

On the Separate Care and Special Medical Treatment of the Acute and Curable Cases in Asylums; with Proposals and Suggestions for a Detached Hospital, for special purposes, in Connection with every large Public Lunatic Asylum.
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(Concluded from p. 325.)

The principal arguments that may be brought forward against my proposal are—1st, that it is impracticable and inadvisable, as suggested by Dr. Conolly; and 2nd, that it would entail a considerable increase of expenditure.

Doubtless, should we attempt the *absolute* division of the curable and incurable patients in any asylum, we should fail, simply because *that is* impracticable. But I do not suggest the drawing of any such hard and fast line; for, in addition to the separate care and treatment of acute and curable cases, such a detached hospital might well be utilised, and advantage taken of its special arrangements, for certain of the chronic cases which from time to time, by reason of acute accession, and for other reasons, might be benefited by, and most require such special and separate treatment in the hospital—so long as this could be done without interfering with the more important claims of the recent and curable cases. For instance, all cases requiring artificial feeding, whether curable or incurable, might well, for convenience sake, be treated together in such a hospital; and in any case, chronic cases with acute accession, admitted into the hospital for better and more convenient treatment, would be returned to the main building as soon as the acute paroxysm had passed off.

I would not, as Dr. Conolly suggests, condemn any patients to what would appear to them to be a hopeless prison; for even after the limit of time we might reasonably fix for retaining patients in the hospital had expired, and they had been removed to the asylum, there is no reason why, on the perhaps unexpected appearance of any favourable symptoms, such cases should not again be brought back to the hospital to be the worthy objects of special solicitude and attention. Neither do I suggest or fear, as Dr. Conolly feared, any

diminution of that due and full attention to the care and treatment of the chronic and incurable cases, which, indeed, is scarcely likely to obtain under that humane system of dealing with such cases, which is now so firmly established in this country as the outcome of the praiseworthy efforts of Dr. Conolly himself, and of others whose names are too well known to require mention. I am quite sure that any economy that may be effected, as a result of the separate treatment of chronic and incurable cases, will not be at their expense, so far as their just claims are concerned; but will rather spring out of the separation from them of those cases for whom the heavier expenditure is required and may more worthily be incurred in respect of medical treatment and attendance, &c.

With regard to the increased expenditure likely to be entailed by the provision and working of such a hospital on a liberal scale, it must at once be admitted that such would be considerable; but, at the same time, that is no satisfactory and sufficient argument where such important issues are involved, if it be admitted that some such change of system is desirable and would be beneficial, and if it is fairly practicable, in a wide and liberal sense—as it was admitted to be by the majority of those giving evidence before the important Parisian Commission already referred to.

Besides, this increased expenditure ought to be so far met, and perhaps counter-balanced, by the saving that would be effected by the less costly separate care of the chronic and comparatively harmless, as distinguished from the other chronic, cases, which would still require, to a great extent, a continuance of the ordinary expenditure. And there is no reason why the increased expenditure should not be in part met, if needs were, by a *higher rate of charge* for the maintenance of all cases so long as they should reside in the hospital, and be the object of special care and treatment, and of special expenditure on their behalf with a view to their greater benefit. Such an extra charge would be both reasonable and feasible, under the circumstances, because in the great majority of asylums there is plenty of room within the statutory limits to permit of such a step being taken if considered necessary and advisable. In these two ways, then, I believe that any increased expenditure incurred on behalf of acute and curable cases might be readily and entirely met, to say nothing of the great saving that would be effected should a greater number of cures be brought about as the outcome of such special exertions and increased expenditure, and

should the rapid accumulation of incurable cases that is threatening to overwhelm us be thus happily more or less checked.

