300 students who receive instruction in this speciality; and the belief in the spiritual nature of insanity is passing away in Spain, as elsewhere. Meanwhile every lover of his race must heartily wish for the day when in this, as in every other sphere of action, that curse of Spain, clerical supremacy, shall be abolished, and a noble people be left free to develop those qualities which at one time made them masters of both the old and the new world.

“*After Care.*” By REV. H. HAWKINS, Chaplain of Colney Hatch Asylum.

The “*After-Care,*” that is, of poor and friendless female convalescents on leaving asylums for the insane. That out of about 59,000 pauper patients estimated to be inmates of lunatic asylums and other institutions,* there should be many, both male and female, who, on attaining convalescence, require further assistance to enable them to resume life’s duties, with fair prospect of success, would reasonably be expected.

But the case for present consideration is that of poor and friendless *female* convalescents only. Male patients under similar conditions, are, no doubt, often equally in need of “*after care.*” Their special requirements, however, will not now be discussed.

Nor will particular reference be made to the case of those female convalescents who have friends able and willing to offer them at least temporary shelter on leaving the asylum.

Those whose need is sorest, are patients—young and

* Dr. D. Hack Tuke, “*Insanity and its Prevention,*” p. 131.