

A Visit to Gheel. A Letter to the Editors of the Journal of Mental Science. By Dr. EDMUND NEUSCHLER; translated with remarks by JOHN SIBBALD, M.D. Edin., Medical Superintendent of the Argyll District Asylum.

SINCE public attention was directed to the mode of treating the insane practised at Gheel, much controversy has taken place both in this country and on the continent as to the value to be attached to the system. Alienists from all parts of the civilised world have visited the locality, and have recorded their opinions of its merits. These opinions have been almost as various as their authors are numerous, and have contained the most enthusiastic praise and the most emphatic condemnation. But the discussion seems now to have reached a point at which a reliable estimate of the chief peculiarities of the system, such as will be concurred in by the majority of those who have studied the subject, may be formed. A letter conveying a very favorable impression of the colony has been addressed to the editors of this Journal by Dr. Edmund Neuschler, of the Royal Lunatic Asylum at Zwiefalten in Wurtemberg, of which I present the following translation. I shall afterwards endeavour to indicate what appears to me to be the true view of the question.

18th October, 1866.

GENTLEMEN,—I do not without hesitation comply with your request that I should communicate to your readers the observations which I made during my residence of nine days at Gheel, as Dr. Webster, who some time ago gave to your countrymen a report of Gheel as copious as it was true,* has lately published the conclusions arrived at from his second visit,† to which in all their essential points I am delighted to give my assent in this communication. Allow me then to touch on some of the facts more lightly than I would otherwise have done, and to give expression to my opinion on the much-contested question, how far Gheel may serve as an example to other places in the treatment of the insane.

The period of my stay in the principal place in Kempenland extended from the 11th to the 19th September, 1866, so that I should have been there during part of the festival of St. Dymphna, had not the celebration this year been much circumscribed owing to the prevalence of cholera in Belgium. But I had the pleasure on the very evening of my arrival of being present at a musical entertain-

* 'Journal of Psychological Medicine,' 1857.

† 'Journal of Mental Science,' October, 1866.

ment that took place in a public garden, and which many of the inhabitants of Gheel attended. Many of the higher class patients were also present, but it would have been difficult for a person not informed of the fact to believe that such an element was among the company. Their conduct throughout exhibited nothing peculiar; they were pleased with the music, and took part in the conversation; and in this I had an opportunity of observing the great tact with which the inhabitants of Gheel are able to treat these unfortunates.

The next day I commenced my walks through Gheel. I went sometimes alone and sometimes in company with Dr. Bulkens, the medical superintendent of Gheel, who is unwearied in his attention to the wants of those placed under his charge, and sometimes along with Dr. Griesinger of Berlin, to whom our science is so much indebted. It so happened during one of our first walks that amongst those we met Dr. Bulkens pointed out a ragged-looking man as an insane person. I was astonished at his appearance, and learned that he and many others belong to a class of patients with whom the superintending authorities appointed by government have nothing to do. There are some special communes as well as several private persons who send their insane to Gheel, without placing them under the charge of the authorities as regards the choice of *nourriciers*, or the superintendence of these or of the patients, or in regard to the dress of the latter or any of their other wants. These not very numerous cases (*pensionnaires libres*) are not included in the statistics of Gheel, and the authorities are of course not responsible for their unsatisfactory condition. Their existence has, however, given rise to many mistakes in the accounts furnished by those observers who were not aware of their condition. It may also be well to mention here that these authorities have little or no connection with the religious exercises, which are held once a year in the building adjoining the church of St. Dymphna for the benefit of many of the insane, and which are now falling into disuse. The few patients who still take part in them are almost confined to those who visit Gheel for a short time, and then leave directly.