There are other important purposes, to which I have not yet referred, which such a detached hospital might be made to subserve, viz., to act as a "*Bureau d'admission*," as in the asylum of St. Anne, in the South of Paris, into which all fresh cases would be admitted, and there be primarily examined and kept under observation for a certain time, being discharged therefrom, without being at all committed to the asylum, in case the certificate should be faulty and beyond power of correction, or if, after due observation, the patient should not be found to be insane. Here, also, all cases would be carefully observed in their earlier stages, a diagnosis being made, and a prognosis in each case formed, after due time; and the probably incurable being committed, but not necessarily hopelessly so, to the asylum. All patients should, moreover, in any case, be detained here sufficiently long on *quarantine*, to prevent the possibility of any patient being admitted into the main building in the *incubation* stage of any of the more common communicable diseases, and to secure his immediate isolation, without risk to the great bulk of the patients, in a practically detached portion of such hospital shortly to be referred to. That such risk is not visionary, I can illustrate, from my own experience, at the Wilts County Asylum, where, on two occasions, within five years, patients were admitted in the incubation stage of small-pox and measles respectively. In neither case was there any symptom of such disease on admission, or any reason to suspect such. In the case of *small-pox* no symptoms appeared until the *fifth* day after admission, when the attack developed itself in the usual manner, and, the eruption becoming markedly confluent, the patient died on the ninth day of the actual disease, at the outset of the secondary fever. There was reason to believe that the patient contracted the disease in Shropshire a few days before her admission into the asylum. The case of *measles* was that of a man, over 40 years of age, who was so weak and ill on admission, from debility after excitement and chronic bronchitis (from which he had suffered for years), that he had to be carried into the asylum out of the conveyance in which he was brought, and never left his bed after admission. Though admitted on October 28th, it was not until November 10th that he was observed to be feverish, and in due time a copious rash of

measles made its appearance all over the body. He died on the 27th November, as might have been expected from his previous debilitated and exhausted condition. I should add that there was no other case in the asylum, of either form of disease, by means of which the disease might have been communicated, and also that the case of measles was well marked in all its symptoms, which could not be attributed to chloral (which I have known in two cases to cause a rash very much resembling that of measles), as none of that drug was administered to him.

Putting my ideas into small compass then, I beg to suggest that, in connection with all existing large Public Lunatic Asylums, not built on the pavilion system, it is advisable to have a detached hospital, to subserve the following purposes:—

1. The reception and detention on *quarantine* of all fresh cases, and the more careful and systematic observation of all cases in their earlier stages.

2. The special care and more systematic treatment of the acute and curable cases until, at any rate, convalescence should have become established, when they might be placed together in the hospital for infectious and contagious diseases, so long as it should not be required for its own special purpose, or in one of the better wards in the main building, as far as possible separated from the rest, or in some auxiliary building; also for the temporary treatment of certain chronic cases, when the subjects of an acute accession or requiring artificial feeding, &c., where such separate and special treatment might be considered advisable, and likely to prove both beneficial to the patient and convenient for medical purposes; and for the more careful clinical study of a few selected cases of general paralysis and epilepsy, admitted in a sufficiently early stage of the malady to warrant their separate and special treatment with a view to rescuing them, if possible, from the category of incurable cases.

And 3, and lastly (in a separate portion of the hospital, connected only by an open covered way, with free cross-ventilation), for the isolation and separate care of all cases of communicable disease, whether showing themselves during the period of quarantine, or, later on, in the main building.

In any existing asylum, constructed on the Pavilion System, or in any new asylum to be built on that system (as from its manifest advantages they are all likely, or ought to be, built,

in the future, according to Dr. Lockhart Robertson), the carrying out of such suggestion would, of course, be simplified, and it would be only necessary to fit up and utilise separate pavilions for the purposes indicated. And in all cases where a detached hospital for infectious and contagious diseases already exists, such an adjunct to the proposed special hospital would not, of course, be required. Neither, of course, is it necessary that such a hospital for infectious and contagious diseases should be connected in the way I have described with the special hospital, though it might be considered desirable for reasons of convenience and economy to have it so attached.

Time will not permit of my going into detail as to the arrangements of such a special hospital, and I shall have to content myself, on the present occasion, with merely indicating some of the general principles which, in my opinion, would require to be observed in its construction, general arrangements, and management; and

1. It should, of course, have a central part and two wings—one for each sex. The central part should contain rooms for a separate and extra Medical Officer, who should have no other duty than to carry out its management and the treatment of the patients therein contained, under the direction of the Medical Superintendent. In this central part would also be placed all necessary offices and appliances for special medical treatment under an exhaustive and improved system—such as baths, including Turkish, Roman, &c., electrical room, gymnasium, and the air chamber to be referred to shortly, &c., &c.

