

2. *English Retrospect.**Asylum Reports.**(Continued from p. 303.)*

*Newcastle.*—The day-space of what may be called the “refractory ward” for women has been increased and a similar improvement is contemplated on the male side. It is also intended to warm the single rooms.

*Northampton (County).*—Patients continue to accumulate in this asylum with great rapidity. There are already 61 in excess of the number for which it was originally constructed. Extensive additions and alterations are about to be made.

We suppose this is the only pauper asylum in England where it can be reported that “No charge has been made upon the County Rate for any purpose connected with the asylum during the past or any year since the completion of the asylum.”

*Northumberland.*—Concerning the discharge of harmless lunatics to the care of their relatives, Dr. McDowall says: “During the last nine years, the duration of my official connection with this asylum, a large number of patients have been so disposed of, to the great saving of cost and the deferment of the necessity of asylum extension. I have always acted on the principle that the happiest place of residence is, or should be, a private dwelling. I have accordingly encouraged applications to be made to you for the discharge of harmless cases to the custody and care of relatives. You have been able to accede to the majority of them, having first tried to satisfy yourself as to the respectability of the applicants and their ability to maintain their friends in comfort. Still it cannot be denied that the practice may have drawbacks. Once a patient has left the asylum, there is no guarantee that he or she will be properly cared for. If the patient ceases to receive parochial relief, all official supervision is at an end, and he may be restrained, secluded, improperly and insufficiently clothed and fed, and ill-used in a variety of ways, before public scandal attracts the attention of the police. Before county asylums were built, patients were necessarily neglected and often ill-used, not always wilfully so, but often through ignorance and inability to do better. If such were the case so recently, it is greatly to be feared that it is so still, for human nature changes little in such a short time, and the supervision has not improved. Most of the progress which has occurred in public asylums has been due, amongst other causes, to improved supervision and greater publicity, and it does not admit of a doubt that, were the inspection by Commissioners and Magistrates to diminish in its thoroughness, the general condition of asylums would deteriorate, and we might have a

renewal of the scandals which engaged public attention some 50 years ago. If so much can be done in public institutions by official inspection, it cannot be doubted that equally satisfactory results would follow from the same care bestowed on cases in private dwellings."

*Norwich.*—Great energy appears to be displayed in the removal of various defects in this new asylum, and in bringing it as quickly as possible into a thoroughly comfortable and efficient state.

*Nottingham (County).*—Precautions required to be adopted to prevent the introduction of small-pox, a disease prevailing in the neighbourhood. Only one attendant, non-resident, was affected.

An inquest was held in the case of a male patient who died from injuries received before admission. Mr. Aplin very correctly says: "In many instances I fear sufficient inquiry is not made into the bodily condition of the insane when about to be sent to the asylum. Their mental aberration being proved, the bodily condition is often ignored; the result being that patients almost fatally exhausted by disease, prolonged refusal of food, sleeplessness, or by injuries, are sent upon a journey to the asylum for which they are totally unfitted, and from the evil effects of which they have great difficulty in rallying."

Such a case points strongly to the necessity of a thorough physical examination of every patient on admission, and in the presence of the relieving officer. Should the patient be too excited or otherwise make a *thorough* examination impossible, it should be so stated in writing and signed by the medical and the relieving officer. Such a precaution may save much subsequent trouble.

A head attendant has been appointed to the male side, and the results are reported to be very satisfactory.

The Commissioners notice the unfortunate position of this asylum. Two hundred and sixty patients cannot be taken beyond the walls for exercise. This is greatly to be regretted.

*Nottingham (Borough).*—This asylum, though opened so recently as August, 1880, is reported to be already too small for its purpose.

An unfortunate dispute has arisen between the Visitors and the Commissioners relative to the necessary enlargements. Plans had been prepared and forwarded to London, but as the Commissioners insisted that 20 acres should be added to the estate, the Visitors have withdrawn the plans, and intend to limit the extensions to the building of a hospital for contagious diseases.

*Nottingham Lunatic Hospital.*—At the cost of £9,000 this asylum has been enlarged and various alterations and improvements introduced. The extra accommodation provided is for twenty patients of each sex.

As some patients pay only 8s. per week for the admirable accommodation and treatment to be obtained at The Coppice, it is evident that this lunatic hospital is doing a good and admirable service to the poorer middle-classes requiring asylum care.