The number of the insane under legal supervision amounted at the time of my visit to between 1000 and 1100. As fully nine tenths are of the poorer classes, and are supported at the expense of their respective communes, you will approve of my having paid particular attention to their condition; and my remarks as to the care and treatment of the insane as to the remuneration which the *nourriciers* receive, and the guarantee which they give against bad treatment will all have special reference to these. The insane are boarded in the houses of the inhabitants. The impression which visitors receive is somewhat peculiar, when they find that immediately on entering one of the houses they are, as is generally the case, in the principal room, which serves as an abode for all the

inmates during the day. It is a commodious apartment. On one side is usually the fire, and over it in most cases hangs the pot which is used for preparing the food of the inmates or of the domestic animals. On the walls are hung the different household utensils, among which the brightly rubbed plates and dishes of the mistress of the house meet the eye. At the fire are seated the old men and female members of the household, with the children and such of the insane as are unfit for field labour. The rest of the male inmates are only rarely met with at a season when, as was the case during my visit, they are still busy in the fields. I saw very few of the insane sitting quite idle, and few who were uninterested in my visit or who took no notice of it. The majority were everywhere busy, and many were very anxious to draw the attention of the visitor to themselves and to show him what they were doing. Scarcely one was shy or confused. They rather seemed to be delighted with any friendly word that fell to their share, and with the interest which I took in their welfare. Many hastened without being asked to conduct me to their bedroom, which they have particular delight in regarding as their own. Each patient has a chamber entirely for himself, except in special cases, where supervision is necessary, when it is shared by a member of the family. Some of the rooms were decorated, showing the value that is attached to this independence. These bedrooms are not large, which may also be said of those of the other inmates of the houses; and they were formerly even smaller than at present. But Dr. Bulkens has for some time carried on an arrangement according to which a certain measurement is required as a minimum for the floor space and height of the rooms, and for the size of the windows. Only a few exceptions to the rule remain, and these will shortly disappear. Still the required height and floor space are only sufficient to give room for a bed, trunk, table, and chair. The window is generally single, and is guarded by two iron stanchions, and though these are here intended to prevent the escape of the patients, they are often to be found on other windows for safety at night. If, however, as is not the case at present, the patients should ever complain of them, it would be better that they should be done away with, as other opportunities of escape are abundant. Dr. Bulkens has seldom reason to explain of a want of cleanliness in these rooms; the beds were in good condition and neatly arranged, the floor clean, and the whole apartment gave the impression of cleanliness and order, which had already been produced by the day-room. The dress of the patients was also in good condition. This is due in a great extent to the arrangement that all patients supported at the public expense have thirty francs deducted from the yearly pay of the *nourricier* to be applied to his clothing. I often found on my unexpected visits the whole household engaged at a general meal. This consists of the produce of the country, and is suitable to the people, generally

simple, coarse, but clean and nourishing food. Pork, potatoes and other vegetables form the most frequent constituents of the principal meal; while for the others coffee, butter and bread, sometimes made of wheat, but usually of rye, complete the dietary. Every *nourricier* has at least one pig, which is killed at the beginning of winter, and furnishes a supply of fresh meat and bacon for the house; many have more, but none are allowed to be without one; so that this domestic animal is the second legally appointed *nourricier* of the insane. It is to be understood that the board of the artizans, shopkeepers, and the richer class who receive opulent boarders, is better and offers a wider choice to the patients; and the houses and the furniture of the rooms are quite suitable to the requirements of city residents. In conformity with my purpose, however, I confine myself specially to the consideration of the poor, and I can assure you that during my visits, which extended to many houses even in the most remote hamlets of the commune of Gheel—particularly that of Winkelomsheide, I found the above-mentioned fundamental conditions of comfort for the insane always fulfilled in the manner which has been described.