2. The proportion of single rooms would require to be large, and the general arrangements, as to superficial and cubic space, &c., should be of a liberal nature, and such as would facilitate supervision both by night and day.

3. One dormitory, on each side, and of sufficient size, would have to be fitted up for the quiet cases (not requiring single rooms), and for the special and continuous supervision at night of suicidal and epileptic cases and others requiring the adoption of such precautions.

4. A large proportion of good-class and specially experienced attendants would of course be required.

5. The adjoining portion for cases of communicable disease would require to be fitted up with complete separate and special arrangements according to well-known and existing plans.

6. The size of the building would of course be regulated by the circumstances of the case. All cases would have to be detained a fortnight at least for purposes of quarantine alone, and I presume that at the end of a month, or thereabouts, one would be pretty well able to decide, in the great majority of cases, as to the probable curability or otherwise. At the end of one month, therefore, in any case, and sooner in some decidedly incurable and far advanced cases, the cases deemed to be probably incurable would be drafted into the main building or asylum. Such being the case, it would seem that, if the hospital were constructed so that it would accommodate the *maximum monthly* number of admissions, or thereabouts, it would probably be sufficiently large for the purposes indicated—consistently with which it should, for hygienic reasons, be kept as small and as compact as possible; for, as Miss Nightingale truly says, “the smallest hospital is the best,” and the less sick people are aggregated together the better. The primary and paramount object of such a hospital should be the separate and special care and treatment of curable cases—as being most worthy the attention and time of the Medical Officer; all other uses to which I have referred, and to which it might or might not be put according to opinion, should be considered as subsidiary, and permissible only when it would not in any way prejudice the prospects of such cases; and the hospital should be sufficiently large, and capable of extension, as to provide against the contingency of its not being able, as it might perhaps not be, in times of pressure and under exceptional circumstances, to accommodate all such cases at any rate; but should any such contingency unavoidably arise, it might be met by the temporary removal to the main building, of as many as might be necessary, of the less hopeful and urgent cases—where they would, under such circumstances, be no worse off than they are at present. Such a hospital might be connected with the main building by a more or less open covered way (which could be used for exercising purposes in wet weather), in order that the general kitchen might be utilised for the hospital, and extra expense, under that head, be avoided. Such covered way would form a convenient means of access in all weathers.

It would be very desirable, for the proper and successful working of such a hospital, and for obvious reasons, that some separate buildings, or wards in the main building, should be set apart for the more suitable treatment together

of convalescent cases, apart from the rest as far as possible, which would relieve the hospital of their presence and make more room for acute cases requiring special treatment.

I am sanguine enough to believe that, should some such special arrangements be provided, and such special efforts made, and more systematic medical treatment adopted, as above indicated and to be shortly referred to, a considerably greater number of cures would be effected; and, at any rate, Asylum Physicians would then have the satisfaction of knowing that the paramount and more worthy objects of such institutions were not being neglected, but rather promoted to the utmost extent, which can scarcely be said to be the case at present, and is, indeed, by force of circumstances, generally admitted not to be the case—the fact being commented upon with feelings of lament.

As to the necessity there is for, and the desirableness of, more active and systematic medical treatment, and a more exclusive method of dealing with acute and curable cases, I may perhaps be allowed to make two or three quotations bearing on the subject, and which will, I believe, but be found to reflect the general opinion of Asylum Physicians in the matter.

Dr. Maudsley, in his well-known work on “The Physiology and Pathology of Mind,” speaks very strongly and clearly of the desirableness of lessening the sequestration of the insane and of allowing many of the harmless and incurable to spend their days in private families with the comforts of family life and the blessings of the utmost freedom that is compatible with their proper care. He tells us that he thinks the future progress in the improvement of the treatment of the insane lies in this direction, and he then goes on to say that when it has been found possible to act upon such views—

“Then will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of *hospitals* for the insane, while those who superintend them, being able to give more time and attention to the scientific study of insanity and to the means of its treatment, will no longer be open to the reproach of forgetting their character as physicians, and degenerating into mere house-stewards, farmers, or secretaries.”

