the possible effect of reducing the poor-rates, and so obviating some of those evils, of which Wiltshire seems to have a large share.

Another point, to which, in now concluding these disjointed "*Notes on the Alleged Increase of Lunacy*," I would call the attention of the members of the Medico-Psychological Association, is an enquiry into the relative proportion the existing forms of insanity bear to the results of twenty-five years ago. If lunacy be on the increase, it should be shown in which of its varieties the increase occurs. Is, again, general paralysis of the insane on the increase in England as it is in France? Is idiocy being more checked in its development by our better knowledge of the laws of health? I quote here (to end) M. Lunier's words on this point:—

"I exclude from this hopeful view of the yearly decrease rather than increase of mental disease the insanity resulting from alcoholic abuse, and still more that form termed general paralysis of the insane, which I am tempted to call the disease of this century, and which appears to increase not only in the large towns, but also, for many years past, in the smaller centres of population with most alarming rapidity. Fortunately this extension of mental disease is to some extent counterbalanced by the diminution in France in the cases of cretinism and idiocy."

The Family System as applied to the Treatment of the Chronic Insane. By W. LAUDER LINDSAY, M.D., F.R.S.E., Physician to the Murray Royal Institution [for the Insane], Perth.

"*Nature* always begins with the *Indiridual:* and not till she has adjusted and satisfied the propensities of the Individual *in his own little circle*, does she connect several together and arrange their sentiments into a common weal."
Herder.

Many years ago—between 1854, when I was appointed to the medical charge of the Murray Royal Institution, and 1859, when the first Report of the new Lunacy Board for Scotland was issued*—I took much interest in the subject

* The Royal Lunacy Commission for Scotland was appointed in 1855: its Report was published in 1857. The Reform Act of the same year (1857) appointed the present Lunacy Board, which began its reign in 1858, and published its 1st Report in 1859.

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of provision on the large scale for the chronic insane; advocating strongly for the harmless, incurable, industrious classes thereof, some modification of what is now variously known as the "Gheel system," "Boarding-out system," or "Family system," of treatment.* I was then of opinion that, besides utilising or applying this system on the small scale in connexion with existing or prospective public hospitals for the insane—it was not only desirable, but feasible, to construct *de novo* one or more *National Colonies on the Gheel plan* —adopting of course only those features in the original Gheel that were worthy of imitation, or that it might be found practicable to imitate, in this country—and omitting or modifying those that appeared objectionable. I had no doubt as to the *practicability* of the scheme; though I was quite alive to the objections that would be offered—the difficulties that would attend its inauguration. Most unfortunately, as it seems to me, such a plan did not at that time, in any form, find favour with the authorities charged with the control of the state arrangements for the treatment of the insane poor in Scotland, and a golden opportunity was thus lost of establishing on Scottish soil an *improved Gheel* free *ab initio* from the defects of its grand prototype.

Much as I have myself desired an opportunity of experimenting on the Family system of treating all classes of the Insane—with the exception of that group (including the violent, mischievous or dangerous, erotic or obscene, dirty or degraded) for which hospital accommodation must always be required—I have not been able to carry out my views in practice. But I have had opportunity, during the interval that has elapsed, of visiting many foreign countries, in which I have been able to study the present various means of management of the Chronic Insane, and the directions in which reform in that management (or, as I regard it in certain

* My views may be found variously expressed in the following publications:—

1. *Scottish Review*, April, 1857, p. 159; in an article on Lunacy Reform in Scotland.
2. *North British Review*, August, 1857, p. 115; (before the present Lunacy Board was in existence); in an article also on Lunacy Reform in Scotland.
3. *Journal of Psychological Medicine*, April, 1858, p. 35; in an article on Lunatic Asylums in Norway.
4. Annual Reports of the Murray Royal Institution, Perth, Decennium from 1854 to 1864: e.g. 31st Report, 1858, pp. 40-43. 34th Report, 1861, p. 64.
5. *British and Foreign Medico-Chirurgical Review*, Oct. 1869, p. 491; in an article on Lunacy Reform in our Colonies.
6. Eleventh Report of the Scottish Board of Lunacy; appendix, p. 269; in a sub-report on Asylum Treatment.

respects, mis-management), is desirable or practicable. The result of my observation and inquiries is, that the proper treatment of chronic incurables has become *the question* of the day—(*quoad* the Insane)—not only in Britain, but in all civilized countries in which the Insane, by reason of their increasing abundance, are the source of alarm, perplexity, and expense to the State.

More particularly was I led to this belief during a recent visit to the United States and the Canadas, where the future disposal of the Chronic Insane is a question of great magnitude and surpassing importance, compared with the position it assumes in the relatively small countries of England or Scotland. In America, in England and Scotland, in France, Germany, and Italy—the disposal of Chronic Lunatics has long been the subject of not only eager and animated, but bitter, discussion; and opinions are divided between the *Boarding-out system, or diffusion*, and the *Hospital system, or aggregation*, the preponderance being, however, in all countries, in favour of the latter. Unfortunately in some countries, such as the United States, the alienists as a body, the Superintendents of the State asylums, as a rule, are opposed to Diffusion; and their views carry so much weight before the tribunal of public opinion, that their opposition has hitherto prevented all material progress in the direction of boarding-out this group of the dependent classes. I believe, however, on the one hand, that the Family system, in its possible practical applications, is greatly misunderstood—undue weight being given to *merely theoretical* objections; while, on the other, sufficient evidence has now been accumulated to show what are its inherent advantages, and how great is the variety of its possible and practicable local modifications or adaptations. Animated by such a belief—moved by such considerations—forced to speak out by convictions which have been growing with my experience, that this system alone offers a *natural* and ready means of relief to the present overcrowding and overgrowth of our pauper asylums, that it renders unnecessary their multiplication, or their extension beyond the limits within which benefit can be expected to their residents, while it gives to a large proportion of their inmates a healthier, happier life,—I have been induced to *resume the subject* of the Family system in its application to the treatment of the Chronic Insane—discussing it fully—not with a view to the requirements only of England or Scotland, or any particular country, but of all civilized

countries, which bear and feel the burden of the maintenance of this group of the dependent classes. At the same time, I confess, I look for the realisation of my hopes rather to our colonies than to the mother country, and to the United States* rather than to our colonies, believing that there are fewer obstacles and more numerous adjuvants to the practical execution of schemes for *colonising* the Insane poor in new or young than in old countries, where century-growths of prejudice exist, land is expensive, and all tradition and usage are opposed to *Reform* in this as in so many other directions!

I. *Applications of the Family system to the treatment of others of the Dependent classes.*

What is called the *Boarding-out system* as applied to pauper children appears to have sprung up—of late years—spontaneously and simultaneously in different parts of Scotland and England; and it has latterly been extensively spread elsewhere by the imitation of successful experiments in these countries. It was in Scotland, however, that the success of the experiment first attracted general attention; and it was this success that led to the development of those further experiments on the large scale that have proved so signally successful at Chorlton, near Manchester, and elsewhere in England. Now the scheme is being so generally adopted in England that "A Practical Guide to the Boarding-out System" has lately been published by Colonel Grant. Already, we are told, the system has been adopted by the important cities of Manchester and Liverpool, and that it is "steadily extending in England." Quite recently (August, 1870,) the Boarding-out of pauper children was made the subject of a "Memorial to the President of the Poor Law Board" (Mr. Goschen), by a committee of English ladies, who offered their services as volunteers in the supervision of the children to be so boarded. The memorial was so favourably received that, not only is Boarding-out henceforth to form part of the system of management recognised by the Poor Law Board of England; but ladies are to be permitted to "co-operate with the Poor Law authorities in the charge of pauper children." The ladies' memorial narrates the error of "*massing* several hundreds together under the same roof," and proposes to rescue thousands from

* *Vide* "4th Report of Board of State Charities for Massachusetts," p. xliii.