As by the hearth and at table, so also in the stable, and the field, and at the most various occupations, the working patient is the companion of his *nourricier*. At the time of my visit attention was universally directed to the potato harvest; and I saw the liveliest activity out of doors both among sane and insane. This constant companionship permits the most natural and unconstrained supervision of the patient. It does not annoy him, and it is hardly to be observed, as the *nourricier* does not stand over him like an idle spectator or a keeper, but is apparently engrossed in his own work. Often, indeed, if the patient is trustworthy, he goes alone to the field, or is accompanied only by a child; and it has never happened that the latter has been injured by his companion. Each feels himself called upon to watch over his comrade and see that no injury befalls him. I have often met such patients in the streets and neighbourhood of Gheel going to work or returning home, or perhaps only taking a walk for the sake of exercise, though I should have recognised few of them to be insane without a hint from my conductor. But this amount of freedom indeed is not constantly accorded to all the insane at Gheel. Amongst more than 1000 patients twenty were found in restraint, consisting sometimes of a light anklet, and sometimes, though more rarely, of a strait-jacket. Both these kinds of restraint, as well as many others now quite exploded, were constantly in use before the establishment of the medical superintendence of Gheel. Latterly it has gradually become milder, and Dr. Bulkens before long hopes to get rid of it altogether.

In order to avoid the repetition of what is already known, I forbear to enter further into the details of the life of the insane at Gheel,

especially as men whose disinterested and unwearied sympathy with this mode of treating the insane have given descriptions whose liveliness is unattainable by my pen. But I am desirous of correcting one error from which I fear harm has arisen. It has been stated by too zealous enthusiasts that the inhabitants of Gheel, and especially the *nourriciers*, are distinguished by such generosity of feeling and remarkable habits of self-sacrifice, that this renders them peculiarly adapted for the care of the insane. I believe it would be little to the advantage of Gheel to make a pretence which to the sober observer must show itself to be a mere pretence. That hearty desire lasting for years to render service to strangers out of pure love, and with a renunciation of the full remuneration usual among other people is so rare that it adorns but few men, and these in exceptional circumstances, and can never be the distinguishing characteristic of a whole community. It is thus in Gheel. I have often observed truly moving tokens of unselfish sympathy with the patients. I have in some little cottages found examples of a manner of acting towards the insane which could only proceed from a noble and kindly heart ; and I give the greatest credit for all the kindness which the inhabitants of Gheel daily show to their 1000 patients. But I do not believe that this is so rarely to be met with in other places ; and I have seen no reason for the belief that in Gheel or elsewhere any other motive but that of material gain will induce a whole population to devote their entire attention to the care of the insane as a calling. Certainly here, as elsewhere, the rule holds that people will only apply themselves persistently to what is useful when they receive an adequate reward ; and the insane at Gheel would certainly not be well treated if the *vocation* of *nourricier* did not produce actual gain. It is not my intention in any way to call in question the peculiar qualifications of the inhabitants of Gheel for this vocation. It may be easily conceived how their continued intercourse for centuries with patients requiring their care, and the influence of the visits of the patients' relatives, have improved their manners and raised them above the generality of country people. These circumstances must also have helped to elevate their minds, strengthening and developing those faculties which are peculiarly necessary for the care of the insane. But on the other hand the tempting stimulus of profit easily acquired must have contributed to produce along with *nourriciers* faithful to their trust, others who neglect their duty. I need hardly refer to the abuses which reigned in Gheel before the establishment of the government superintendence, and which continued to exist up to a very recent time, until they were checked by its interference. If I thus hesitate to acknowledge in the population of Gheel, as a whole, any extraordinary qualities of the heart, I am so much the more inclined to give them credit for their unquestionably peculiar capacity on the score of intelligence and experience. A long line of

generations having had their attention directed, both for their own profit and for the preservation of household tranquillity and order, to the rendering the maniacal outbreaks and troublesome habits of the insane innocuous by averting or mitigating them by means of gentle and intelligent treatment, must have attained to a proficiency which has been transmitted as a valuable inheritance to the present generation. Indeed, the first astonishing impression which awaits the stranger at Gheel is caused by observing that all the same inhabitants, young and old, and even the least educated, almost without exception, treat the insane with the most delicate intelligence, and never give occasion to unpleasant feelings. One might fancy, indeed, that instead of the tacit understanding which actually exists, there were some particular instructions being carried out as to the avoidance of everything that could remind the insane of the difference between their condition and that of the sane. But it is also to be remembered that modern times and examples of excellent management, such as we have given, must have had this effect, and that the abuses which formerly existed were due not merely to selfishness and carelessness, but also to want of intelligence. The best feelings of the *nourriciers* will require to be continually encouraged if these abuses are to be permanently removed.