Let me also quote what Dr. Clouston says on the subject in a paper “On the Medical Treatment of Insanity,” published in the “*Journal of Mental Science*” for April, 1870. Advocating the more careful and systematic observation of

acute and recent cases, he remarks as follows in Carlylean style :—

“The last and by no means the most inconsiderable objection will be that ‘we have no time to do all this; that our book-keeping and building, our multifarious superintendence of servants and stewards, our distraction of mind from theatricals and water-closets, is such, that we cannot devote attention enough to carry out such a scheme of treating our patients.’ Then, I say, if that is the case, by all means let us neglect some of these things, and allow our patients a fair share of our time and mind. Surely we have been long enough organising and beautifying our *asylums*. It is the *patients*’ turn for an innings now. We have heard of nothing for twenty years, in asylums, but bricks and mortar, ornamentation and recreation; it is surely time to fall back upon our almost forgotten employment as doctors.”

The only other quotation that I shall trouble you with, *à propos* of this subject, is from a very able review of the Lunacy Blue Books of the period, published in the Journal for January, 1873, in which the following remarks are made :—

“These reports show that, on the whole, there is an immense amount of thought, and care, and effort exercised in the treatment of the insane, by all who have to do with them. Year by year the efforts towards a more perfect system of treating and managing them seem steadily to increase in *all but one direction*. That spasmodic and individual efforts are made in this direction is true, but, on the whole, the medical treatment of the diseases which are comprised under the term insanity stands still, as compared with the asylum building, general managing, &c. So far as these Blue Books go (with some exceptions in the Scotch Report), they might be about any other evil that affects humanity than a well-marked disease arising from the disordered function of one of the organs of the body. Three books about a disease with nothing medical in them! Everything that concerns the treatment of those labouring under this disease, professedly gone into, and not a word about medicines! Talk of modern scepticism, the Reports of the Commissioners and Inspectors in Lunacy are the finest examples of medical scepticism extant; for they don’t deny, deride, or ‘damn with faint praise,’ they simply ignore the whole science and art of Physic and all its Professors. It may be that this will be better in the long run, for the study of the medical treatment of insanity as a disease; but it is hard to see it, if its practical effect is to encourage asylum doctors to ignore the medical aspects of patients, and sink into a state of lethargic indifference to the unsolved problems in brain pathology, diagnosis and therapeutics, that daily come before them. Every year physiology shows some closer connection between brain and mind. Every year psychology admits a closer

dependence of mind on brain. Every year medicine proclaims the increased importance of the agents that act on the nervous system. No one can doubt that the discovery of any agent that would cut short an attack of any one form of insanity, would do more good to humanity than all the Lunacy Blue Books ever written; that any mode of treatment, which would prevent the occurrence of any form of insanity, would be worth all the money ever spent on Lunacy Commissioners. And yet all the persons who have to study and treat that most common but mysterious disease, the elucidation of which might solve the problem of the connection of mind and matter, the cure of which would be the most blessed boon to humanity which ever the Angel of Mercy bore to earth, and the prevention of which would cut away the roots of untold crime and sin, and social misery—those persons are chiefly encouraged to look at the matter from the point of view of the comfort and quiet that can be produced in lunatic asylums by good arrangements well carried out. It does not seem to be realised that we now have good enough asylums for all useful purposes, and that we ought to have passed into a further stage of the care and treatment of the insane than mere asylum management, or even lunatic colonies and the boarding-out system."

I must apologise for the length of the above quotation, which I have ventured to place before you in full, because it affords me such a general support in the views I have given expression to in this paper, and because it expresses in much more able and eloquent terms than are at my command, our present position with regard to the medical treatment of the insane, and the generally admitted desirableness there exists for some reform, either in the way that I have roughly indicated, without at present committing myself to details, or in some other more suitable and practicable manner, if such can be suggested. The difficulties to be overcome with a view to effecting such reforms do not, I am sure, arise out of the apathy and willing lethargy of Asylum Medical Officers, but rather are involved in the important question of ways and means, under the sole control of the Visiting Justices of asylums; and it remains to be seen whether or not, in the case of one or two of our large public lunatic asylums, the visitors may have sufficiently liberal views to allow of their being successfully advised to sanction such reforms—in which case a good example being set, and the experiment fairly made, we might, with confidence, expect happy results. There can be no doubt that the Commissioners in Lunacy (one-half of whom have had great practical and personal experience in asylums, and are, therefore, well qualified to deal with the subject), might, as the reviewer, above quoted,

