2. *Danish Retrospect.*

By Dr. T. W. McDowall, County Asylum, Morpeth.

1. Beretninger om den Kjöbenhavnske, den Nörrejyske, Ostifternes og den Viborgske Sindssygeanstalt i 1880.

2. Om Sindssygeforplejningen Ude og Hjemme. Kristian Helweg.

3. Om Danmark's Sindsygevæsen. ved Dr. Vald. Steenberg.

1. This small pamphlet of 82 pages is the official statement of the condition of the Danish asylums. There are no Lunacy Commissioners in Denmark, but three of the medical superintendents are Government officials, and the fourth is responsible to the Copenhagen Commune. The reports contain little but statistical information, and are not of general interest.

The only fact worth noticing is that all the asylums are full, some of them much overcrowded. In the report of the St. Hans Hospital, prepared by Dr. Steenberg, it is noted that the admissions had been very few, which had been a great comfort, as the block for recent cases was overcrowded. This building, the Kurhus, is, of course, the part of the asylum where the inconveniences of overcrowding are most felt, as many of the patients required special care, and many cases, although chronic, were suffering from recurrent attacks of acute excitement, so could not be sent to the wards for chronics until the symptoms had abated. Although the Kurhus was intended for only 63 males and 74 females, during the last eight years the daily numbers have been 84 and 87·5 respectively. At the date of the report a new block was nearly ready for occupation, but it is calculated that it will be full in five years.

St. Hans Hospital is the largest asylum in Denmark. During 1880 there were 188 admissions, 116 discharges, and 61 deaths.

The following remarks by Dr. Steenberg on relapsed cases are worthy of attention, though they may not command unconditional assent :—

"Nearly the half—that is, six—of these 13 relapses were caused exclusively by their own drunkenness. One is rather apt to think that all brain diseases, and especially all the forms of insanity, are more apt to recur than diseases of other organs. This is an opinion which is fraught with much harm and disadvantage to recovered patients, as people so often fear to take them into their homes and service, dreading a sudden return of the illness, even when not the slightest symptom remains from the former attack. Great attention should therefore be paid to the fact, so clearly demonstrated year by year at this hospital, that an acute case of insanity occurring in an otherwise healthy person can, as a rule, be perfectly cured, so that the patient is never afterwards attacked by a similar illness; nay, never afterwards feels even the least reminder that he once was insane. Further, a considerable proportion of the relapses which do occur are

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

not caused by the nature of the disease, but by the patient himself, either because he again finds himself involuntarily in the same unfavourable circumstances—poverty, loss of work, household cares, &c.—which produced the first attack, or because he voluntarily resigns himself to his former evil habits, of which doubtless drunkenness is the commonest. Of the 13 readmissions, six were, as already stated, due to drunkenness ; four were hereditary (two of them very markedly so) ; one was an epileptic ; one caused by love disappointments ; one a case of folie circulaire."

Although it is undoubtedly advantageous to the patients that they can be taken to the Commune Hospital in Copenhagen immediately their illness necessitates their removal from home, and can then be transferred to St. Hans when the necessary formalities have been completed, it is distinctly disadvantageous to the asylum physicians, as they are compelled to take all information respecting the patient from one of the hospital physicians, and cannot get it from his own doctor.

Syphilis is a large factor in the production of insanity, chiefly general paralysis. In no fewer than 30 of the admissions is this set down as the cause.

A sad case of suicide occurred. The patient was discharged. When his son came to remove him he complained of loss of appetite, and begged to be allowed to remain until he felt better. This was granted. Three days afterwards he seemed to be cheerful, and said he felt quite well. An hour afterwards he jumped out of a window in his shirt, and 11 days afterwards his body was recovered, he having hanged himself.

There are two features of Danish asylums specially worthy of notice. One is the presence of clinical clerks in all of them. These appointments are eagerly sought after, as there are various Government appointments which cannot be held unless the candidate has had some three or six months' asylum experience. The other feature is the bathing of the patients in the sea. All the asylums are within easy distance of the beach, being built close to one or other of those beautiful fiords so numerous there. At St. Hans the bathing began on the 27th May, and concluded on the 11th October. That gives 138 days, and in that time 17,404 sea-baths were taken in all—8,208 by male patients, 7,196 by females, and 2,000 by attendants and others.