But do these good feelings ordinarily exist? Is that first condition a sufficient reward—actually given in Gheel? I can answer both questions in the affirmative. It is true that the board paid for the poor is only from 65 to 85 centimes daily, from which, besides the expense of clothing, 12 francs are annually deducted for medical attendance. What remains to the *nourricier* seems little when compared with the price of food in Gheel.* But as the *nourricier* generally produces more of these articles than he uses, he does not buy at these prices, but sells. Still he would be badly paid if the labour of the patient, which on the average is valuable, were not taken into consideration. Not a few of the insane are as fit for labour as the sane, and perform it willingly, as they are well treated and not restrained without cause; others perform an amount whose value is merely nominal when compared with what would be done by the healthy, and only a few remain whose labour is not to be taken into consideration; for these, and for those who, on account of dirty habits and such like, are peculiarly burdensome, the higher board of 85 centimes is allowed. It is evident, therefore, that by a proper distribution of the insane the medical inspector may so arrange the results of the different degrees of fitness for labour, that they will be as much as possible equalised for the *nourriciers*. Thus it is that there is always a sufficient number of those who are ready to receive

* At the time of my visit half a kilogramme of wheaten bread cost 10 centimes, the same quantity of butcher meat on the average 85 centimes, and of butter 1 franc 30 centimes.

patients, and this is the surest evidence that the *nourriciers* are adequately remunerated for what the patients require. They value this income also for a special reason. As they are paid by the superintending authorities only at considerable intervals, it not only constitutes a certain income, but the wages of their labour accumulate as in a savings bank, and form an amount which they would otherwise have difficulty in gathering together. At the purchase of house and field it is found very useful.

Experience has shown clearly enough that good payment alone is not always accompanied by proportionally good treatment of the insane. There must also be continual supervision and direction, as carried on by Dr. Bulkens. With the able assistance of four divisional medical officers, always fighting perseveringly with what is bad, and at the same time preserving with discrimination what is good, a number of useful reforms have for years been carried on. Foremost among the improvements is the disregard of every consideration but the good of the patient when selecting the *nourriciers*, as other influences had previously been allowed to interfere. The patient has now his *nourricier* chosen for him with a view to his age, manners, language, and calling, and the particular kind of supervision which is desirable, and, according as the *nourricier* is in himself, his family and household arrangements the most suitable. Of the advantages thus obtained, I will only mention one which is a distinguishing feature of Gheel, namely, the formation of a special quarter for the Walloon insane, whose French language is not understood by the lower orders of Flemish speaking inhabitants of Gheel. By the increased intercourse between the Walloon patients who are thus concentrated and the inhabitants of this quarter which will take place, these inhabitants, and particularly the children, will learn French more easily; and Dr. Bulkens expects that French will soon become one of the subjects of instruction at school. In addition to this, the Walloon patients meet easily with one another. As fellow-countrymen they associate much together, and every Sunday after Divine service their rendezvous is in the choir of St. Amand's Church, where they converse, and afterwards strengthen their friendships, while they partake of refreshment in some place of public entertainment. Dr. Bulkens is endeavouring to associate the idiots in another part of Gheel, and he hopes to be able to establish special instruction for them. I might mention many other symptoms of progressive improvement at Gheel which reflect honour on the zeal of the medical co-operators.

In spite of the great number of the insane, not only is every divisional doctor acquainted with all under his own charge, but Dr. Bulkens is also individually acquainted with the whole. The past and present state of each patient, his habits and requirements, his dwelling and occupation, are all known to the medical inspectors, as

well in the remote parts of the commune as in the centre. He can, at any hour, enter any house in which a patient is lodged, and even the richer inhabitants who receive patients submit to this rule without opposition. The doctor, when he visits the patients in their dwellings and examines their condition, their treatment and their work, takes occasion by suitable counsel, praise or blame to exercise a favorable influence on the *nourricier*. He examines the application of restraint in the few cases in which it has been applied by his direction. He cheers the indolent patients, and rewards the industrious with little presents. He speaks to each patient alone, and they have easy access to him and to the divisional medical officer. He sees them in the fields and at their household work, and determines its amount. Still, the danger of overworking the insane on the part of the *nourriciers* hardly requires to be considered, as excessive work is generally disliked by country people of all nations.

