

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.**(Continued from p. 175.)*

Middlesex, Wandsworth.—The arrangements for extinguishing fire have been improved. With the object of obtaining special training for idiot and imbecile children, the Committee propose to send them to the Eastern Counties Idiot Asylum at Colchester.

Dr. Gardiner Hill's report contains a short history of the asylum, accompanied by a plan of the buildings.

The Commissioners state:—

We were asked by Dr. Hill whether we considered it to be seclusion to obstruct the exit of a patient from a single room by placing a patient in a chair before the door, so as to give notice to the attendants in the ward when he overcame that obstruction. So much depends on the strength of the patient so, as it were, placed on guard (apart from the risk which might arise from a conflict between the two patients) that we think that practice is to be deprecated, and if followed up it is too near seclusion not to be recorded.

Mid-Lothian and Peebles.—It is quite evident that Dr. Mitchell is rapidly improving the condition of this asylum. Perhaps in future reports he may be good enough to introduce the statistical tables recommended by the Association.

Montrose.—In Dr. Howden's report the following case is mentioned:—

One of the men when admitted suffered from violent mania, associated with general paralysis. He was a pointsman at a station on a single line railway, where he had to exchange bâtons with the drivers of the passing trains. He went off duty only a fortnight before admission owing to having sustained a sprain of the wrist. Up to that time he was looked on as one of the smartest pointsmen on the line, although, from inquiries I have since made, I have little doubt that he laboured under brain disease for nearly a year before his final breakdown. He had the optimist frame of mind usually associated with the disease, and boasted among other things that he could change bâtons with a fast passing train quicker than any other man, indeed, it was in showing his skill in this way that he sprained his wrist. He continued to do his duty to the satisfaction of his employers, and none of his fellow-employés seemed to have suspected that he laboured under any physical or mental disease, though, when questioned afterwards, they recalled circumstances which indicated the existence of both; his gait was unsteady, and his speech became embarrassed, especially when hurried, and his conversation had the characteristic boastful tendency.

A case like this shows to what risks the travelling public are sometimes unconsciously exposed. It may be some comfort, however, to know that a man may labour under advanced brain disease and be actually insane, and still be capable of doing his duty correctly in an automatic way.

The new infirmary is in occupation, and it is stated by Sir Arthur Mitchell that "no more complete asylum hospital can anywhere be seen."

Mullingar.—This asylum is much over-crowded. The admissions continue to increase, although the population of the district as steadily diminishes.

Concerning the discharge of incurable cases Mr. Finegan says :—

Although I have at all times considered it desirable that the inoffensive chronic insane should, when feasible, be under the immediate guardianship of their own relatives, and thereby enjoy the advantage of home comforts, still we are confronted with occasional instances in which the line should be drawn in the interest of ethics and unborn humanity. Unfortunately the law is such as to deny you the power of detaining for a prolonged period any patient whose relatives choose to enter into a recognizance bond for their future good behaviour. Under these circumstances young married women, often irreparably insane, are removed from the asylum by their husbands, who, being either ignorant or indifferent of the consequences, re-enters connubial life, and becomes the parent of a family who are destined by hereditary influence to perpetuate and increase the defective humanity which demand the very existence of lunatic asylums.

Norfolk.—The number of admissions during 1889 was the greatest since the opening of the asylum. The increase was confined to the women, and Dr. Thomson is unable to give any explanation of it.

Northampton.—A second assistant medical officer has been appointed.

Concerning the idiot children and the special arrangements for their training, Mr. Greene makes some interesting remarks, which we regret to be unable to quote for lack of room.

Northumberland.—A clinical clerk has been added to the staff, and the appointment is reported to have been of service. The senior students attending the University of Durham College of Medicine attend in small parties for clinical instruction in mental diseases.

Nottingham (County).—The Commissioners strongly recommend the abandonment of the present building and the erection, in a suitable place, of a new asylum. A recreation room has been provided for the nurses, and a similar place, containing a billiard table, for the attendants and male servants.

Oxford.—Post-mortem examinations were made in every case of death with one exception.

Perth.—Successful efforts are being made to reduce the number resident by boarding-out all suitable cases.

The decoration of the wards and renovation of furniture are receiving special attention.

Portsmouth.—The estate has been increased by the purchase of land at a cost of £3,649 16s. 11d.

Richmond (Dublin).—Dr. Norman presented a special report on boarding-out. It is an exceedingly well-prepared document, and gives a most impartial view of the whole subject.

The asylum is much over-crowded, and the providing of additional accommodation is under consideration.