2. *On the Treatment of the Insane at Home and Abroad.*

Although the Commune of Copenhagen has provided adequate asylum accommodation for its insane, there is great deficiency in this respect throughout the rest of Denmark. Until 1877 there were only other two asylums, but they were quite inadequate to the demands made on them, and though another asylum was opened at Viborg in 1877 for 300 incurable cases, the relief was only temporary.

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

At Aarhus and Vordinborg, the two State asylums, only presumedly curable cases can be admitted, and these must wait until there is room, to the great loss and annoyance of all concerned.

It is admitted that more asylum accommodation is required. The question is, How shall it be arranged? In this pamphlet it is discussed at great length by Dr. Helweg. Much of what he says we need not notice, as he writes not for specialists, but for the public, and thus necessarily goes into details with which we are quite familiar. He also necessarily devotes much attention to the financial aspect of the question, for in a small and poor country it is highly important that the buildings should be as cheap as possible, and the cost of maintenance as low as is consistent with rational treatment; indeed, Dr. Helweg seems to look for what, we fear, he will never find—a system which will be self-supporting.

As many acute and troublesome cases are necessarily detained at home, objectional forms of restraint and seclusion are employed for the ease and comfort of those compelled to take care of them. So it has been in all countries, not from any desire to be cruel, but simply from ignorance and indolence.

In his sketch of what Danish asylums are and ought to be, Dr. Helweg, as a rule, confines himself to comparing them with German ones. This is natural enough, as the races are in many points very similar—indeed, closely related—so that what works well in one country will probably succeed in the other. Besides, in Germany there is now to be found one or more examples of all kinds of asylum buildings and management.

The State-asylums in Denmark were built for curable cases only, and the period of residence was limited to one or two years, when unrecovered cases were discharged and kept in workhouses, gaols, or any other place where they could be put. In building the asylums at Aarhus and Vordingborg the idea was that lunatics were patients whose brains required rest, so the asylums were divided into many wards, through which the patient had to work his way during convalescence. Treatment began by seclusion in a single room; then came smaller or larger wards, more or less locked up, when the patient was under strict discipline and gradually re-accustomed to work. Then came the really convalescent wards, with more liberty and sane and healthy life and impulses. Such was theoretically, and is still, the system of treatment pursued when I visited Vordingborg in 1876, though chronic and incurable cases were allowed to remain, and the asylums, so far as the population was concerned, had much the appearance observed in other countries. As has occurred everywhere, the chronic incurable cases gradually accumulated, and large additions had to be made to the buildings from time to time. It was found that the presence of chronic cases, far from being in any way injurious, was really beneficial in all respects. It was economical, convenient, and diminished excitement.

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

In discussing how to afford as much liberty as possible to the best class of chronic cases, Gheel and Clermont are described. The advantages and disadvantages of these places are carefully pointed out, but with these we are already familiar. A Russian, Dr. Cyon, is quoted with evident approbation, who considers that for what they get for the money, Gheel is two or three times dearer than the dearest English asylum.

Dr. Helweg approves of the Scotch boarding-out system, and the residence of harmless cases in attendants' families, as is done in some English asylums. In speaking of the Scotch system, he says :—

"Prof. Jolly, of Strasburg, who has a great admiration for it, says that as a rule the patients do hardly any work, just enough to pass the time, and he thinks this an advantage, as those in charge are not tempted to overwork them. But if we add this quality of idleness to their other qualities of quietness and docility, and then seek in our asylums for similar patients, we are in this difficulty, that we cannot find them, for in all good asylums nearly every patient can be induced to work, and certainly all quiet, docile patients are very diligent. I therefore think that if the 1,500 lunatics wandering about idle in Scotch villages were in asylums they would be diligent, useful persons, and I further believe that if we sent our good workers to board in private families they would deteriorate. If a State desires to do something for all its lunatics, but cannot afford to build asylums for them, then the Scotch system may be very good. In England, where it met with some scepticism first, it is now spoken of with approbation ; but in England people seem to have an exaggerated desire to let patients at all times be as comfortable as possible, and to follow their own will, be it a sound or an unsound one. In other countries one seeks another goal—one wishes to keep up the higher faculties as much as possible even in chronic lunatics, and one of our best means for this is work, though it may be a medicine very distasteful to the patients, and one which we must tempt or force him to use." See the opinions entertained about us abroad !