*Portsmouth.*—Various improvements have been effected during the year, and so much has been done to bring this new asylum into good working order that the Commissioners express their belief that it will ultimately take a high position among public institutions of a like nature.

*Richmond District Asylum.*—Of 1,041 patients in the asylum at the end of the year no fewer than 511 were considered probably curable. This fact alone shows how different the types of insanity are in Dublin and London. In most English county asylums only some 10 to 20 per cent. of the patients are considered curable.

Dr. Lalor reports:—“At the present moment we have only nine single rooms for 500 female patients in the old house, and of these there are rarely more than two employed. They are, I may say, used altogether at night, and only for a short time, to prevent patients who may become noisy from disturbing the repose of their fellow-patients.

“Such results . . . are, I believe, mainly due to the judicious employment of the patients, which is, I may say, universal, and has taken the place of directly repressive measures.

“Refractory or disorderly wards are unknown here, as being out of character in an institution where all are expected to be orderly. In the few exceptional cases where patients, by noise or irregularities, disturb or set a bad example to their fellows, such are at once removed either to the recreation ground, if the weather be fine, or to one of the large dormitories, if it was not so, and they are then walked about in charge of an attendant till the period of excitement has passed away. Seldom are there two such cases at the same time.”

This reveals an amount of peace and tranquillity that is wonderful, and probably does not exist in the general population. Possibly a course of treatment under Dr. Lalor would be found to be highly beneficial to those gentlemen who have caused so much political excitement and noise during the last few years. We Englishmen and Scotchmen certainly do not understand insane Irishmen, at least we fail in soothing them as Dr. Lalor does. Speaking generally, it is absolutely true that the most noisy, discontented, irritating and troublesome patients in county asylums are Irish, and the same holds good for ordinary hospitals. How is this to be explained?

*Roxburgh, &c.*—The following remarks by Dr. Grierson on voluntary patients are so true and so well put that we reproduce them in the hope that all persons responsible for the management and the reputation of public asylums will take warning and avoid such cases as they would shun death. Our experience is that the more solemnly a voluntary patient swears that he will reform the stronger is his intention of availing himself of the very first opportunity to become hopelessly drunk.

After trying various hydropathic establishments, spas, &c., &c.,

Dr. Grierson's case placed himself under restraint voluntarily. "As is too often the case in our experience, and I believe in that of most, little benefit is derived by the one, so little credit accrues to the other of such contracting parties. Thus it was in this. Under promises readily given, but with no thought or intention of their being other than purposeless and delusive, he or she prevails over the one member of the family who has suffered least by his or her mis-doing, and all appeals—appeals to medical belief, appeals to a past but sad experience—are set at nought; another chance must be given in accordance with the better knowledge of the all-but stranger, and that at once. The end is nearly unvaryingly the same, and soon told. Before night, with the opportunity, which is rarely wanting, he is beyond hope, helpless for self-care, and if not an actual danger, certainly an unbearable nuisance to the public. Lucky for him it is if his disposition and antecedents are known in the neighbourhood—on this account commiseration is felt for him, but often more for the misplaced confidence of those in whose charge he is still believed to be; friends are made acquainted with the danger, and to avoid a scandal these appear, not in time to save another downfall, but an unintentional self-death perhaps. No one wishes to deal with such a case more than once, or at most twice, and unhappily, after having tried and wearied every establishment by this playing at treatment, while good was possible, fate, rarely balked, now interposes and sentences him to a life of uselessness and unbroken restraint."

*Salop and Montgomery.*—Once the improvements and enlargements are effected, those who formerly knew this asylum will scarcely recognise it as the same place.

A second assistant medical officer has been appointed, to relieve Dr. Strange of much extra work thrown upon him. Only 30 of each sex go for walks beyond the asylum walls. We agree with the Commissioners in the opinion that this seems a small number.

A fire broke out in the blacksmith's shop, and at one time threatened to become alarming. It is greatly to the credit of the staff that it was extinguished by their unaided efforts, and so orderly and quietly was everything done that not a single patient was aware of the fire until the following morning.