One hundred and fifty-four patients were discharged relieved. Dr. Norman remarks that the number is unusually high, a fact

which was due to two causes: "First, owing to the over-crowded state of the asylum, a strong endeavour was made to send out to workhouses, etc., cases that did not seem to require special care. Secondly, increasing experience seems more and more to show that among a large number of the uncured there are many individuals who, though far from sane, can yet safely be at large. In many such cases nothing save a trial will show whether prolonged detention in an asylum is necessary. In connection with this subject it should be mentioned that within the last four years a considerable and annually increasing number of patients have been discharged on probation, under the provisions of the Act 38 and 39 Vic., c. 67. This enactment would appear to have been formerly made little use of here or elsewhere in this country. It is satisfactory, therefore, to note that so far no untoward results have followed its application."

A clinical assistant has been appointed. The medical staff is numerically very weak; an addition to the paid officers seems urgently required.

Roxburgh, etc.—Only 43 patients were admitted during the year. This is the smallest number since the opening of the asylum. The overhauling of the drains is continued.

Salop and Montgomery.—The Commissioners remark:—

It is with regret we hear that 320 patients are usually confined to the airing-courts for exercise. We are fully alive to the demented helpless condition of many of the patients here, but we cannot think that there are as many as 120 men and 200 women physically incapable of going beyond the airing-courts, and destructive, troublesome patients can easily be taken out in small parties with a strong staff, in almost every case to the great advantage both of their mental and bodily health.

There is no system of daily exercise within the grounds. We think that this ought to be instituted, and we find that only 173 patients in all are taken weekly beyond the grounds.

To this Dr. Strange answers:—

The desires of the Commissioners that more patients shall be taken for walks beyond the airing-courts shall receive attention, and be carried as far as possible into effect, but I fear that with our present staff one result will be that many patients will be confined to the wards whilst others are out walking.

The very obvious answer to Dr. Strange's objection is that the staff should be increased. This can easily be done, as the weekly cost is low, only 7s. 9½d. To employ at least three extra attendants and the same number of nurses would not be a very serious expense.

Somerset and Bath.—This asylum is overcrowded. The means by which accommodation should be provided has been carefully considered, and it was decided: 1st. That under no circumstances would it be desirable to enlarge the present asylum. 2nd. That it would also be undesirable that any of the lunatics should be sent for care to any of the Union Workhouses in the county.

The proposal to erect an asylum for idiots, imbeciles, and harmless chronic lunatics was rejected.

On this very important subject some of Dr. Wade's remarks are so definite, and are evidently the result of careful consideration, that we reproduce them, though with some abridgment:—

It has been suggested by some that if fresh provision is to be made it should take the form of an asylum for the chronic patients, and Wells retained for the acute cases. To any such plan I have personally a very strong objection, and I am glad it was rejected at the Highbridge Conference. I think that it is wrong to brand any establishment for the treatment of mental disease with the words: "Abandon hope all ye who enter here." I have found the insane very sensitive on the subject of chronic wards, and ever since I have been an Asylum Superintendent I have made it a positive rule to have no wards for chronic patients only. From every ward in this asylum and from all the detached blocks patients are from time to time discharged. But this setting apart of a place for chronic patients, which is bad in an asylum, would be ten times worse in case of a distinct institution for the class in question.

Practically, however, the experiment has been tried several times and has never succeeded. Many chronic patients have their periods of acute excitement, when they require all the arrangements of an acute asylum, while a very large number are at all times dangerous to others from the presence of fixed delusions, and though apparently, and as a rule, quiet, are not on that account to be regarded as harmless or requiring any less expensive style of asylum. The removal from this asylum of the quieter class of inmates will leave accommodation for a similar class only, the present building being constructed for a certain proportion of each type of insanity, and to remove one type of case would not leave room for a totally different class. That is to say, if you remove from the asylum quiet patients requiring only accommodation in associated dormitories, you will not thereby leave the building in a better position to receive an increased number of turbulent and dangerous patients requiring separate rooms at night. Nor, if such a scheme as separating acute and chronic cases were feasible, would it be found to be economical. It is true that many of the cases now here could be cared for at a lower rate than that now charged, but as a matter of fact they are now so maintained. Acute cases treated in a separate building would prove much more expensive than they do now, where the expense is distributed over many heads. It must not be for a moment imagined that our more serious and acute cases, requiring a larger proportion of attendants, extra diet and medical comforts, and in some cases being active agents in the destruction of property, could be maintained at the present low rate were it not for the presence in the asylum of a large number of patients who do not cost nearly as much for their support.

