

With regard to its use in mania, I am not at present prepared to make any statement. In one case of acute mania in an adolescent subject it induced normal sleep, and by means of single doses administered each evening sleep continued to be secured to the patient. At the same time the patient rapidly gained weight.

I feel justified, therefore, in summarizing my knowledge of naphthalin in the treatment of certain forms of acute mental disease as follows:—

1. The drug proved safe and harmless in all the cases. As much as 170 grains were given to one patient in twelve hours with no evil effect.

2. It failed in several cases to produce any effect, but some of the failures I now attribute to the fact that the drug was not pushed far enough in sufficiently large doses.

3. Its influence upon the bodily condition was to promote nutrition and to induce normal sleep.

4. Its influence upon the mental state was to modify and abate the distressing and more violent symptoms, and to hasten on a condition similar to commencing convalescence.

5. The purely psychical disorder of the brain was in no way affected by the treatment.

The Payment of Asylum Patients for their Work. By CHARLES MERCIER, M.B.*

It is unnecessary to expatiate to this Association upon the extreme desirability of inducing the patients in asylums to employ themselves usefully, nor is it needful to dwell at length upon the extreme difficulty that is often experienced in so inducing them. It may be taken as a fact that many inmates of asylums who are able to work are unwilling to do so, and, if we listen to their explanation, the unwillingness is not altogether unreasonable. "I was placed here," such a patient will say, "against my will. I did not come of my own accord. I am under no obligation to facilitate the plans of those who put me here, nor of those who keep me here. My refusal to work is a protest against the deprivation of my liberty. If I have to engage in the work of the asylum I should, in the first place, forego my protest, and to that extent admit the justice of my incarceration;

* Paper read at the Quarterly Meeting of the Association, November 17th, 1892.

and in the second place, by making myself useful to the authorities, I should give them a positive interest in detaining me here all the longer. Besides, why should I give the benefit of my skill and experience free, gratis, and for nothing to those to whom I am, to say the least, under no obligation? The labourer is worthy of his hire. Before I came here I worked hard and long. I had no objection then to work, and why? I tasted the reward of my labour. I was paid for what I did, and the more I worked the more payment I received. Pay me here for my labour, and I am willing to work for you."

Such may not be the very words of the patients who refuse to work, but such is the sense and the meaning of the answers that are daily received by the officers of asylums who try to induce patients to employ themselves, and it is impossible not to admit the reasonableness of the reply. Such patients do, it is true, often at length take to work from very weariness of their idle lives, but this is a motive that cannot be relied upon, for in some cases the love of idleness grows by indulgence until all inclination to work disappears, and in others, even if industrious habits are at length assumed, the golden moments have been lost; the early weeks or months of the malady, when the influence of steady occupation in promoting recovery is most important, have slipped by in idleness and *ennui*, and with them has gone the best chance of the patient's recovery.

To obviate the unwillingness of patients to work, and to supply them with an inducement to industry, it has been long recognized that some sort of reward must be held out to them as a return for their labour; but the reward that has hitherto been offered, which takes the shape of beer, of tobacco, or of a trifling addition to the diet, is quite inadequate, both as a reward for the amount and quality of the work that is done, and as an inducement to idle patients to become industrious. Some further payment is urgently required, but the difficulties in the way of affording a further payment must be admitted to be great. That payments cannot be made in money is almost self-evident. Pecuniary payments would afford means for the purchase outside the asylum of articles which it is most undesirable that patients should possess, and, moreover, would place in the way of both patients and attendants most undesirable temptations to theft and swindling of various modes. At the same time there are very great objections to payments in kind. A pay-

ment in kind does not satisfy. It deprives the payee of the pleasure of purchasing; it obliges him to accept his payment in a certain form, which may perhaps be distasteful to him, and which he will be sure to consider inadequate; and, as at present practised, it rewards at the same rate the most highly skilled labour of the most industrious and the occasional activity of the most unskilled.

It is, however, possible to devise a mode of payment which offers all the advantages of money payment, and obviates to a very great extent its disadvantages. This is by creating a token currency for use in the asylum, in which payments to the patients could be made, and purchases by them could be allowed. It would be easy to cut or stamp sheets of brass or copper into tokens of convenient size, or to issue instead of them credit notes of a very low face value, say one half-penny, and to pay these weekly to the patients—not, of course, to the amount of the value of the work done, but in some proportion to the value of the work, and with some reference to the nature of the work. These tallies or tokens or notes should be exchangeable at the stores of the asylum for such various commodities as are valued by patients—for tobacco, snuff, writing paper, pencils; for jam, marmalade, cakes, sardines, saveloys, sugar, treacle, eggs, and other eatables; for ribbons, cheap lace, neckties, handkerchiefs, artificial flowers, and a hundred and one other things which experience and inquiry would soon suggest. I should propose that the jams and other eatables, divided into portions of the value of one token, and each portion just sufficient for eating with one meal, should be arranged at tea time on a table in the dining hall, and the patients should be able there and then to purchase additions to their meal. For other commodities a shop should be opened once or twice a week.

Supposing that the face value of ten tokens or notes were fixed at a half-penny, this sum would purchase, of the qualities ordinarily used in asylums, a quarter of a pound of jam, a quarter of a pound of sugar, a quarter of an ounce of tobacco, a quarter of an ounce of snuff, two quires of note paper, or a quire and eight envelopes, half-a-pint of beer, and so on.

The present payments in kind should be altogether abolished, and patients should be allowed to purchase if they pleased the same quantities as are now allowed to them. The same rule would hold as regards tobacco, and the payments made to the patients should, of course, be sufficient to

enable them to purchase as much as they now receive by allowance, and something over.