Concerning beer in asylums so much humbug and nonsense has been written that we warmly thank Dr. Strange for the following remarks. We were tempted to say something very similar long ago, but refrained from doing so simply to see how far the craze would go:—

"The question of giving beer and stimulants in public institutions as asylums and workhouses, has been forced before the public very much of late years. As in most controversies the arguments used for and against the use of alcohol in one or other form, are exag-

gerated and misleading. It is not my province to deal with the question in reference to workhouses, and my remarks apply solely to asylums. When I see in the reports of asylums statements of the excellent results arising from the disuse of beer, that greater quiet and an altogether higher tone prevails, and *almost* an assertion that the proportion of cases is relative to the use or disuse of beer, I am startled to think of the mighty evil that must still be worked in those asylums whose superintendents are not apostles of teetotalism; but calm reflection will, I think, show that the immense advantage claimed from the disuse of beer cannot in common sense be credited. Will any sensible person believe that half a pint or a pint per day of asylum beer, the very weakest possible, can do any harm? Even grant that it does no real good, it is simply, in my opinion, absurd to suppose it can work an evil. In this asylum, wishing to grapple with the question fairly, after consultation with the Visitors, and with their approval, the following regulation was adopted, viz., that beer should only be given to real working patients and by medical order. To deprive the artizans, farm workers, laundry women, &c., of their beer would, I think, be unwise, but I see no reason for giving beer to a lot of idle imbeciles and demented."

*St. Luke's Hospital.*—Surely an effort might be made to make this report somewhat fuller and more interesting. The lists of officers and governors occupy much more space than the medical report.

*Somerset and Bath.*—The Visitors have entered into a contract for the erection of a separate building for 80 females, at a cost of £7,957. The work is in progress. They report that much has been done by Dr. Wade to reorganise the asylum.

Patients continue to accumulate in spite of all that is done by sending the harmless to workhouses and to the care of their friends.

During the spring a severe outbreak of typhoid fever and erysipelas occurred. Twelve patients, two nurses, and the workmistress were attacked by typhoid; six died. Steps have been taken to effect three most desirable objects: (1) to diminish the overcrowding, (2) to improve ventilation, and (3) to rectify all defects in the drainage.

The report by the Commissioners in Lunacy is not given.

*Stafford. Stafford.*—This asylum is also full. In anticipation of the addition to the numbers on the opening of the new block for females, another assistant medical officer has been appointed.

Mr. Pater's report is an unusually short one, and extends to only two pages.

*Stafford. Burntwood.*—The Commissioners report a substantial improvement in the condition of this asylum. They also notice that the number of attendants and nurses is low. On the male side it is in the proportion of one to 16.2 patients; and on the female side one to 16.8.

*Surrey. Wandsworth.*—Seven cases of typhoid occurred during the year. Although the water was analysed, and the drains thoroughly examined, no cause for the outbreak could be discovered. Although the disease disappeared, it is probably only for a time, and it will return when circumstances are more favourable. It may be considered certain that typhoid does not break out in a public institution without cause, and that the cause will be discovered if looked for long and carefully.

The asylum is quite full. Although 59 patients were transferred to other asylums, occasionally new cases were refused admission for want of room.

*Surrey. Brookwood.*—The Visitors report that: "The whole of what are termed the old cases have been re-investigated, that is to say, the case of every patient (some of whom have been at the asylum ever since it opened in 1867) has been gone into afresh, in order that there might be no possibility of a patient being allowed to remain merely because he had been considered to be incurable. It is a matter of congratulation that no such case could be found; at the same time, it became evident that several had settled down into perfectly harmless patients, who simply wanted a moderate amount of care. Some of these we induced their relatives to take charge of, and others we sent to the workhouses." In spite of such discharges, there has been a great pressure for accommodation.

Dr. Barton appears to be directing special attention to the outdoor employment of his patients. The Commissioners state that they cannot too highly commend the result of the management in this direction. Leaving out those exclusively engaged as ward-cleaners, 80 per cent. of the men and 49 per cent. of the women can take part in the work of the asylum. Even some women, between 50 and 60, were employed in field work during the summer, and although they did little, they benefited by the change.

*Sussex.*—To provide room for recent cases it has been found necessary to get rid of a large number of patients (65) by sending them to workhouses or by boarding them with their friends. By this means the further provision for county patients admitted of postponement. The Visitors, however, are obliged to report that this transfer of harmless cases to workhouses has necessarily produced a marked deterioration in the general character of the patients, as they are mostly replaced by those of a violent, maniacal, and suicidal nature, thus involving increased anxiety and difficulty to the staff in their management, and an increase in the expense of their management.