But, speaking from a purely medical point of view, I should deeply regret the separation of the different classes of the insane into different asylums. The well-ordered routine of an asylum is in itself a valuable element in the treatment, and to this routine the chronic patients largely contribute. Often do we see patients who have had the most skilled treatment in their homes, without avail, improve rapidly in an asylum, perhaps with scarcely any special treatment at all. Insanity is characterized in all cases by a very exaggerated *egoism*, and I am confident in some cases excessive attention is positively injurious. At the same time, every asylum ought to be so built and arranged that special wards suitable to acute and infirm cases and of reasonable size should be set apart in each division.

If the separate provision were to be only for the quiet and so-called harmless, leaving the dangerous chronic patients for treatment here, it would be found that the number who could be removed would be few. Any institution for harmless patients would contain a very undue proportion of feeble and helpless,

as well as of those incapable of useful employment; for the care of these a much larger proportionate staff of paid employes would be necessary, not alone in the wards, but in the workshops and laundry, where, in a mixed asylum, many patients are employed with profit to themselves and the asylum.

I must confess that personally I am very sceptical as to harmless lunatics. Few lunatics who have strength left to do harm can be counted upon, and in the history of every asylum will be found instances of homicidal and suicidal outbreaks on the part of those considered harmless. But outside of asylums, does not almost every daily paper tell of suicides that might have been prevented, and too often of homicides that never would have taken place had the unfortunate persons who committed the offences not been regarded as perfectly harmless? I therefore hope no future actions of our local authorities will remove any large mass of our insane population from the safe custody in which they are now to any place where they are less efficiently cared for, or under less close supervision.

Dr. Wade proceeds to point out the uselessness of attempting to make room by removal of the idiots and imbeciles, nearly all of whom are adults.

Stirling.—The sanitary arrangements are receiving special attention. They appear to be defective in many respects. The water supply is deficient. During the year no fewer than 59 unrecovered patients were discharged to the care of friends, to be boarded in private houses, or to the lunatic wards of workhouses.

Dr. Macpherson's report is a very carefully-prepared document, and discusses: 1st, the requirements of the district; 2nd, care of the patients; 3rd, medical treatment; 4th, results of treatment. Under the first head some interesting statistics are given. These show a great increase in the number of registered lunatics.

Concerning the effect of food and drugs, Dr. Macpherson says:

From what I have said, it follows that within reasonable limits no expense should be spared, no time should be lost, in providing for recent cases of insanity a liberal, highly nutritious, and suitable dietary. Apart from higher motives, a policy based upon economy which would curtail the dietary of recent and curable cases of insanity would be a short-sighted and pound-foolish policy. If there is any extraneous aid which science can supply to nature in these cases it is in this direction and through this channel.

You will observe that I have specially referred in the immediately preceding remarks to recent and curable cases. The subject of the dietary of asylum inmates has, however, a wider interest. Wherever the patients in any asylum are well fed, so certainly there is in that asylum a corresponding decrease in the excitement of the chronic patients, a corresponding improvement in their habits, and a corresponding reduction in the expense of management and providing of clothing and furnishings. I therefore hold most emphatically that a saving of money in asylum administration at the expense of the proper dietary of the inmates will be doubly compensated for in the column of loss.

Our knowledge of the use of drugs in the treatment of the insane increases correspondingly with the knowledge of the use of medicines in general and hospital practice. With certain great exceptions their application is only of use in an indirect and a general manner, but there is one class of drugs, viz., sedatives and hypnotics, of special value in the treatment of the insane, regarding which our knowledge is only beginning to develop. Within the last three years many new drugs in this class have been discovered which have the marvellous power of producing sleep and quietness, while interfering but little with the general nutrition of the body. To some extent, however, they do so

interfere, and it is the desideratum of physicians in the specialty to discover a drug which will have such beneficial effects without at all interfering with nutrition.

Sussex.—To provide accommodation for recent cases, it has been necessary to send to other asylums a large number of male patients.

Dr. Saunders comments on many of the provisions of the new Lunacy Act. He is of opinion that:—

It will certainly throw a vast amount of extra work on the Medical Superintendent, for very inadequate results, and merely to pander to a popular outcry, for no case of improper detention has ever yet been proved to have occurred in any public asylum in this country.