suggests, well direct more attention to the supervision of the medical treatment of the insane, with a view to ascertaining whether or not *curative* agencies are adequately, and to the utmost extent, applied in asylums, and thus, by their weighty influence and suggestions, stimulate the energies of Asylum Physicians, and overcome the scruples of Asylum Visitors with regard to this important matter; as they have uniformly, in the main, done, with regard to the other matters which they have from time to time specially dealt with in their reports.

In concluding these already too lengthy remarks, let me just suggest, with a view to the promotion of the cure of insanity and the amelioration of the condition of the insane (so far as these are more or less under our control, by the use of therapeutic and remedial agencies) that in such a special hospital a further and more extended trial be given than has yet been recorded, to such powerful and important agencies as the following; and amongst remedies acting externally I would refer to—

1. Baths of all kinds, and the water treatment generally, including Turkish and Roman baths, medicated baths, the cold douche, wet packing, the ice-bag, &c. No one who has read the careful and elaborate remarks of Ringer on these forms of treatment, so largely used in French asylums, can doubt that such agencies are destined to a much wider and more general application in this country.

2. Electricity, in its various forms, whether applied directly to the brain or separately to the muscles and nerves.

3. Light and darkness, and the coloured light, as recommended by Ponza, agencies having well-known powerful effects upon the human economy, and especially upon the nervous system, and being, at the same time, easy of application.

4. Gymnastic exercises; and

5. Counter irritation in its various forms.

And amongst remedies acting internally I would suggest a greater use of such therapeutic agents as can be inhaled, (and thus produce quicker and more certain action), such as the nitrite of amyl and nitrous oxide gas, &c., and the more extended use, as far as possible, of the stable active principles of drugs, by subcutaneous injection or otherwise, rather than other preparations, which have been found to be so uncertain and less uniform in their action. The number of active principles, so available, are steadily increasing, and will continue to increase according to the demand there may be for them.

Amongst such, I conscientiously believe, from my experience, in its use, that with proper care and due precautions, conia (whether alone or in combination with acetate of morphia) needs only a fair trial to render its use, in subcutaneous injection, of great and decided benefit in cases of acute mania. I cannot find that any one has taken the trouble to test the value of my humble researches and observations with regard to the sub-cutaneous use of this alkaloid, as in the case of another important alkaloid, viz., hyoscyamine which I should also refer to as being worthy of more extended trial than it has even yet received at Bethlem Hospital, which appears to be one of the too few large institutions for the insane in the kingdom, that, it seems, can be roused to a healthy rivalry in the use of therapeutic measures and a determination to test and verify those "spasmodic and individual efforts" elsewhere made, and referred to by the writer of the review previously quoted.

Considering also the purely functional nature, to a great extent, of the disorders comprised within the term insanity, and that, in most cases, functional disorder must, at any rate, precede organic lesion, it is to my mind a matter for some little regret that we do not hear more of the use of such radical remedies as Belladonna, or its active principle—Atropia, Ergot of Rye, Calabar bean, &c., and that greater reliance should continue to be placed upon drugs having a more tangible effect, such as opium, and its derivative—morphia, chloral and bromide of potassium, the use of which, with the exception of the last mentioned, is of a temporising and palliative, rather than of a curative, nature, and productive of a not unalloyed benefit in cases of insanity, and is objected to more or less by some who consider those agents as but "chemical restrainers." I do not, for one moment, desire to underrate the value of these last-named drugs, and only suggest that they should be more largely supplemented, and more or less replaced, by the use of other drugs and external agencies which are better calculated to strike at the *roots* of the disease, and may be considered likely to bring about equally beneficial, if not better, results, without mental drugging and other well-known disadvantages. Another agent that I should like to see brought into use in asylums (and it is one that acts both externally and internally) is *compressed air*, the breathing of which (breathing as we do by *volume* and not by *weight*) means taking in an excess of oxygen,