"an *unnatural*, sad, useless, and unhealthy life," and from the "*depressing associations*" by which they are surrounded in workhouses.

Mr. Goschen's inquiry as to the working of the Boarding-out system in Scotland shows that, "under certain conditions, great good may be obtained: . . . but it is also apparent that very careful precautions must be taken against certain chances of abuse to which the practice is undoubtedly exposed."

The last report of the Chorlton Guardians tells us that the children have found "real homes:" that the foster-parents spend on their charges "more than the Union allowance:" that, whereas the health of many of the children was "exceedingly delicate" when they left the workhouse, it gradually became improved to an unexpected degree: and that "fresh homes are continually being offered." Moreover, the value of the co-operation of lady volunteers is acknowledged by the Guardians—a race of men not prone to submit to any kind either of patronage, interference, or even co-operation. Nevertheless, they express their belief "that the influence of the ladies will be found to be of the greatest value." The Board-rate paid at Chorlton is 3s. per week, per child, besides 30s. to 40s. annually for clothes. In certain other English Unions the allowance is 3s. 6d. a week, with 6s. 6d. a quarter for clothes. More commonly it is, however, 3s. a week; while the cost of the same pauper children in workhouses is just double, or 6s. to 7s. a week.

The poorhouse system is quite as objectionable as the asylum system—as regards the treatment, at least, of a large proportion of poorhouse inmates. Dr. Alexander Wood, of Edinburgh, in a recent lecture on the "Scottish Poor Law," says "The essence of an effective Poor Law is *out-door* relief—given not grudgingly, but fully:" a general statement that is, I believe, equally true—with certain exceptions—of both insane and sane poor. Relief must be *adequate in each particular case;* and this implies, necessarily, variation in the amount and circumstances of that relief. It is a false economy, in all senses, the giving merely what will maintain bodily life respectably.

The last report (1870) of the Irish Poor Law Commissioners shows that Boarding-out of orphan and deserted children is making rapid progress also in that country—where again it is mainly the result of "active *private* efforts:"

while the reports of the Board of State Charities of Massachusetts prove that the philanthropists of the United States are fully alive to the great advantages of the system, in its applications not only to pauper children, but to *all* classes of the dependent.

A recent reviewer* remarks that Boarding-out is "merely a return to the first rudiments of divine political economy!" Unquestionably, it has nature, human sympathy, and simplicity in its favour. It shows the great advantages of individual care and interest. It is open to the freest inspection of the public. It has shown, in the case of children at least, that pecuniary profit to the foster-parent is of less importance than the possession of an object on which to lavish the domestic affections. "Systematic visitation" can be efficiently carried out not only by Government Inspectors, but by a "Committee of Volunteer Inspectors—including ladies."

In short, the lessons that the Boarding-out of pauper children may teach us in regard to the Boarding-out of Insane adults seem to me to be of great importance. It appears to me that what is possible in the case of these children is *mutatis mutandis* equally possible in that of the chronic harmless insane. There is much less difference between these two groups of the dependent classes than might at first sight be supposed. The existence of insanity in the one case constitutes no essential or important difference: for the insanity, be it remembered, is not of such a character as to interfere with the patients' enjoyment of the ordinary or normal social relationships. In many respects the insane are in the position of children—equally helpless—equally trustful—equally docile—calling for the same kind and degree of care. In certain respects they may be said to call forth an *inferior* measure of care and responsibility. There can be no comparison, for instance, between the infectious or contagious diseases of childhood, or the skin eruptions to which workhouse children are peculiarly subject, and the trivial ailments that affect the adult healthy-bodied insane. So that the comparison between sane but delicate children, and insane but healthy adults, in relation to the question of Boarding-out is, I hold, indubitably in favour of the latter. Besides, the latter have the benefit of the principle and prac-

* Miss Thackeray in an article on "Little Paupers," in "Cornhill Magazine" for September, 1870.

tice of selection—to at least a much greater degree than the former—inasmuch as it is only the comparatively robust—the well-behaved—the harmless—that are boarded-out among the general population.

All that has been said for and against the boarding-out of pauper children might be said *mutatis mutandis* in relation to the application of the same grand system of treatment to the chronic insane. Indeed, the same words might frequently be used—the same precautions must be adopted—there is the same necessity for minute and incessant inspection—the same difficulties have to be encountered—but the same success may be anticipated. The objections that have been offered to the application of the family system to the management of pauper children are still being offered as regards its application in the case of the chronic insane. But in the former instance experience has already proved the utter groundlessness of the majority of such objections—or shown how they may be practically obviated; and I have no doubt that, in the case of the insane, the difficulties that at present appear in the path of progress are equally superable. What is wanted is *faith* in the naturalness and efficiency of the scheme, with a determination fairly to try the experiment.

Now the boarding out of pauper children in Scotland and England has already taught us the following important lessons, that are equally applicable to the treatment of the chronic insane, viz.:—

1. That the system is an *economical* one, the cost being only about one-half what it is in workhouses.
2. That it is not only best for the ratepayer, but also for the child.
3. That the child's life is *healthier*, *happier*, *more useful to itself and others*.
4. That *no difficulty* exists in finding foster-parents of a suitable kind.
5. That, so far from the discovery of cruelty, starvation, or negligence, there has been an unexpected exhibition of the kindliest domestic affections.
6. That a proper organisation and supervision of the system is, however, necessary for its success.
7. That *volunteer* effort, and the services of *ladies*, may beneficially form part of official organisation or supervision.

The breaking up of large educational hospitals, such as those of Edinburgh, and the *diffusion* of their inmates among

the general population—the popular feeling against *all* kinds of *monasticism*—the development and rapid extension in England of *village or cottage hospitals* for the sick—are all instances and evidences of the practical tendency of the age to *diffuse, not to mass,* the sick and dependent. It is only to be expected, therefore, that a grand principle, whose success in practice is being daily exhibited on the large scale, should be, sooner or later, applied to the treatment of the *insane.* That it will be so applied I have not the least doubt; or that, when so applied experimentally, it will gradually supersede or supplant the hospital system for all classes of the insane, save the exceptional group before referred to. The family system, in some of its many forms, is destined, I believe, to become *the predominant* mode of treating the insane in *all* civilized—as it is already in all savage—countries.

II. *Applications of the Family System to the Treatment of the Chronic Insane.*

A. The colony.

The most familiar type of the family system applied to the form of a colony is the celebrated community of *Gheel,* in Belgium. It is too well known to European and American alienists to require any description from me.* Gheel is not, however, what it may yet become—what it might be made. But the capabilities of the place, and of the system on which it is founded, may be estimated by the great improvement that has taken place since the colony came under government patronage, and was regularly organised under *medical* supervision.† The only valid objec-

* I recently gave a résumé of its main distinctive features in an article entitled "*Gheel in the North*" in the "Northern Ensign" [Wick, Caithness] of Sept. 29th, 1870.

† The chief *recent* descriptions of, and criticisms on, Gheel and its system are to be found in the following Works, Reports, Pamphlets, or Papers:—

1. The Publications of Professor Parigot, Baron Mundy, and Dr. Webster, quoted elsewhere in the present paper.
2. Dr. Manning's "Report on Lunatic Asylums," 1868, pp. 9—14.
3. "Gheel: une Colonie d'Aliénés vivants en Famille et en Liberté," by Jules Duval: 1860.
4. "Gheel: the City of the Simple," by the author of "Flemish Interiors," 1869.
5. "The Cottage System and Gheel," by Dr. Sibbald, Journal of Mental Science: vol. vii., (April, 1861,) p. 31.
6. "A Visit to Gheel," by Dr. Neuschler, Journal of Mental Science, 1867, p. 20.
7. "Gheel in the North," by Dr. Browne (supposed): Journal of Mental Science, 1865, p. 278.
8. "Cottage Asylums," also by Dr. Browne: Medical Critic and Psychological Journal, vol. i. (1861), pp. 213 and 449.

tion against the present management of Gheel is to be found in the circumstance that a few patients are perhaps unsuitable cases for what is there called the "free-air" treatment. I do not, however, refer to cases wearing certain mechanical appliances for the prevention of escape or violence—for with such contrivances it is possible to give the benefits of open air enjoyments to patients who would otherwise be in asylum galleries, or perhaps, in England, in padded rooms! Gheel may be considered as virtually an asylum on a diffuse or expanded scale. It might become still more diffuse or expanded, inasmuch as instead of being confined to the limited area of the Campine, its 1,000 insane boarders might be distributed throughout Belgium. There is, however, apparently, a natural tendency, in all countries in which the boarding-out system has been adopted in the case of the insane, to aggregation or concentration into colonies. Of this there are, or have been, several signal examples in Scotland, viz.: in Arran, Kennoway, and its other village-colonies to be hereafter mentioned.