The medical inspector has extensive powers of reward and punishment—the most powerful lever of all authority. The diplomas which from time to time are distributed with great ceremony to certain *nourriciers* depend upon his decision. They constitute an honorable object of ambition, and are placed in a prominent position in the house. Another kind of reward which is important is, that those *nourriciers* who display peculiar intelligence and consideration in the treatment of the patients receive more remunerative patients, and those who have shown themselves remarkably careful of the old and infirm have others who are more robust given to them, who make up by their activity for the deficiencies of their predecessors. If a *nourricier*, in spite of warning, neglects the cleanliness of his own dwelling or that of the patient, or the diet, the occupation, the superintendence, or any other part of the treatment, the inspector can transfer the patient to another house, or even strike the *nourricier* altogether off the roll. This punishment is so effectual that it only rarely requires to be carried into effect, and, indeed, the fear of it lends great weight to a simple reprimand. For every punishment not only weakens the credit of the delinquent, whose income it diminishes, but it permanently injures the man's position, especially if he is punished for improper treatment of a patient. It is evident from this, and from many other regulations, how intimately the prosperity or adversity of the inhabitants of Gheel is bound up with the residence of the insane amongst them. Of every three houses there is, on the average, one in which a patient is lodged. If two persons get married and wish to take up house, their first care is generally to have their names put on the list of *nourriciers*. If they obtain this token of confidence and this prospect of a regular income, they are at once in possession of good credit, and if they have a little means of their own they can easily obtain the loan of what is

necessary to buy at a cheap rate a portion of ground in the outlying districts; and with industry they can get on in the world. At first the house is built of slight materials, but gradually these are replaced by brick walls, and outhouses are added, and the area of house, garden, and field increases step by step, so that soon the sterile parts of Gheel will exist only in the memory. The whole of the very evident prosperity of Gheel and its continual increase depends on its provision for the insane. With this there is connected here, as elsewhere, the increase of education among the people, the cultivation of their manners, and the decrease of superstition and prejudice; and this is the surest guarantee that the efforts to improve the treatment of the insane will be fruitful in results. The considerable increase in the number of patients who have been sent to Gheel during the last ten years is an unmistakable effect of increasing public confidence.

As an indicative sign of the privileges which Gheel has obtained by the intervention of the government, we observe the infirmary in the vicinity of the village. I do not intend to describe it particularly, as it does not present many peculiarities. It is in all essential points built from the plans of Guislain, whose arrangements Dr. Bulkens could modify only very slightly. On the whole, it is very suitably arranged, though presenting imperfections which I have also observed in other asylums built under Guislain's directions. Of these, I consider that the most important are the second corridors, or corridors of observation, which he liked to place at the window side of the single rooms. I hope that the repetition of this feature will be given up in Belgium, as it tends more than anything else to give an extraordinary appearance to the single rooms, besides having other disadvantages which I will not dwell upon. It may also be mentioned that the windows in the day-rooms are all placed at such a height that those sitting in the rooms cannot obtain a view of what is outside. This is an irritating restriction upon the inmates, and gives an unpleasant aspect to the rooms. I have spoken of the absence of peculiarities in the infirmary, for you would look in vain for many arrangements which we meet with in modern asylums, particularly such as are intended for the entertainment or occupation of the inmates. Extensive gardens for walks and games, billiard rooms, a large hall for evening entertainments, workshops, stables and farm buildings,—all these are wanting. Those only who have overlooked these remarkable features could ever come to regard it as belonging to the class of closed asylums; certainly a great mistake. The infirmary has been erected only in pursuance of the idea which Gheel has sought for a century to carry out; to undertake the treatment of diseases of the mind in a manner exactly similar to that of diseases of the body. As it is considered that in a town where five medical men are employed, the medical service can be