The agricultural colonies in Germany are described, especially the one at Colditz. Its arrangements are praised, and its financial success much lauded.

The proposal that there should always be a division for recent cases, where the arrangements are as nearly as possible those of an ordinary hospital, is sensible, but some of the anticipated results are too fanciful, and have not been obtainable where the method has been tried.

The State-asylums remain essentially as they were arranged by Selmer in 1847. Dr. Helweg asks if they can be improved, and answers that the portion for excited and dangerous patients is as good as can be, but that improvement is possible in the arrangements for recently-admitted and for convalescent patients. The

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

condition of the insane in private dwellings also requires attention. It is estimated that there are about 3,000.

It being admitted that more asylum accommodation is required, the point at issue is, What form shall it assume? Shall the old asylums be enlarged or new ones built? The latter plan is supported, and we have the usual sermon about the necessity of small asylums, so that the doctors may do scientific work. Is it not the fact that in many cases the best scientific and other work has been done by physicians in charge of the largest asylums?

If new asylums are to be built, where are they to be placed. Instead of advising the country to be divided into districts and an asylum built for each, it is recommended that asylums for different kinds of patients should be built—for recent cases, able-bodied chronics, and hopeless dements—and that an extensive system of transfer should be carried on, in the belief that change of residence will in many cases be beneficial. We think that Dr. Helweg greatly overrates the possible advantages of this method. When Viborg Asylum was opened he was appointed to it, and went there from Vordinborg Asylum, where he had been one year. He therefore knew all the patients, about 110, who were transferred from the one asylum to the other, and he was much struck by the change it produced in many. The effect was in general immediate. In some the improvement was short-lived, but others continued to improve, and became useful people, and two were discharged recovered. All these patients were in the lowest stage of dementia.

The so-called extravagance of English and French asylums is condemned, and an incredible story is told about the asylum at Cologne. It is to the effect that so much was wasted on a large dining-hall and church that it has been necessary to restrict the patients' food!

There are some other points we would have noticed, but space does not permit. It is evident throughout the pamphlet that Dr. Helweg has not visited any English or Scotch asylum. If he would do so, he would find that in them the patients are as industrious as the Danish, and that they are encouraged to work, not with the object of saving money, but as the best way to recover their mental soundness and to maintain themselves in good bodily health. The decoration and other trifles which help to remove the bareness of a ward, so conspicuous by their absence in Danish asylums, cost really very little in English ones. They are largely carried on by patients' labour, and are of great benefit in many ways.

3. *Danish Lunacy Administration.* By Dr. V. Steenberg.

This pamphlet may be considered as an answer to the preceding. On many points he agrees with Dr. Helweg, but in others he argues well, and, we think, successfully, for his own views. This pamphlet is evidently the work of an able man, one who knows his own work

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

thoroughly, and has used his eyes and ears when he was abroad in foreign asylums. His views so thoroughly coincide with those prevalent in Britain that we do not trouble to go into them in detail, but content ourselves by reproducing the following about the open-door system. It affords another proof of what an able man may do on his own responsibility, without any official assistance and patronage, as has occurred in Scotland. The only point in which we differ from Dr. Steenberg is as to the position of his farm and auxiliary asylum. One mile (that is, three English) is unnecessarily far away. A quarter of an English mile is quite enough. Witness the detached building at Wakefield, Ivy House. There the men enjoy as much liberty as if they were 100 miles away from the parent asylum. We cordially approve Dr. Steenberg's system of detached blocks, though we would not put a dining-hall in a sunk flat. It permits of systematic classification, a point in which all asylums fail, to the great curtailment of the amount of liberty accorded to many patients.