The contrast between the free, natural, healthy, and contented life of the Gheelois boarders, and the mechanical, routine, artificial, unhappy mode of existence that is necessarily associated with what Griesinger calls expressively "Casernirung" ("Barracking") is so greatly in favour of the former that it has occurred to a few alienists, representing different nationalities, to endeavour to adapt the system pursued at Gheel to the requirements of the insane poor in other countries—to graft its advantages on their asylum system. The majority of alienists, however, in all civilized countries, have ridiculed the idea of reproducing Gheel elsewhere, basing their opposition on some of the following objections:—

I.—That Gheel is a *peculiar or unique* community, inasmuch as concerns—

(*a*) Its *origin* in the ages of *superstition*.
(*b*) Its development in a *Roman Catholic* country.
(*c*) The *Hereditary* fitness of the custodiers.

II. That the system of treatment is associated with certain obnoxious abuses, such as the use of mechanical restraint.

III.—That escapes and accidents occur.

IV.—That various offences against morality or propriety are committed.

It is a simple and satisfactory reply to all these objections that the family system has been in successful operation in Scotland for several years. Now Scotland is not a Roman Catholic country; the experiment there has nothing to do with the legend of a St. Dymphna; custodiers have been found who are at least equal in qualifications to asylum attendants: there has been no mechanical restraint; I have heard of no escapes,* and of no accidents of the slightest consequence;† nor am I aware of any breaches of public decency. Such, however, is the power of prejudice that there are not a few alienists, who, while forced to admit that Gheel contains much that is admirable, find it impossible to dissociate the adoption of the family system of treatment as there pursued from the superstition that gave rise to that singular colony, and who hence regard the reproduction of a Gheel in any other age or country as a mere utopian idea.‡ Fortunately, it is no longer necessary to quote Gheel as the only instance of the family treatment in actual operation on a considerable scale, and within a limited area. But it is there carried out more systematically and on a larger scale than in any other part of the world; and it is thus still a convenient *standard* for reference or comparison, teaching us both *what to avoid* and *what to imitate* in any modifications of the family system in other countries.

Those who advocate the reproduction of Gheel in other countries—the construction of *colonies* on a large scale and *de novo*—are not very numerous; but they include alienists who have most fully studied the asylum systems of the world, and whose extensive travels have given them peculiar opportunities of forming a sound judgment. These authorities include for instance Professor Parigot, formerly of Brussels,§ himself once the Physician-in-chief of the Gheel colony, and who is familiar with the asylum systems of Britain, the Continent, and America. He has no doubt as to the practicability of a new Gheel—what he calls a "pure colony"—either in England

* Dr. A. Robertson reports two escapes at Balfron, in his paper on "Boarding the Insane in Licensed Private Houses:" Journal of Mental Science, October, 1870, p. 413.

† *Vide* evidence of Dr. Mitchell in 12th Report of Scottish Lunacy Board: Appendix, p. 257.

‡ "To make another Gheel is then *impossible*," says Dr. Manning in his "Report on Lunatic Asylums," 1868, p. 14.

§ *Vide* (1) "L'air libre et la vie de la Famille dans le commune de Gheel:" 1852.

(2) "De la Réforme des Asiles d'Aliénés:" 1860.

or Scotland. Baron Mundy, of Vienna, than whom no alienist is more conversant with the asylum systems of the Continent, and who has long signalised himself as one of the most earnest advocates of asylum reform in all civilized countries—is so enamoured of Gheel that his visions or plans for future Gheels are apt to be regarded as the mere rhapsodies of the enthusiast.* In 1864, Dr. Biffi, of Milan, proposed establishing a Gheel colony on a large area of waste land in the Milanese territory. Colonisation was recommended also by Dr. Billod, Physician of the asylum of St. Gemmes, in the Department of the Maine and Loire.† The earliest advocate of the Gheel system in our own country was, so far as I am aware, Sir Andrew Halliday, who, in 1828, proposed establishing Gheels on the Heaths of Middlesex and Midlothian. In more recent times, Dr. Webster has set forth the advantages of the Gheel system in the accounts of two visits to the Campine in 1856 and 1865 respectively.‡ But, perhaps, the most important testimony in favour of the *practicability of developing a Gheel in Scotland* comes from an official source—from Dr. Mitchell, one of the Scotch Commissioners in Lunacy—who, after 11 years' experience of the treatment of "The Insane in Private Dwellings" in that country, and who, prior to this experience, had pronounced an opinion adverse to the idea that Gheel *could* be beneficially reproduced amongst ourselves—makes the following frank and full confession of his belief:—"Enough, indeed, has been seen and done at these places (Kennoway, Balfron, Aberfoyle, and Loanhead) to show that it would be quite a possible thing to *repeat in this country* such an institution as that at *Gheel:* but *in the present state of matters*, and without the existence of some favouring circumstances, which are not likely to arise, it would be unwise to attempt the creation of such an institution. It is better, *in the meantime*, to have *several small* groups than *one large* one. If the conditions of any particular group favour its development, these should be allowed to operate; but should not be unduly fostered."§

* *Vide* "The Gheel question:" "Medical Critic and Psychological Journal," 1861, p. 399.

† *Vide* "Journal of Mental Science," vol. viii. (1863), p. 571.

‡ *Vide* (1) Account of his first visit: "Quarterly Journal of Psychological Medicine," 1857.

(2) "The Insane Colony of Gheel revisited:" "Journal of Mental Science,' 1866, p. 327.

§ Twelfth Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1870: appendix, p. 251.

In connexion with this valuable evidence of Dr. Mitchell, and with the whole series of his admirable reports on the boarding-out of the chronic insane as it has been practised under his official supervision in Scotland, I would point out, for the benefit of the United States and our colonies,—

I.—That what is practicable in Scotland is still more so in younger and larger countries, where the same "state of matters" does not exist: and where "favouring circumstances" *are* likely to arise.

II.—That large single colonies, as well as numerous limited village groups of insane boarders, are equally desirable and equally practicable.

III.—That the development of the system of boarding-out and of the grouping in communities of insane boarders is a *natural* one, requiring only organisation and supervision for successful growth; and

IV.—That this natural development and growth have, hitherto, been prevented only by official restriction, professional prejudice, and public ignorance or apathy.

In America, where the boarding-out system has been even more strenuously opposed than in England, some of the most eminent physicians and alienists hold views just as liberal as those of the authorities immediately before mentioned. In particular, Dr. Howe, the veteran chairman of the Board of State Charities of Massachusetts—a state pre-eminent in the American Union for its enlightened treatment of the dependent classes—has published an admirable series of observations—strongly recommendatory of the Gheel system, as applied to America—in the annual reports of the said Board.*

In Scotland the nearest existing approach to a Gheel colony is to be found in the villages of Kennoway [Fifeshire],† Balfron [Stirlingshire], Aberfoyle [Perthshire], and Loanhead [Edinburghshire], in each of which a group of between twenty and thirty insane patients is boarded.‡ The total number so boarded is, however, only 104, or about one-tenth of the insane boarders in the single colony of Gheel! The allocation

* *Vide* especially (1) Fourth Report, 1868: pp. xx., xxiii., xli., xlii., xliii., lviii., lx., lxxxiii.