satisfactorily performed only when an hospital is provided for the reception of such patients as require, either for their own good or that of their neighbours, that they should be kept separate. For the same reason an hospital for the insane has been established in Gheel. It is not on account of their disease in itself, but on account of certain concomitant phenomena that the insane are brought there. For besides the course of observation in the infirmary of the newly arrived patients, which generally lasts only a few weeks until the patient is either placed in a private house or is sent away from Gheel as unsuitable, the principal object of the institution is to receive from the houses of the *nourriciers* such patients as are unusually burdensome or dangerous by reason of severe or infectious illness, or from long-continued or violent mania, or from their refusing to take food. The infirmary does not, however, contain any permanent insane population. There are, therefore, no arrangements for entertainments or for work which indeed are required almost solely for those whose condition admits of no further important change. With the exception of a few patients who, at their own request, are retained in the house to assist the staff of attendants as kitchen-maid, porter, gardener, or other such offices, on account of their peculiar fitness for domestic service, no patients are received into the infirmary except temporarily; and the house of the *nourricier* continues to be the home of every one in Gheel. It only differs from an ordinary hospital very well arranged, and abundantly provided with baths and similar appliances, only by having seven single rooms for each sex; five of which are called observation rooms, and two are actual cells, one of which was being fitted up as a padded room. The whole house is capable of accommodating sixty patients; its changing population amounted at the time of my visit to only fifteen out of more than a thousand insane in Gheel. How, then, can Gheel be considered as transformed into a closed asylum? There is still another purpose which the building serves. It contains the residence of the medical inspector and of the manager, and the offices of the whole superintending authorities of Gheel, as well as the store for the clothing of the insane poor. The baths also are for the use, not only of the patients in the infirmary, but also to maintain cleanliness among those who are boarded with *nourriciers*, and who come to the house on certain days for this purpose.

The infirmary being thus made use of is certainly the most important improvement that has been effected since the introduction of medical superintendence into Gheel. But it would be erroneous to overlook the fact that, in spite of this, the fullest activity of the medical service is to be found in the houses of the *nourriciers*. It is there, particularly, that the divisional medical officers at their regular visits observe every important change in the condition of the patients, and adopt such treatment as is practicable in the

private houses ; or if they consider it necessary, order their removal to the infirmary. Monthly meetings of the five medical officers are held for the interchange of their experiences, while the four divisional officers have frequent interviews with the inspector. Post-mortem examinations have not yet been introduced in the cases of patients dying at the houses of *nourriciers*. This, for the benefit of science, would be a very desirable innovation. It would seem that, on account of the detached positions of the houses, the average number of 250 patients would be too much for each divisional officer, especially as they have also general medical practice ; for their salaries alone would be insufficient for them. But this other occupation has just the effect of sending the doctors among the *nourriciers*. And besides, the great majority of the 250 cases are chronic, who, when not suffering from bodily disease, give little opportunity for medical treatment. In addition to this, in the supervision of patients and *nourriciers*, the divisional officer is efficiently assisted by his appointed *garde de section*. This applies especially to the superintendence of the use of restraint, which never can take place without being immediately reported to the medical officer of the division. This is not the place to discuss the propriety of the absolute disuse of restraint, though I believe that in a small number of cases the application of mechanical restraint is no greater evil than the means which are used in its stead ; and that the choice between the two modes of treatment depend essentially on whether complete confidence can be placed in those who carry it out, and whether it will be sufficiently superintended ; and as I have observed, besides, that the use of mechanical restraint as well as of seclusion is much circumscribed at Gheel, I cannot agree with those who from this restraint deduce objections to Gheel.