and the increased pressure of which, upon the external surface of the body, gives rise to certain effects on the internal organs, which would be desirable in some forms of insanity, and of the bodily manifestations so often accompanying it; and, on the contrary, *rarified* air, if, as according to Parkes, it causes "quickened pulse, quickened respiration, increased evaporation from the skin and lungs, and, on the whole, a very marked improvement in digestion, sanguification, and, in nervous and muscular vigour," might be extremely useful in another class of cases of insanity: the treatment, in either case, being applied as in the establishments at Lyons and Reichenhall, and elsewhere, by placing the patients, for a certain time each day, in an iron chamber, with thick plate-glass windows, and compressing or exhausting the air by so many atmospheres as might be considered necessary and desirable.*

You may, perhaps, consider me visionary in making such suggestions, but I am none the less of opinion that such important agencies as these will not hereafter be discarded, simply because they would entail considerable primary expense in their application, and because their adoption could only fairly be warranted as a portion of the arrangements of a separate hospital, in connection with an asylum, specially adapted for promoting, to the fullest extent, the use of all means likely to conduce to a greater recovery rate amongst curable cases, and to result, perhaps, in the rescue from life-long insanity of many cases at present deemed incurable.†

It is evident we are on the eve of important reforms in the treatment and management of the insane, and I cannot but think that, when these have been effected, we shall find that the paramount claims of the curable cases will, in some way or another, be found to have received their due meed of

* Such a chamber would, moreover, be of service for the remedial treatment of patients by means of "air medicated with gases, or fine powders, or various amounts of watery vapour," when such a method of the treatment of disease (referred to by Parkes, in his "Manual of Hygiene," p. 358, as "sure to become more common") shall have become recognised and established.

† Since writing the above paper, my attention has been drawn to the important work, published in 1878, by Dr. Paul Bert, Professor in the Faculty of Science in Paris, entitled, "La Pression Barometrique, Recherches de Physiologie Experimentale;" for the elaborate researches summarised in which, Dr. Bert has recently been awarded the newly instituted "Cameron" Prize of the University of Edinburgh, in addition to other distinguished awards made for the same work, by the Academy of Sciences in Paris and the French Institute. For summary of this work, *vide* "The British Medical Journal" for Aug. 9th, 1879.

attention, *in addition* to the solution of the mere *pecuniary* problem of how best to provide for the chronic and harmless cases in some cheaper and yet suitable manner. Such reforms, to be satisfactory and effective, ought to facilitate an attempt to ascertain whether or not it be possible, by more special and systematic treatment, and a greater attention to *medical* duties, as distinguished from those of a general and administrative nature, to promote a larger recovery rate amongst the *curable* cases, and to stem the accumulation due to the rising tide of *incurable* cases. And it appears to me that in such an attempt, along with a larger adoption of the system of the care and treatment of certain classes of patients, by other well-known and more desirable means than indiscriminate sequestration, lie those radical and fundamental considerations, by a proper attention to which alone, shall we happily arrive at a satisfactory solution of the important and pressing problem—how best to deal with the ever-increasing population of our asylums.

Three Australian Asylums. By A. R. UREQUHART, M.D.,
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In following up Dr. Manning's paper in the July number of this journal with these fugitive notes of a series of very pleasant and instructive visits, I would premise that the changes of three years have taken place since it was my fortune to spend a season in Australia—that most hospitable of countries. Victoria has lost Dr. Robertson, and Queensland Dr. Jaap—gaps not readily filled up in a remote and little-known service. Administrative changes in the progressive spirit of the Australian commonwealth have swept away faulty arrangements, but the struggle for improvement remains in able hands and with stout hearts.

As pointed out by Dr. Manning, in his exhaustive letter, lunacy at the Antipodes presents somewhat different aspects from the English type, and new phases arise to be combated. The incidence of the Australian Superintendent's troubles is altered, not destroyed; to balance his faultless climate, splendid sites, ample boundaries, and abundant food supply, he is too often laden with the vexations of misgovernment in high places, and of plutocratic servants; is at his wits' end with deferred admissions, and the difficulties of discharges. The spirit of the people, the rawness of the land present new