(2) Second Report, 1866: pp. xvi., xliv., xlv., 147.

† The Kennoway colony is fully described by Dr. Mitchell in the 12th Report of the Scotch Lunacy Board: Appendix, p. 252.

‡ At Kennoway there are 24; at Balfron 30.

is somewhat different, but the *principle* of treatment is virtually the same. At Gheel there is a central hospital, with many villages, hamlets, and detached residences. In Scotland there is greater diffusion, which is, in certain respects at least, an advantage; but the District Asylums may be held as taking the place of the Gheel Hospital or Infirmary ["L'Asile patronale"], while the Fife, Stirling, Perth, and Edinburghshire villages are the equivalents of Gheel (village) and the other villages or hamlets of the Campine. I have myself visited Kennoway, which may be taken as the type of the Scotch Gheels; though Dr. Mitchell tells me that Aberfoyle and Balfron are in some respects more favourable specimens. The very full account given by Dr. Mitchell of Kennoway and the other Scotch colonies of chronic lunatics renders it unnecessary that I should here give the particulars of my own visit—the results of my own inquiry and observation—further than to state that the general impression conveyed was most favourable to the view I have for so many years held—that adequate provision *can* be made in the houses of our peasantry for a large proportion of the chronic insane poor of Scotland, and that such provision offers a natural and speedy means of relief to our over-crowded district asylums.

It is important to point out that though all these village colonies in Scotland are under the supervision of the Board of Lunacy, and though they could not have existed without the official permission of the said Board, they are nevertheless of natural growth. The determination of the locality has been accidental, and the grouping of patients in particular villages has been equally the result of chance,* or of the natural tendency or fitness of things. Indeed, the best specimen of a Scottish Gheel existed prior to the establishment of the Board of Lunacy, and it was abolished by the operations of that Board. I refer to the Island of Arran in the Clyde—well suited for such a purpose by its size, sea-girding, and proximity to Glasgow. The number of boarders scattered over the island was greater than in any of the subsequent Scottish Gheels. Notwithstanding the absence of all responsibility to, or supervision by, a *Lunacy* Board, this colony was found when visited—with preconceived ideas of the defects to be discovered—by the Lunacy Board officials, wonderfully free from abuses of all

* Thus Dr. Mitchell himself admits that the Lunacy Board "had nothing whatever to do with the fixing of any of the localities." ["The Care and Treatment of the Insane Poor: with special reference to the Insane in Private Dwellings."—"Journal of Mental Science," vol. xiii. (1868), p. 492.]

kinds *—an additional argument, in my opinion, in favour of the *naturalness* and usefulness of such colonies. The development of the Gheel system—of the plan of congregating insane boarders in communities—in Scotland is as yet on the most limited scale; but the success of the experiment, so far as it has gone, shows what are the *capabilities* and advantages of that system in our own country. If the other members of the Board of Lunacy share in the opinions of Dr. Mitchell, we may expect the gradual multiplication of Gheel colonies in Scotland, and their development on a much larger scale.

B.—Distribution among the General Population.

In all civilised countries a large proportion of the insane are to be found in private dwellings,† both in town and country, living either with their own relatives, and therefore in their own homes, or boarded with strangers. This mode of provision for certain classes of the insane always has existed, and will continue to exist—unaffected except in extent by the growth of lunatic asylums. It is, in fact, both a natural and economical kind of provision, and as such will always take rank in *any* system of treatment of the State insane. But it is only in a few countries, and to a very limited extent, that the distribution of the chronic insane among the general population has become a part of the State system of providing for its lunatics. Boarding-out has too generally been applied only to the surplusage of the insane—to those who cannot be received, by reason of their over-fulness, into lunatic asylums, or the lunatic or other wards of poor-houses or prisons. Nor, in these cases, has the system of residence in private dwellings been properly organised and supervised, if it has been organised or supervised at all. It is not surprising that under such circumstances the operation of the system has been attended with some measure of defect and abuse. But abuse is not essential to, nor inherent in, the system, as is proved by the simple fact that where boarding-out *is* properly organised and supervised, abuse disappears.

In Scotland the statistics of boarding-out, as applied to the

* *Vide* the sub-reports of Dr. Mitchell in the following Blue Books of the Scottish Lunacy Board: – 6th Annual Report, appendix, p. 233; 7th, append., p. 239; 8th, append., p. 249; 9th, append., p. 260.

† Thus I pointed this out in regard to *Norway* in a Report on the Lunatic Asylums of that country in the "Journal of Psychological Medicine," April, 1858: Reprint, p. 43.

treatment of the chronic insane poor, are shortly the following, according to Dr. Mitchell.* The proportion of the insane poor in private dwellings is about 30 per cent. of the whole, but in certain parishes it amounts to 50 per cent.; 75 per cent. live with relatives, and 25 with strangers; 21 per cent. in houses in which only one patient is kept, and 4 in houses licensed for four boarders or less. 70 to 80 per cent. of these paupers were never in an asylum, and this it is important to bear in mind; for there seems to be a general impression that the boarders in licensed private dwellings in Scotland consist wholly of patients *transferred* from public asylums. The average mortality is 5 per cent. No suicide or dangerous assault has ever occurred among them. Besides the *pauper* insane diffused among the general population, there are 2,000 insane persons living in private dwellings in Scotland, who are maintained by their friends, and who are, therefore, officially unknown to the Lunacy Board. It is pretty certain that in none of these latter cases is there any flagrant abuse, which could not fail sooner or later to be brought to light if it existed; while there is every reason to believe that their condition does not differ materially from that of paupers in private dwellings, who are known to, and visited by, the Commissioners in Lunacy. If it be the case that no material abuse exists, it is another strong argument in favour of the family system; while if abuses do exist of a kind requiring remedy, their existence would only show the necessity for proper supervision.

It has become the habit in America, England, and elsewhere to speak of the boarding-out of insane paupers in licensed houses in Scotland as "*the Scotch system*" of dealing with chronic lunatics. This, however, is a misnomer and a mistake. *Nothing*, in this application of the family system, is peculiar to Scotland. It has been developed in Scotland only to the most limited extent; while the existing development scarcely does more than take the place of the Arran colony that flourished before the present Lunacy Board was established. Moreover, the restrictions imposed by its Lunacy Laws and Lunacy Board have prevented those alienists of Scotland, who would otherwise have applied the family system in the forms which were practicable in their respective fields of professional duty, from developing their ideas in practical work. I have elsewhere explained

* Taken from his Paper in the "Journal of Mental Science," vol. xiii., formerly quoted.

how my own experiments in this direction were brought to an end.* These experiments† were made several years ago—while I had charge of the insane paupers of Perthshire. But even at the present day similar experience is occurring to other Scotch alienists.‡ *Licensed houses* are an essential feature of *Gheel*, where the organisation of the system of boarding out is much more complete, and the mode of inspection much more minute, than in Scotland. In truth, the so-called Scotch system of boarding-out 104 pauper lunatics in four villages is a mere imitation of *Gheel* on the humblest scale. The Lunacy Laws of *Norway* have long *exempted* harmless, insane paupers from transmission to asylums; while the Board of State Charities in Massachusetts appears to possess a much more summary or arbitrary power of transferring patients to and from asylums, or between different grades thereof, than the Scottish Board of Lunacy; so that there is not a feature of the application of the Gheel system in Scotland that is not borrowed from, or at all events that does not equally exist in, *other* countries. So far, however, from this being an objection to the Scotch practice—that its scheme is not original—it is an argument in its favour; for in proportion as the family system has been found successful in different countries, it is likely to be adopted by other countries as a part of the State policy in the treatment of the insane poor.