There exists from the consideration of this use of the infirmary, which has, indeed, removed many disadvantages, a great difference of opinion as to what kind of patients are suitable for Gheel. Some would admit scarcely any except the quiet and industrious. But the extensive choice of *nourriciers*, who are of very various characters, the often surprising skill which they display in the treatment of the insane, the detached buildings in the commune facilitating the supervision of particular patients, will justify the exclusion of very few classes. The *réglément* for Gheel of 1851 alludes to this subject in section 27,* but this direction is so expressed that if it were strictly carried out, a great number of the patients at present in Gheel would be excluded. And yet we find, instead of murder,

* " Les aliénés à l'égard desquels il faut employer avec continuité les moyens de contrainte et de coercition, les aliénés suicides, homicides et incendiaires, ceux dont les évasions auraient été fréquentes ou dont les affections seraient de nature à troubler la tranquillité ou à blesser la décence publique, ne peuvent être reçus dans la colonie."

suicide and arson, the greatest tranquillity in the streets, nowhere any disturbance of public order—nowhere are the people afraid of intercourse with the insane, and the number of escapes is remarkably small considering the great amount of liberty allowed. Therefore, I believe that those only should be excluded who are unfitted for this kind of treatment by their peculiarly helpless condition, or on account of something which they have done and may do again; but not on account of something which it is possible they may do. Among the unsuitable I would regard the infirm and paralytic, for, being at the board allowed for the poor, unfit for a family, they would be confined for years in the infirmary; and also those who have made a recent serious attempt on the life of another; and all those patients whose deeply depraved moral condition renders them more unfit for society when insane than they had previously been. Dr. Bulkens would prefer that the epileptics and idiots also should all be removed; and if the latter are to remain, care must at least be taken to provide in a suitable manner for the cultivation of their bodily and mental capabilities.

Allow me now to add a few recommendations regarding Gheel. Above all, an individual directorate of the whole management should be established and entrusted to the medical inspector. Many arrangements still extant fetter his free action in an unsatisfactory manner. The very underlings of the infirmary have to obey two masters. But, particularly, the selection of the *nourricier* for each patient is not yet, as it ought to be, the unquestioned right of the medical inspector. Indeed, he has only succeeded by years of unceasing endeavour in his regular conferences at the meetings of the superintending committee to combat influences which are still actively opposed to him. An increase in the salaries of the five medical officers would also make them less dependent on their private practice, and be thus beneficial to the insane. In conclusion, it is in my opinion specially desirable that the number of insane at Gheel should not be increased. The more this is done the more will the supervision by one man become difficult; rules and forms will take the place of frequent personal influence; and the peculiar excellence of Gheel, free and independent movement, with diversity in its parts, will be diminished, and evils which have fortunately been removed may reappear.

You are aware of the different judgments which have been passed on Gheel. Between the enthusiastic admirers of the system and those who desire to see it entirely abolished is a long list composed not least of those whose faint praise scarcely conceals their deep dislike. It cannot be often enough repeated that those who give an unfavorable opinion of Gheel do not rely on their own personal observation, though that might have been expected in the case of so peculiar a phenomenon. Of the many doubts which have

been expressed regarding Gheel by those who have never been there, and concerning which such tediously long dissertations have been written, the greater part are disregarded by those who have investigated the matter with their own eyes. Gheel has been compared with the modern closed asylums, especially with those which are distinguished for extensive agriculture and the greatest possible freedom of movement to the patients. After having, during a term of five months' duration, visited a great proportion of the public asylums of Germany, Holland, Belgium, and England, which are principally intended for the poor, and having found many excellent ones among them, I still believe that Gheel and its system have nothing to fear from the comparison. Let us not lose sight of the fact that Gheel differs merely in degree from other asylums by the great freedom which its patients enjoy, but that in the family life there is a difference in kind, and also that it is this family treatment the great peculiarity of Gheel which strikes every visitor afresh. I am far from denying that the majority of closed asylums boast with justice of certain advantages over Gheel. In most, if not all of them, the inmates are provided with brighter, higher, pleasanter, and more convenient dayrooms, larger and more easily warmed bedrooms. In many asylums, and especially in England, there is a better, lighter, and more varied diet than is supplied to the insane poor in Gheel; and the *nourriciers* at Gheel can never be so continually attentive to the patients as the attendants in a closed asylum have at least the chance of being. But yet, although Gheel does not possess handsome buildings, a beautiful view, broad parks, convenient arrangements, nor various games and amusements for the patients, I have seen more happiness and contentment in its cottages, more strength and self-possession among the insane, than in the palaces. And is it to be wondered at? Who among us that has lived for years in a public asylum has not often been filled with sympathy for the sad condition of its inmates, and for the many restrictions which they endure, not as the unavoidable consequence of their disease, but only as the result of the system of treatment to which they are subjected? Who has not felt how much the proper self-reliance and the manly dignity of these insane is injured by the way in which we congregate them? Does it not strike one as frivolous to compare with a family a gallery of from twenty to eighty persons, among whom besides there are to be found persons of very different degrees of cultivation and of mental capacity? He who is accustomed to the manners of the city is annoyed by the boorish habits of his neighbour, and the tranquil patient by the restless to-and-fro movements of the excited. The still sensitive patient feels himself degraded by association with those sunk in profound idiocy. His free movements are cramped by one or another regulation which in the large population is indispensable for the