Warwick.—This asylum is greatly overcrowded, and a detached hospital is urgently needed for the treatment of infectious diseases. Its sanitary condition is eminently unsatisfactory. Forty-four cases of dysentery occurred during the year; of these 13 died. Two cases occurred among the staff, but they recovered. Eight patients and nine nurses were affected with typhoid.

Wonford House.—It has been decided to enlarge and improve the asylum by the erection of villa residences, by heating the building throughout by steam, and by the provision of a recreation and dining-hall.

Concerning restraint, Dr. Deas writes:—

In two cases especially the morbid impulse to self-injury was so strong that I did not hesitate to resort, for a considerable time, to the employment of what is termed "mechanical restraint," in the form of a dress constructed so as to restrict the free use of the arms and hands. This I did both for the sake of the additional protection thus afforded to the patients against themselves, and also, I feel bound to say, to give some relief to the great, almost intolerable, strain and responsibility devolving on those having the care of such cases. One of these patients is now convalescent, the other is much improved.

Restraint of some kind is the basis on which all treatment of the insane, whether legal or medical, is based; and the enlightened modern treatment of the insane does not lie so much in the abolition of restraint as in the carrying out of the various kinds of restraint, under constant and humane supervision. "Manual" restraint; the restraint of drugs, or what has been called "chemical" restraint; and the restraint of discipline and restrictions need as much care and discretion in their use, and are as liable to be abused, as "mechanical" restraint.

A physician, having the responsible care of the insane, ought to be as free to employ "mechanical restraint," when he deems it the best treatment in a particular case, as he is to use powerful drugs, or any other recognized mode of treatment.

The special advantages of confining the hands by mechanical means in certain cases are that the restraint is continuous while in use, it is always vigilant, it does not lose its temper, and it avoids the many risks attendant on manual restraint.

For myself, I do not hesitate to say that there are cases in which "mechanical" restraint is not only the best and most humane treatment, but in which there is grave responsibility attaching to the man who refrains from using it. I have never regretted the use of "mechanical" restraint when, after full consideration, it has been resorted to; but there have been, in the course of my experience, cases in which afterwards I regretted that I had *not* used it.

Worcester.—The water supply is very unsatisfactory, As the result of a well becoming contaminated with sewage, a serious outbreak of typhoid fever occurred. From an elaborate report prepared by Dr. Cooke it is only too evident that it will be an exceedingly difficult matter to obtain a sufficient supply of good, wholesome water.

The Committee report that the weekly charge has been reduced to 7s. The cost is 7s. 6½d. The Commissioners thought the dietary scale rather low, but the Committee are quite satisfied with it, though there are only two solid meat dinners per week. A great increase in the asylum population has occurred during the year.

Yorkshire, North Riding.—An epidemic of measles occurred, but the disease was mild. This occurrence has shown the visitors the necessity of providing a detached hospital for infectious diseases. The asylum is now full, and the Committee fear that "it will be necessary very shortly to consider how further to enlarge the present building, unless in the meantime the County Council should determine to erect a second asylum in the northern part of the Riding, a course which, although possibly entailing a greater outlay at first, the Committee would strongly recommend, as being likely to prove more economical eventually, besides being more advantageous to the patients whose friends reside in that district."

The recent addition to the accommodation is occupied by female patients; and the workshops for men are in use.

Yorkshire, West Riding. Menston.—This asylum, so recently opened, is rapidly filling up.

In his report, Dr. McDowall says:—

The proposal recently made to erect a hospital for the insane has caused much attention to be directed to the general management of asylums throughout the country. It is objected to the present system that patients are allowed to recover rather than attempted to be cured, and that the medical officers have their time too much occupied by administrative duties to allow them to devote sufficient attention to their purely medical work, or to carry on independent scientific investigation.

Whether patients suffering from insanity would recover in greater numbers in a hospital situated in a large town, and provided with a staff of visiting physicians, than in an asylum in the country without such a staff, there is great room to doubt; but there can be no doubt that such a hospital would afford the visiting physicians very valuable opportunity for the study of insanity, opportunity not otherwise to be obtained.

That the amount of individual attention paid to recent cases could with advantage be increased there can be, I believe, no doubt, and this can only be attained by a corresponding increase not only of the medical, but also of the nursing staff. The duties of a medical officer, as at present arranged, are such that much of his time is occupied in purely clerical work, the keeping of the records of the cases alone, where there are numerous admissions, requiring several hours a-day. In some asylums clinical assistants relieve the medical officers to some extent, but I believe the difficulty is to be more satisfactorily overcome rather by an increase of the permanent and responsible staff. The work and anxiety of the medical as well as the nursing staff vary rather with the number of admissions than with the numbers resident; but it is difficult to

see how, even with an increased staff, the admissions are to be more equally apportioned to each medical officer. As the value of work done in the pathological laboratory must often to a great extent depend on the clinical observation which has preceded it, it seems desirable that both clinical and pathological work should, if possible, be carried out by the same observer.