The Government Commission of 1862, on the asylums of Paris [department of the Seine], recommended the "adoption of the system of committing such cases of mental disorder as present no danger to public order and security, to the care of their friends in their own houses."§

In 1864, the city of Lyons determined to board out 100 of its insane poor among the families of the peasantry. The experiment was made, by order of the Council General of the Rhone, with harmless incurables—who did not require "sequestration" in the over-crowded asylum of Antiquaille;—to relieve which over-crowding, indeed, the experiment was instituted. These civic authorities—in boarding out in one experiment as many paupers as are contained in all the Gheels of Scotland put together—were fully alive to the fact that

* *Vide* 34th Report of the Murray Royal Institution, pp. 14 and 21.
† *Vide* 33rd Report, p. 8; and 34th, pp. 19 and 21.
‡ *Vide* Letter from the Superintendent of one of the District Asylums in the "Scotsman" of August 23rd, 1870.
§ *Vide* "Journal of Mental Science," vol. viii. (1863), p. 107.

medical and administrative inspection of these boarders was necessary to the success of their experiment.

In America, in order to relieve the overcrowding of the State Lunatic Asylums of Massachusetts, Dr. Howe, in his official reports, has strongly recommended experimental transfer home, or to private dwellings, "as a part of the State policy."* His idea of the modification of the Gheel system, most suitable at present to the requirements of Massachusetts, is "to distribute our insane throughout our 300 towns, instead of bringing them together in one."† I heartily concur in his views, and believe the sooner they are adopted the better will it be for the insane poor and the State Asylums of Massachusetts—and of the American Union generally!‡

C.—Annexes to Asylums.

I. *Farm asylums.*—These are virtually *agricultural colonies*, possessing abundance of land, the patients enjoying a free, open air, useful life, similar to that of the boarders at Gheel. The principle of treatment in both cases is the same; but the Farm colony, or asylum, differs in that it is connected with, though frequently at a considerable distance from, some form of the so-called "close" (or ordinary) asylum, of which it is only an appendage. In some cases the industry of the inhabitants is not confined to agriculture, but is directed to as great a variety of manufactures, arts, or trades, as at Gheel. The best, and best known, Farm-colony is that of Fitz-James, which is an annexe to, or off-shoot of, the asylum of Clermont, in France. The insane community, superintended by the Brothers Labitte, consists (1) of an asylum-proper in the town of Clermont sur l'Oise, about 40 miles from Paris, on the Northern Railway, the population of which central hospital is 700. (2) There are two *colonies*, one at Fitz-James, two miles off, for 300 patients, and the other at the village of Villiers, four miles distant, for 100 residents. There is thus a total population of 1,100 insane patients, larger somewhat than that of Gheel. There are 500 acres of land at each

* Fourth Annual Report of the Board of State Charities: 1868, pp. xli, xlii, and lxxxiii.

† Second Report (1866), p. 147.

‡ Advocacy of the application of the Gheel system to the requirements of America is illustrated in the Report of the Eastern Lunatic Asylum of Virginia, (in the City of Williamsburg), 1857, p. 20; and in the 7th Annual Report of the State Lunatic Hospital at Northampton, Mass., 1862, p. 23.

colony, 1,000 acres in all, the arrangements and operations of each being those of a large farm.*

The farm of St. Anne, near Paris, which was established as a supplement to the Bicêtre by Dr. Ferrus, is a similar agricultural colony, or annexe, on a less complete scale. A farm asylum, or agricultural colony, on the model of Fitz-James, has also been established at Lüttich, near Berlin.†

In America, Dr. Butler, of the Hartford Retreat, Connecticut, proposed to the Legislature of that State, in 1864, to found in it a farm colony for the chronic insane poor;‡ while Dr. Hills, of the Central Ohio Asylum, in his report for 1864, sketches the plan of a "Farm Home," or "Hamlet Home," also for the chronic insane.

2. *Cottage Asylums.*—This mode of domiciling certain individuals, or groups, of the industrious, quiet, cleanly, chronic insane, boarding them with attendants in cottages scattered over an asylum estate, or in the immediate vicinity of an asylum, has already been so extensively adopted in our own country, and its advantages are so generally conceded,§ that it is quite unnecessary for me to describe here any of its numerous modifications. I have little doubt that the adjunct cottage plan of treatment will yet form part of the asylum-system of every civilized country. Admirable though this plan is, so far as it goes, it does not go far enough: its chief advantage is the securing of a place of probation for patients before they are transferred to homes quite unconnected with, and distant from, asylums-proper, real homes in which alone the true home feelings—the sense of liberty and individuality, the domestic affections and enjoyments—may be developed. In order to give the fullest sense of liberty, there must be a total severance of all connection with any form of hospital, and

* "Report on Lunatic Asylums," by Dr. Manning, Inspector of asylums for New South Wales: 1868, p. 15.

† Griesinger on "The care and treatment of the insane in Germany," translated in the "Journal of Mental Science," vol. xiv. (1869), p. 27.

‡ 2nd Annual Report of the Board of State Charities of Massachusetts, 1866, p. 222.

§ *Vide* (1) 32nd Report of the Murray Royal Institution, pp. 20 and 37: 31st, pp. 42, 43; 34th, p. 66.

(2) 18th Report of the Crichton Royal Institution, Dumfries (1857), p. 9, being the last of the admirable series of Reports by Dr. Browne, subsequently one of H.M. Commissioners in Lunacy for Scotland.

(3) "The Cottage System of Management of Lunatics as practised in Scotland, with suggestions for its elaboration and improvement," by Dr. Tuke, "Journal of Mental Science," vol. xv. (1870), p. 524.

(4) "The care and treatment of the insane poor in the United States," by Dr. Earle: "Journal of Mental Science," vol. xiv. (1869), p. 365.

hence I think it is desirable that the homes in which the majority of the chronic insane are boarded should be remote from public asylums, though not so remote as to constitute difficulty of access in the event of patients requiring hospital treatment. Hence, also, it is improper that the inspectors of patients boarded out should be the authorities of public asylums, who, on the other hand, would have the supervision of all boarders on their asylum estates. There can be no doubt that the duties of even the smallest of our public asylums are sufficiently numerous and important to engross the whole time and energies of any physician, in whom it would be highly improper to assume, in addition, the functions of a visiting commissioner. I can at least answer for myself—in charge of an insane population under 100—when I affirm that the obvious incompatability between my official duties and the time occupied in consultations at a distance, or in visits to patients boarded out, has induced me almost invariably to decline the latter class of (non-official) duties. Nevertheless, this latter class of engagements, especially consultation practice, is so remunerative, sometimes equalling, or more than equalling, an asylum superintendent's salary, that it is at least not common to resist such a temptation. I do not, however, impute blame to my *confrères* for their engaging in this form of "private practice:" for they are in a sense led or driven sometimes to this means of adding to their generally too scant emoluments. While a commissioner in lunacy has a salary of £1,000 or £1,500 a-year for work of an irresponsible kind, with superannuation allowance, and two months' holiday per annum, the asylum physician, who may be a man of higher general culture,* and of infinitely greater experience in the management of the insane,† and whose duties are of a much more anxious, exhausting, and responsible kind,‡ rarely gets more than one-third of such a sum, with no certainty, and perhaps no prospect, of any superannuation allowance in his old age or infirmity! If the whole time of physicians of ability is to be

* I may point, in illustration, to the fact that the medical staff of asylums, both in Scotland and England, has, within the last few years, given several eminent Professors to our Universities, while other asylum physicians have gained the highest scientific or literary honours, both abroad and at home.

† In the English Lunacy Board, one half of the visiting commissioners are barristers, while neither of the Scotch commissioners has ever had, so far as I am aware, charge of an asylum.