" 'Closed asylums are but gilded prisons for our patients.' This is perfectly true. I suppose that nowhere is so much misery congregated as in an asylum, and yet in all the years I have been connected with asylums nothing has ever awakened my sympathies so much as the daily sight of so many persons deprived of their liberty. For a long time I could not reconcile myself to the thought of the justice, the necessity, of depriving all these quiet, harmless people of their liberty, and after experience had taught me that even the best patients required a certain amount of supervision and control, I have looked upon it as one of my life's chief objects to let them feel this control as little as possible, and to give them as much liberty as possible. Owing to this division of curable and incurable I have been able to give those patients most suited for it, the chronic, so much liberty that I can say that St. Hans is not surpassed in this respect by any other asylum in the world.

" All mixed asylums consist of various wings, so constructed that they form one continuous whole. They are cut off from the rest of the world by enclosed gardens, so that no one can approach a ward without permission. . . . All these arrangements are excellent for acute cases, and are carried out in our 'hospital,' but are quite unnecessary for chronic cases, increasing the prison-like appearance of their dwelling. Therefore, in the annexes no gatekeeper is required, for the gate is always open ; anyone can enter the grounds without being questioned, and every Sunday during summer the hospital is passed by many without being stopped by an attendant. The front of all the annexes looks upon the high road, so that the patients can see, and partly be seen by, all the passers, which to many patients is no small pleasure. A foreigner once came up to me and told me that he only knew asylums from descriptions in English novels, so he had been under the impression that they were privileged gaols, which, of course, contained some lunatics, but also a good many who were kept to con-

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press

ceal some crime, but that now he was of a different opinion, at least in regard to St. Hans, because, without asking anyone's leave, he had walked about, and could have spoken to many patients if he had been able to understand their language.

"Dr. Helweg says :—'Here at Aarhus the industrious, quiet patients, capital workmen, among whom escapes are rare, have to pass through three or four locked doors to go to and from their work.' Here in St. Hans the same class of patients (about 120) need not go through a single locked door. These patients pass their leisure in a large finely-wooded garden, surrounded by a low, light railing, to which the doors are not locked, neither the one leading to the ward, nor the one leading to the field. As to escapes? Of course a patient does escape occasionally, but not more frequently than from the mixed asylum, and these escape from the wards which should be the safest, by reason of locked doors and a large number of attendants. It is well known that a lunatic's cunning and perseverance render him more difficult to guard than a sane man. I have had patients whom I could not prevent from escaping, until, fairly wearied out, I have transferred them to an open ward, where he had every opportunity to escape, and this confidence formed a chain he never tried to break. In England the open-door system is struggling to prevail; indeed, one English superintendent demands that an asylum should have no lock whatever, a proposition which only an Englishman could make. A Danish physician (not in asylum-practice) advised me to strive to attain so far that no lunatic should be sent to an asylum against his wish, and only the absolutely dangerous lunatics should be detained against their wish. We all agree that this would be very desirable, and I do not doubt that in the not far distant future this hope, somewhat modified, will be fulfilled. We all demand liberty for ourselves and fellows, and, as far as possible our insane should enjoy it."

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, on Friday, 18th May, at 5 p.m. Dr. D. Hack Tuke presided, and there were also present :—Drs. A. J. Alliott, D. Bower, T. J. Compton, W. Clement Daniel, Bonville Fox, S. Forrest, J. Fenton, G. G. Gardiner, W. R. Huggard, O. Jepson, W. J. Mickle, F. Needham, H. H. Newington, W. Orange, J. H. Paul, W. H. Platt, H. Rayner, W. H. Roots, G. H. Savage, H. Sutherland, H. M. Sutherland, D. G. Thomson, C. M. Tuke, E. S. Willett, &c.

The following gentlemen were elected members of the Association, viz.:—

J. Wiglesworth, M.D.Lond., of the Rainhill Asylum; W. H. Macfarlane, M.B., Medl. Supt. of the New Norfolk Asylum, Tasmania; Robert Blair, M.D., Woodilee Asylum.

https://doi.org/10.1192/bjp.29.126.305 Published online by Cambridge University Press