The collateral advantages of the system of payment here advocated would be many and great.

1. It would supply a disciplinary agent of the most direct and effectual and often least obnoxious character, for it would enable fines to be imposed upon patients for misconduct, a punishment that they would feel as keenly, and that would be without the manifest objections of the punishments now in use. If the associated entertainments, for instance, are to be regarded as a means of treatment, then certainly no patient, who has shown by derangement of conduct his need of treatment, should be excluded from them as a punishment.

2. It would enable some extra advantage and reward to be held out to those patients whose occupations are of a repulsive nature, such as those employed in the foul laundry.

3. It would contribute enormously to the well-being and contentment of the patients, for it would supply, at any rate in some degree, what is now so conspicuously lacking in their lives, viz., an object, an aim of some sort. Too much stress can scarcely be laid upon the utter emptiness of the lives of the great mass of patients in asylums. Anything that would give them an object in life, an incentive to exertion, something to which they could look forward, something in which they could feel a close personal interest, would be the greatest amelioration of which their lives are capable, and this end would certainly be, to some extent, attained by the system that is here advocated. It would give them an incentive to exertion; it would place within their reach opportunities of obtaining things that they may now perhaps dream of, but can never hope to possess. It would afford to all the working patients the pleasurable excitement of a daily or weekly visit to the shop. It would give to them in their own eyes, and in the estimation of their fellows, some degree of that consequence and importance that is conferred by the possession of property. True, the property is not large, but among the blind the one-eyed is king, and among an assemblage of paupers, not one of whom has a mag to call his own, the possessor of a very trifling amount of purchasing power becomes a person of consequence.

4. An exception to the inconvertibility of the token coin-

age might be made upon the discharge of a recovered patient from the asylum. The value of whatever token coinage he had earned and saved might then be presented to him, and not only would such a plan be an incalculable boon to pauper patients upon leaving an asylum, but there would be added a very strong incentive to convalescent patients to work while waiting for their discharge.

5. Lastly, the financial results would be found to be very advantageous. Difficulty there might be, and probably would be, at first with the financial authorities of the asylum, but this difficulty would be overcome when it was brought under the notice of the authorities that a system of payment of patients, similar in principle to that here proposed, though differing in the details of its working, has actually been in force in the criminal asylum at Broadmoor for the last 25 years, and has been found not merely beneficial, but actually financially profitable in its working. Of this system, the initiation of which was due to the foresight and energy, and the working details of which were settled by the administrative ability of Dr. Orange, the then superintendent of Broadmoor, I was in total ignorance until the notice that I was to read this paper appeared on the agenda of this meeting. Upon seeing that notice Dr. Nicolson, the present superintendent, was kind enough to invite me to visit Broadmoor, and to examine the system that Dr. Orange had so successfully devised. I find that at Broadmoor the value of the patient's labour, of whatever kind that labour may be, whether that of skilled artisans, of needlewomen, or of ward cleaners, is estimated, either by time, at rates varying from 2d. per hour upwards, or by the piece. However estimated, the patient is given, in two books of the asylum, credit for the value of the work that he does; not for its full value, but for a value strictly proportionate to its full value, that is to say, for every shilling that his labour is worth he is credited with 1½d. A pass-book is issued to him containing a complete statement of the amount to his credit, and this amount he may expend in any way he pleases, subject to the sanction of the superintendent. He may traffic with other patients, the superintendent being satisfied that the price given and taken is a fair one, or he may send in a requisition for any commodity up to the value of his credit balance. There is no coinage, token or other; the whole transaction is carried on by means of book credits and debits entered against the names of the patients.

The most important result of this scheme is that it is a financial success. A sum of money exceeding £700 is annually placed in this way to the credit of the patients, and great part of this is expended for them, and it is estimated by the asylum authorities—and let me suggest that the officials of Her Majesty's Treasury are not easily satisfied as to the propriety of expending the national funds—it is estimated that the sum thus expended is much more than recouped by the increased value of the labour that the patients are thus induced to perform.

CLINICAL NOTES AND CASES.

Cases of Hereditary Chorea (Huntington's Disease). By W. F. MENZIES, M.D., B.Sc.Edin., M.R.C.P., Senior Assistant Medical Officer, Lancashire County Asylum, Rainhill. (*Illustrated.*)

(*Concluded from p. 568 of Vol. xxxviii.*)

A short account will next be given of the other cases I have had the opportunity of examining.

CASE II.—Tickle (D. 16), sister to the previous patient, was admitted into Rainhill Asylum, 12th August, 1887, from the County Asylum, Lancaster, where she had been for four years. History: Ten years ago had a disappointment in love, and has ever since been of a sombre and depressed temperament. Six years ago the tremors commenced, and about the same time her mind became dull and her memory poor, while depression was more marked. The jerkings slowly increased, and fits of violence became common, so that she was dangerous to herself and others. On admission she was suffering from advanced phthisis, and was very thin and weak. The chorea was almost in abeyance. She was unable to stand, but could sit up. Pupils dilated and insensible to light; margins slightly irregular. Muscles of expression paralyzed, has right ptosis. Thyroid gland enlarged. Patellar jerk increased, no ankle clonus, no superficial reflexes. Dementia is far advanced. She can barely tell her name, does not know her age, or where she is. Takes little notice of what goes on around her, says she feels weak and ill, but has no pain. Articulation most indistinct, lips and tongue tremulous. Heart weak, no bruit, urine normal. Thus the general weakness cloaked the usual signs, but Dr. Harbinson, of Lancaster Asylum, who himself twelve years ago published the first English recorded cases,