‡ Unfortunately there have been recorded too many illustrations of the accidents to which asylum superintendents are liable, in the form of direct injury from patients, or of breakdown of health from the tear and wear of long service —of intimate and incessant association with the insane.

devoted to the charge of our public asylums, their services and sacrifices should undoubtedly be more adequately remunerated.

All the modifications of the boarding-out system, as applied to the care of the chronic insane, are admirable, and deserving of much further development in all civilized countries, to wit, the district colony, such as Gheel; the village colony, like Kennoway; general distribution among the rural population; the annexe-colony as at Fitz-James; or succursal cottages, as in the public asylums of England and Scotland. But it must be obvious that what may be suitable for one country may not be equally so for another; what may successfully be achieved at one time may prove a failure at another; and what is *desirable* may not be *practicable.* The family-system, in its practical applications to the insane, admits, however, of endless modifications suitable to *all* times and places. What has first to be established in all countries is the principle—the fact that the system in question offers the most convenient, the most natural, the best and most economical, means of treating the majority of the chronic insane.

III. *Arguments in favour of the Application of the Family System to the Management of the Chronic Insane.*

These arguments may be concisely tabulated as follows:—*Boarding out* certain classes of the insane

1. Would relieve the present over-crowding of public asylums.
2. It would permit the appropriation of existing asylums to the purposes for which they were originally intended, and for which alone they are adapted, the *curative* treatment of *curable* cases, and the custody of the dangerous or troublesome.
3. It would render unnecessary, additions to existing asylums, or the construction of new asylums.
4. It would be virtually a death-blow to the existence of monster establishments such as Colney Hatch, Hanwell, Wakefield, or Lancaster, with their respective populations of 2,045, 1,688, 1,319, and 1,011.* It would effec-

* All on Jan. 1, 1869, according to the 24th report of the English Commissioners in Lunacy (1870). The two new asylums for *imbeciles* (chronic insane), recently erected (under Gathorne Hardy's "Metropolitan Asylum District Act" at Leavesden, near Watford, Hertfordshire, for the north, and at Caterham Surrey, for the south, are each to contain 1,500 patients, to be drafted, in the first instance, from the Metropolitan Workhouses, and secondly, from the Metropolitan Asylums of Colney Hatch and Hanwell.

tually prevent the further development of the monastic or barrack, hospital or asylum, system.

5. It is distinguished by its superior *economy*. There is a utilization of existing machinery for accommodation and personal care.
6. It is a *natural** system, and has proved successful in its practical application to *others* of the dependent classes.
7. The advantages of *individualisation*† in treatment can be fully secured.
8. The life of the patient is healthier, happier, and more useful to himself and society than when he is confined in asylums. Among the characteristics of a *family life* in licensed private dwellings are:—
   (*a*) The association of the *sane* with the insane: the diffusion of the latter among the former.
   (*b*) Development and cultivation of the affections.
   (*c*) Domesticity, or sociability,‡ and the sense thereof.
   (*d*) Liberty, freedom of will and action, with the feeling thereof.
   (*e*) Its *naturalness*, in contrast with the artificialness or routine of an hospital existence.
   (*f*) Habits and occupations are those usual to the individual in health.
   (*g*) Life is prolonged, mortality is reduced, feelings of comfort and content are engendered.
   (*h*) Labour becomes *productive*—in the sense both of improving health and prolonging life, and in that of convertibility into money.
9. The boarding-out system is subject to greater publicity. It is always open to inspection by the public, as well as by officials of all classes.
10. It permits of ready access of the relatives or friends of patients, who at present are frequently prevented from ever visiting them by their great distance from public asylums.§
11. It can have the advantage of volunteer effort, especially

* *Vide* 2nd Report of the Board of State Charities of Massachusetts, pp. xvi., xliv., xlv.; and 4th Report, p. xix., xx.

† *Vide* 4th Report of Board of State Charities, Mass., p. xxxvii.

‡ This can scarcely be said to exist in asylums at all: certainly not in large establishments with a population of over 1,000!

§ Thus the majority of the insane of Orkney, Shetland, Caithness, and the Hebrides are transferred to the far distant, and, to many persons, virtually inaccessible, asylums of Edinburgh, Glasgow, and Montrose.

on the part of ladies, in its development, organisation, and supervision.

12. It may, therefore, be made at least as little liable to abuse or misdirection as the management of public asylums.

Too much weight is apt, however, to be attached to certain of the foregoing arguments. Thus the argument of economy is liable to be misunderstood. It must not be expected in Scotland or England that it will be possible to board out any class of its insane at the minimum rate charged at Gheel, viz., £8. But, on the other hand, it is little likely that the cost of any class of the insane boarded in the existing cottages of our peasantry will amount to the charge made for the same groups of patients in county asylums, or even in the lunatic wards of many poorhouses. Pauper board-rates in the public asylums of Scotland vary from £19 to £31 2s. 8d. per annum,* the average being about £25; while, in the lunatic wards of poorhouses, the charges are £15 to £26, the average being about £20 10s. On the other hand, the cost of the boarders at Kennoway is 5s. to 6s. a-week, according to sex, or £13 to £15 12s. per annum; while patients in private dwellings scattered through the county of Caithness, cost, on an average, 6s. 1½d. per week, or £15 16s. 5d. a-year.

The ratepayer must remember, however, that the charges for insane boarders will *necessarily vary* not only (1) in different counties; (2) in country, as compared with town, parishes; (3) in different patients, according to their condition as to ability to labour, or according as they require more or less attention; but (4) even in the same person at different times. So much so that, while it may be possible to board an able-bodied, industrious, quiet patient, whose labour has a money value, and who requires no special care, at £10 a-year, another, who is not only idle, but helpless, by reason of some physical or mental infirmity, and who thereby requires the kind and degree of care that would be necessary in the case of a child, will cost twice as much. Board-rates will also vary with the varying cost of provisions and labour, and with the numerous other varying circumstances that influence the cost of living in the case of the sane and healthy.

Economy, though very properly *an* object, should most unquestionably not be *the* first object, in boarding out the insane. The ratepayer should be prepared to *deal liberally with every*

* According to the 12th Report of the Scottish Lunacy Board (1870), p. xxxiii.

individual case. He should grudge no outlay that does not exceed the average board-rate of public asylums, though practically he will probably never be called upon for so heavy a demand on the parochial exchequer. There can be no doubt that what is best for the individual patient is most economical in the long run for the ratepayer; and this is one of the strongest practical arguments that can be adduced in favour of parochial *liberality*. In Scotland the practical average cost of insane patients boarded out will probably, for a time at least, be about £15 per annum. But in particular cases it may rise to £20; and it is even conceivable that, in rare exceptional instances, it might equal the average board-rate (before quoted) of public asylums. In such a case, where there is no demonstrable economy in the direct form of diminished board-rate, the *other* arguments in favour of the family system of treatment acquire that comparative prominence which they deserve. For it is always to be remembered that economy—saving to the ratepayer through the parochial exchequer—is only *one* argument in favour of the boarding-out system, and not the highest kind of argument, which is to be found rather in *the welfare of the patient*, not of the obligant for his board. No doubt, to a certain class of minds, saving to the parish funds will always present itself as the only argument that will induce innovation on established routine. But there is, it is to be hoped, in all parts of our country, sufficient public philanthropy and intelligence to appreciate the much nobler argument of the patient's individual good.

The boarding-out of certain classes of the insane need not be expected to interfere with existing asylums. On the contrary, the multiplication of county asylums must advance *pari passu* with the increase in the number of the insane. But these hospitals, old or new, will be required probably only for the *minority* of the insane; and it will not be hereafter necessary to construct the enormous, expensive, and palatial establishments of which examples are to be found in all civilized countries. Even if *new* cottages were to be constructed for the reception of insane boarders, they would probably not cost over £45 a-head. But it is a peculiarity of the boarding-out system that it avails itself of *existing* accommodation in the cottages of our peasantry; while it also utilises, and so economises, existing machinery for care and supervision in the persons of the peasants themselves, in the various grades of parochial authorities, and in the ser-

vices of the Board of Lunacy. On the other hand, Griesinger estimates the average cost per head of the construction of German asylums at £150; which is, however, only one half of their occasional cost in England, the United States, and on the Continent. Thus the three new asylums of Paris (St. Anne, Ville Evrard, and Vaucluse) cost, according to Griesinger, no less than £488 a-head; the Christiania new asylum cost £300; while some English ones have also cost between £200 and £300 a-head.