Yorkshire, West Riding. Wadsley.—An estate walk, a little more than a mile long, has been completed. Improvements continue to be made in all departments of this asylum.

Dr. Kay says:—

To carry out the idea of the hospital scheme, which has been so much discussed of late, and has for its aim and object the more scientific study and treatment of insanity, some increase of both the medical and nursing staffs would require to be made. Should such a desirable increase of the staffs be decided upon, then the cases generally could be more fully studied, receive greater individual care and attention, and so tend to the best possible results.

Yorkshire, West Riding. Wakefield.—Strenuous efforts continue to be made to improve the structural and sanitary condition of this asylum, and with great success, as can be seen by the list of alterations, additions, and improvements effected during the year.

The following are among Dr. Bevan Lewis's views on asylum medical work:—

That the large county asylums should eventually become receptacles for the hopelessly incurable chronic class, officered and managed upon a far more economical system than the present; that special hospitals for dealing with the acute insane, with a well-trained staff of experienced alienists, and affording facilities for a development of clinical teaching, should be instituted; and that they should constitute centres for scientific investigation and research, are facts so self-evident that they require no further emphasis here.

Devon.—This asylum is much overcrowded. A low death-rate and a low recovery-rate tend to increase the evil. A new ward for males is nearly ready for occupation, but when opened it will be at once filled, and further accommodation will be required. The additions to the female blocks will probably not be ready for two years.

Wilts.—A hospital for infectious cases has been built at a cost of £2,581 17s. 7d. This sum includes furnishing. Two dormitories have been erected, each holding 25 beds.

All officers and servants engaged at this asylum since 1st January, 1890, enter the service on the condition that they are not entitled to any pension or gratuity, except in the case of personal injury arising during the actual course of the service without contributory negligence. The Visitors are of opinion that this resolution of the County Council does not deprive them of the power of granting pensions. That is probably quite true, but as no pension recommended by the Visitors can be paid until confirmed by the Council, the Council remains master of the situation.

The staff has been increased by the addition of two attendants and two nurses.

Inverness.—Chronic cases continue to accumulate, and the patients in delicate health and suffering from acute bodily disease are so numerous that they cannot be accommodated in the infirmaries. To keep down the numbers, twenty patients have been discharged on probation.

An interesting though brief account is given of the epidemic of influenza:—

. . . In five of the cases there were distinct mental symptoms. In two of the attendants there was wandering, and for one night a condition bordering on delirium; whilst in three female patients, one—an old epileptic—refused her food, believing that poison was introduced into it, and became restless and suspicious; another, an aged woman recently admitted, who had previously suffered an attack of influenza in another asylum, of a pleasing and gentle nature, became a profound melancholic; whilst the unsettled condition of another female patient passed into active excitement, which passed away with the attack.

Additional precautions have been taken against the spread of fire, and the projections containing the lavatories, etc., have been much improved.

2. *Retrospect of Criminal Anthropology.*

By HAVELOCK ELLIS, L.S.A., etc.

Les Habitués des Prisons de Paris. Étude d'Anthropologie et de Psychologie Criminelles. Par le Dr. ÉMILE LAURENT. ("Bibliothèque de Criminologie"). Paris and Lyons. 1890.

This volume is the most interesting and the most remarkable record of a single worker in this field which has appeared since Marro's "Caratteri dei Delinquenti." It cannot be ranked with the latter book, for Dr. Laurent has not accumulated the large body of minute facts concerning his subjects which Dr. Marro used in so admirable and judicial a manner, making a distinct advance in our knowledge of criminal anthropology. Being, however, less dry and technical, Dr. Laurent's work is much more generally attractive, and it also opens up some of the wider aspects of the subjects with which Marro was not directly concerned. His style, also, possesses in a high degree that lucidity and charm, holding the reader's interest through six hundred pages, which is so common among French scientific writers, and so rare in England and Germany. This remarkable record of his experience was produced by Dr. Laurent as the fruit of some years spent at the Infirmary of the Prisons de la Santé, its publication becoming possible by the enlightened policy of the French administration. How long will it be before we may expect similar records of their experience from English prison surgeons?

The criminals here dealt with are those who have undergone from