Dr. Williams reports that the experiment has so far been successful. Out of 80 patients so discharged only eleven have returned. He says further that he "is fully conscious of the nice discrimination required in carrying it out. He is unwilling to admit that any case



of insanity, unless involving organic changes in the brain, is hopelessly incurable, and he therefore sees the impropriety of transferring cases to the workhouse in whom there is any chance of recovery. Such a step is wrong, both from a humanitarian and from an economic point of view. At the same time he is convinced that it is a mistake, in many instances, to keep some cases too long in asylums, as he has often seen much benefit accrue from change. There is no point, however, in the whole range of medicine more difficult to decide than which cases are best in asylums, and which will benefit by change. It has occurred that discharged patients have been returned to the asylums respecting whom it was confidently anticipated they would do without control, whereas, on the other hand, it occasionally happens that others, whose friends have removed them contrary to medical advice, have derived decided benefit from the change. It is only by a careful study of each case that a correct prognosis can be arrived at." And, we would add, not even then.

*Wilts.*—The estate has been enlarged by the purchase of 26 acres.

It is well known that the sanitary state has not been satisfactory. Typhoid fever has been endemic for a long time. At last the cases became so frequent and so serious that the Visitors had the drains, &c., inspected by a competent sanitary engineer. So many and grave defects were discovered that the Visitors applied to Quarter Sessions for a grant of £2,000 to execute such drainage and other works as may be found necessary.

*Wonford House Hospital.*—Under Dr. Philipps's direction this institution appears to be in the process of thorough renovation. The progress already made and the results are so evidently satisfactory, financially and otherwise, that the Governors have raised his salary £150 per annum. The Commissioners report that the Wonford House contrasts favourably in point of comfort with any hospital which they inspect.

*Worcester.*—It is proposed to build an annexe to accommodate 210 patients but capable of extension for double that number.

In his report Dr. Cook enters at length into the cause which has raised the asylum population from 210 in 1853 to 772 in 1882.

*Yorkshire. East Riding.*—Although this is a modern asylum, its sewage arrangements appear to have received little attention from the architect. It would have been difficult for matters to have been in a worse state than they were when examined by Dr. Macleod. He reports :—

"In February much trouble and annoyance was caused by the drainage and sewerage of the asylum. The whole system broke down at once. The sewerage in itself had many drawbacks. The sewers were very inaccessible, and were placed in and across buildings. Closets were situated where their presence could only be a source of danger, and the lavatories and baths discharged their waste directly

into the sewer, with only the intervention of an imperfect water trap. The workmanship also of the drains, &c., was found in many places very imperfect. Pipes were fitted loosely into each other without clay or cement in the joints (and this inside the building); some of the ends of the drain tiles barely touched the sockets of the next tile, into which they ought to have fitted. Pipes from baths and lavatories were pushed into sewer drains, and a few handfuls of mortar roughly plastered round them. The main sewer is in many places laid ten feet deep, in stiff clay, which had to be dug through, a most disagreeable task, for the diggers had, while at work, often to stand in two feet of water and liquid sewage. The tenacious and unabsorbent character of the soil on which the asylum is built, alone prevented an accumulation of sewage under wards and corridors."

Fifty-one acres of land have been added to the estate, and a walk of nearly two miles is to be made round the grounds.

*Yorkshire, South.*—Additions continue to be made to this already great asylum. During the year its population increased by 77. The work thrown on the medical staff must be enormous, for there were 526 admissions, 325 discharges, and 124 deaths during the year.

Dr. Mitchell reports favourably of sending chronic cases to workhouses. He says:—"In passing I may remark that this plan of removing the quieter sort of incurable cases to our union workhouses has answered very well. In well-conducted workhouses, which (especially the larger of them) now constitute the greater number, the imbecile inmates are well cared for—have such medical care as they require, and are indeed as comfortable as they would be in asylums. They enjoy many privileges they cannot look for when confined in asylums—the chief of which is the frequent opportunities of visiting their friends, in whose neighbourhood they still, as a rule, reside. When removed to asylums this point of interest in their lives—to which they had accustomed themselves to look forward—is withdrawn; and in many instances I have found that no compensation an asylum can offer will weigh in the scale against this lost and highly prized privilege."

*Yorkshire, West Riding.*—The asylum at Wakefield is unable to admit all the cases which should be sent there; the surplus being admitted at Wordsley.

Sanitary arrangements receive continual attention. When they are completed it is hoped that attacks of dysenteric diarrhoea, which appear from time to time, will cease.