Too much weight is apt to be attached also to the value of the labour of the chronic insane. No doubt it frequently *has* a substantial value; and this it is that enables the Gheelois peasantry to receive boarders at charges that are in themselves obviously unremunerative. But, on the one hand, many of the patients capable of being boarded out are utterly idle—incompetent, for various reasons, for any kind of useful labour; while, on the other, even when able-bodied and willing to work, the value of insane labour is only one-fourth or one-fifth that of the sane in the same departments of simple mechanical industry. Griesinger, for instance, estimates the labour of five insane patients as equal to that of one sane man; that is to say, 100 insane persons would be required to do the work of 20 sane labourers; and I have myself elsewhere fully pointed out the fallacies connected with the utilisation of the labour of the chronic insane.* Nevertheless, it has been abundantly proven that even idiots may be beneficially and effectively employed in agriculture, horticulture, gardening, and a considerable variety of trades; a circumstance that gives encouragement to all efforts to engage insane boarders in useful occupations. The boarding-out system gives an opportunity that does not exist, at least to the same extent, in public asylums, of *directly remunerating by wages*, like those of sane labourers, the work done by the insane. However trivial may be the value of such work, the principle of *proportionate remuneration* is a just and sound one to act upon. No other mode of treatment is so likely to develope any latent mental or physical energy that may exist, directing it into useful channels. And, in proportion as such energy is developed—just as a boarder becomes useful, capable of remunerative employment—he becomes less and less a burden on the ratepayer, more and more an independent and valuable member of society.

* Vide 34th Report of the Murray Royal Institution, pp. 49, 51, 52, 58, 61, 64; 32nd, p. 40; 31st, p. 42.

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The *low mortality* of patients boarded out in Scotland has been set forth as an argument in favour of that system of treatment. During the last seven years the death rate of patients boarded in licensed private houses in Scotland has been 2·5 per cent*; while in its public asylums the mortality has varied from 6·6 (lowest) to 10·7 (highest) per cent. during the last 10 years.† The cases, however, are not parallel or comparable; for the asylum residents, as a rule, include all the *worst* patients, those with minimum viability; while those in private dwellings are the *best* patients, selected partly on the ground of their superior vitality. No argument can, therefore, properly be founded on a comparison of statistics so very different in their character. But the divergence, on the other hand, is not so great as may generally be supposed. For Dr. Mitchell tells us (*loc. cit.*) that the average age at death of the only three patients who have died in private licensed houses since 1863, "when the first special license was granted," was 78, their actual ages at the period of transfer to Kennoway having been 79, 75, and 75 respectively. Two of them, moreover, "laboured under recognised bodily disease." The same authority informs us that he has seen in special licensed houses epilepsy, chorea, hemiplegia, and general paralysis.‡

IV. *Objections to the Application of the Boarding-out System to the Treatment of the Chronic Insane.*

These objections,§ which have assumed very diverse forms, are nevertheless reducible probably to the following heads:—

1. *Liability to abuse.*

   (*a*) On the part of the *Hosts: e.g.* in the special forms of
   Negligence.
   Cruelty.
   Offences against decency [*e.g.* Bathing of males by females].
   Or in the general form of the vague evils supposed to be connected with maintenance for *profit*.

* Dr. Mitchell, in 12th Report of Scottish Lunacy Board. Appendix, p. 259.
† 12th Report of Scottish Board of Lunacy, p. lv.
‡ Ibid, p. 261.
§ They have been admirably and fully discussed in the 4th Report of the Board of State Charities of Massachusetts, pp. xxxvii, xl, lvii, lviii, lix.

(*b*) On the part of the *patients: e. g.* in the special forms of

Accidents [suicides, homicides, assaults].
Escapes, vagrancy, and vagabondage.
Destruction of property, private or public.
Offences against public morals [*e. g.* the results of erotism, or of advantage taken of fatuity or facileness of disposition in women; prostitution; bastardy].

2. The difficulty of determining the *suitable cases* for boarding out.

3. The impossibility of defining *incurability* and *harmlessness.*

4. The impossibility or difficulty of obtaining *suitable custodiers* or private *dwellings.*

5. The absence of all efforts at *cure,* and the consequent deteriorating effect on the patients.

6. The absence of the refining influences of asylum life; especially the want of

Baths.
Society.
Amusements.
Discipline.

In regard to these objections, I have to observe that many of them are merely *theoretical* ;* and that those of them that are real would be obviated by a *proper organisation and supervision* of the system of boarding out the insane poor. It is surely unnecessary here to point out the absurdity of confounding use and abuse; of the non-use or application of an admirable principle because in practice it may be abused? Of what good thing may it not be said that it is liable to abuse? That the abuse of the family system in its application to the treatment of the insane is trivial, and that its correction would be easy under a thorough organisation and supervision is evident, I think, from the testimony of Dr. Mitchell, as regards the village colonies of Scotland; of Drs. Webster and Manning as to Gheel; and of Dr. Robertson, of Glasgow, as to Balfron and Gartmore; while I can myself confirm Dr. Mitchell's evidence as regards Kennoway, which I visited by and for myself in June last. All this testimony goes to show that, equally in Belgium and

* For instance, the 4th Report of the Board of State Charities of Massachusetts (pp. xxiii, xlii, and lx,) shows that suitable custodiers *can* be found even in America.

Scotland, equally among insane adults as among sane pauper children, instead of cruelty or neglect, there is wonderful kindness and attention; instead of profit-making there is most unexpected profit-giving. Any charges that can with truth be alleged against boarding out in private dwellings can be equally advanced against asylum management.* There is a risk always, and in both cases, of the same classes of accidents or incidents; but this risk can be minimised by due organisation and supervision.

The doctrine of *incurability* is certainly an awkward one. "That *any* insane person should be legally recognised as incapable of amelioration is certainly a dangerous and retrograde movement. However demented a lunatic may be, he suffers from neglect, and improves under careful attention and training." † *Theoretically* it is undesirable to regard *any* insane patient as *in*curable, or *ever* to relax efforts at *cure*. But *practically* every public asylum contains large numbers of patients who have made, and are making, no progress, and in whom further asylum treatment is unlikely to develope any mental improvement. No doubt, in transferring such cases to private houses, an asylum superintendent may have to confess that some of his charges, who appeared, while under his care, to be stationary and incurable, will prove his diagnosis at fault, by recovering or improving to a marked degree. But such an error—if error it can be regarded—is in favour of boarding out, not an objection thereto. And it must ever be borne in mind, that errors in boarding out, whether relating to the patients or the hosts selected, admit of easy and speedy remedy under a proper system of supervision. In Scotland, as in Belgium, it is always easy to make *transfers to*, as well as from, the central asylums. In outlying districts, or new, thinly-peopled countries, unprovided with asylums, this facility in interchange does not, of course, exist. But this is merely an argument for the erection of numerous, small district asylums as central hospitals, and by no means an objection to boarding out.

V. *The Determination of the Cases suitable for Boarding out.*

As a general rule, the cases that have hitherto, for the most part, been found suitable for boarding out have been

* Regarding the defects of asylums, vide 4th Report of Board of State Charities of Massachusetts, p. xxxvii.: or the article entitled "A Social Blot," in the British Medical Journal, Oct. 22, 1870, p. 441, which points out the frequency and kind of accidents that are apt to occur in English Asylums.

† Journal of Mental Science, 1863 p. 606.

the chronic, harmless, industrious, able-bodied incurables, belonging to the class of Dements. But it is unsafe and improper to select boarders according to any mere definition of the class supposed to be most suitable. *Each case* should be dealt with apart altogether from its mere nosology, or from any rigid scientific or practical definitions. For it is on the one hand impossible accurately to define, in a scientific sense, what is a chronic, harmless, industrious, able-bodied or incurable case; while, on the other hand, there are patients belonging to this category unsuitable for boarding out, and cases belonging to other categories that have been found suitable. Thus the Gheelois boarders include cases of mania, melancholia, epilepsy, and even general paralysis.

Caution is desirable and commendable in the selection both of patients and hosts. But caution may amount to timidity, or undue reluctance to institute an experiment, in which there is really small risk, under the kind and degree of supervision that are exercised over it in Scotland or Belgium. Every case boarded out must be *experimental* from first to last. Transfer to or from asylums is matter for determination, after due deliberation, between the several authorities interested in each particular experiment—to wit, the asylum physicians, the parochial officials, and the Lunacy Commissioners. The experiment can be stopped at any stage of its progress. At present and hitherto, asylum physicians in Scotland, are, or have been, blamed by the Lunacy Board for declining to transfer patients that are apparently harmless and chronic to private dwellings. In so far as asylum authorities do so decline, it is impossible not to understand and sympathise with their objections and difficulties. But so far from its being the case that all asylum physicians in Scotland are opposed to boarding out, several of them—including myself—have used every effort, when opportunity occurred, to give the fullest and fairest trial to the system; which efforts, however, have been frustrated, as already explained, by the complex and puzzling restrictions of a paternal Lunacy Board. Some of these restrictions have now, however, been removed; and there is at present a marked disposition on the part of the said Board to encourage the development of the boarding-out system. So far as concerns asylum physicians, I believe that, in proportion as this great experiment progresses in its scale and duration, as its operation becomes thoroughly understood, and as confidence is established in its results, the number of transfers from asylums to private dwellings will become annually greater and greater, though

opinion will necessarily continue to vary as to the proportion of chronic insane capable of being boarded out—this variation in opinion depending mainly on the views taken of possible or probable incurability and harmlessness.

VI. *Requirements for the proper Organisation and Supervision of the Boarding-out System as applied to the Insane Poor.*

These requirements are mainly the following:—

(A) *Additional and Improved Legislation*—

(1) Permitting the *license of private dwellings*, and of their occupants as custodiers.

(2) Allowing and encouraging as *liberal an outlay* on the chronic insane in licensed private dwellings as in public asylums.

(3) Providing for *proper supervision*—by

(*a*) Government inspectors connected with Lunacy Boards.

(*b*) Parochial authorities, including especially medical officers and inspectors of poor.

(*c*) Volunteer inspectors (such as ladies).

(B) The establishment of *Boards of Lunacy:* the *multiplication of their staff* where they already exist: the providing them with *adequate executive powers*.

(C) *Liberality* on the part of the ratepayer—both in purse and opinion.

(D) Personal *faith and interest* in the superiority of this form of treatment on the part of all the authorities concerned in its execution.

(E) *Harmonious co-operation*—not only of

(1) Different parochial authorities, viz.: medical officers, inspectors of poor, and their governing boards; but between

(2) Parochial officials and the Lunacy Boards; and

(3) Between all these classes of authorities and the hosts, volunteer inspectors, and the public.

There is much less required for the perfection of this system in Scotland than in any other country with which I am acquainted—save Belgium. But the following are still desiderata in Scotland. *Addition* is required to the number of the *Deputy Commissioners in Lunacy*, who should be so numerous that every licensed house, every patient boarded out, may be *frequently inspected*, and that all the operations of the system may be brought thoroughly under the eye and influence of

the Lunacy Board. The power of the Board should be such that it could regulate and determine the *board rates* of the patients, the fitting up of the licensed cottages as to sanitary advantages, and the character of the dietary; appoint the custodier, or discharge or suspend him or her from office; and effect, in conjunction with asylum authorities, *transfers* to and from public or other asylums.

In England, the Lunacy Board would require a large staff of *Deputy Commissioners*—whose salaries should not be less than half that of the principal commissioners, or £750. In Ireland, a smaller staff of assistants would probably be necessary. In countries, states, or provinces having at present only one Inspector of asylums—such as Vermont (United States), Ontario (Upper Canada), Victoria and New South Wales (Australia), assistance would be requisite proportionate to the number of the insane, the area of their distribution and other local circumstances. While countries, states, or provinces not having any form of Lunacy Board, any machinery for the supervision of the insane, such as many of the United States of America and the Provinces of New Zealand, should lose no time in establishing some sort of central Boards of Supervision.* There is no reason to doubt that in all the countries or states I have named, the institution of such boards, the multiplication of their officials, or addition to their executive powers, will be strenuously resisted or opposed—in some cases bitterly so. But there can be no doubt, also, that the boarding-out system can only be properly developed under a thorough organisation of *minute supervision*; while, I believe, the machinery for such supervision can be best—most appropriately and economically—provided in connection with *central Boards of Lunacy*. On the other hand, I think sufficient evidence has already been accumulated to show that the outlay to a state on a Lunacy Board, or its officials, would be small and trivial compared with the *ultimate economy to the ratepayers* constituting its community—and still more so compared with the advantages conferred on the insane who are boarded out.

The adoption of the boarding-out system as a substitute for the present hospital mode of treatment must be regarded as a *compromise between Loss and Gain*. Neither is the family system an unmixed benefit; nor is the asylum system an un-

* I have given the reasons that exist in favour of the establishment of *Lunacy Boards* in our colonies in a Paper on "The Proper Supervision of the Insane and of Lunatic Asylums in the British Colonies.'—"Brit. and For. Medico-Chirurgical Review," October, 1869, p. 485.

mixed evil. Both systems possess advantages; and both, also, have their disadvantages. In transferring patients from asylums to private dwellings, there is a *loss*, real or supposed, of the special advantages to be found in modern hospitals; which include (*e. g.*) the light, pure air, warmth, bathing, and other conveniences that form essential features of the building; dietetic sufficiency and variety; recreation and society; occupation and exercise; the influence of good example, of regularity, system or order, and of restrictive discipline. But I feel myself forced to admit that these advantages may be *theoretical* rather than real or practical; that all of them put together may not atone—in individual cases at least—for the want of privacy or domesticity—the non-association of the sexes, and of youth with age; and that there is much truth in this remark of Dr. Mitchell—"What may be pleasurable stir and excitement to persons in a certain grade of life, and with certain habits and associations, is not necessarily what persons in another grade would consider in any sense pleasurable excitement; and perhaps we are sometimes wrong in thinking that others necessarily derive enjoyment from that which gives enjoyment to us, but which to them may be *utter dreariness*."* The *gain*, on the other hand, of the family system includes its superior economy—the naturalness of the life—the recognition of each patient's individuality—the personal liberty enjoyed, and the other advantages already catalogued under the arguments in favour of boarding-out. *On the whole* I believe that the balance is in favour of the *gain* side—the arguments in favour outweigh the objections.

In conclusion, it only remains for me to repeat that, during the last 15 years, I have come more and more strongly to be of opinion that in *all* civilised countries the *development of the boarding-out system*, as applied to the majority of the chronic, harmless, and incurable insane poor, is that department of Reform in the treatment of the Insane which offers the greatest and most immediate hopes of success and benefit. I regard the system of boarding in private families not as the complement of our present asylum system, but the said *asylum system as the complement of the natural or family system:* for the chronic insane, even the groups thereof suitable for boarding in private dwellings will, I believe, always far out-number the cases that are acute or dangerous, or that for other reasons require the special treatment and accommodation of Central Hospitals!

* 12th Report of Scottish Lunacy Board: appendix, p. 253