tranquillity and order of the house. The bell which regulates his daily life deprives him of any choice. The letters which he sends or receives are read by those with whom he is not in confidential relation. To the insane who feel these restrictions, and there are many such, the amusements with which we seek to compensate them are felt as a burden. The strict separation of the sexes which is necessary in large establishments deprives the intercourse and games of the patients of one of the greatest charms of society. If the patient is, like a child in leading-strings, taken for a walk along with a number of his fellow-sufferers, how can he enjoy himself; for as soon as he sees a sane person he is reminded of the unnatural restraints by which he is separated from him. The only sane person he sees regularly is his attendant, who is charged with the maintenance of every asylum restriction and regulation in regard to the patient. As he is in so many cases beneath the patient in culture and manners, these annoying regulations become more annoying on account of the person who carries them out. Besides, the attendants in almost all public asylums are badly paid, and are thus deprived of the most important condition disposing to the pleasant performance of their duties; and they are, at least, when unmarried, easily induced to relinquish them. Set against all these evils, we have the comfort of the arrangements which many are from their early habits unable to appreciate; certainly no compensation. In good asylums the patients are subjected to little or no mechanical restraint, but these moral evils are met with in all. A great proportion of the patients are everywhere indeed too deeply depraved to feel them acutely, but many others, especially the better educated, give themselves up silently to the inevitable; and their silence is almost more eloquent than the complaints of those who complain loudly, and frequently demand their freedom—their release from that confinement which we had believed was made so comfortable and pleasant. Every physician to a public, and especially to a large asylum, will agree that the above-mentioned disadvantages of the only kind of public care of the insane hitherto recognised cannot be got rid of, and the endeavours to mitigate them forms a great and most distressing part of his vocation.

How much could I add if I were to describe not what must always necessarily be, but the more marked features of what everywhere exists, if I were to speak of the general overcrowding of asylums, and its effects upon the happiness of the patients. And we daily practise with the greatest calmness all these serious encroachments on the rights and on the freedom of individuals; for however much we may pity them, we regard these social conditions as inevitably connected with the proper treatment of the insane. Yes, we scarcely reflect on the greatness of these encroachments, and we are, at all events, firmly convinced that our therapeutics

are sufficiently advanced to overcome by their aid the distressing effects which we produce upon the health of the insane. And although hundreds of patients live at Gheel under natural conditions, who, in any other country, would have been placed in a closed asylum, and are just so many proofs of the injustice which we practise towards that portion of the inhabitants of our asylums who are suitable to this free kind of life; with us they are shut out from intercourse with the sane, which is their only proper intercourse; there they live in active communication with them. All their actions are superintended in a manner that could scarcely be more perfect, as all the members of the family assist in this duty; they form a circle about the patient in which he finds what he has lost, or, perhaps, never possessed—friends and confidants. The soothing voice of woman, which often tranquillises the excited, is not wanting here, nor the merry laughter of the children, who try to entice him to join in their amusements. Whatever kind of capacity he still possesses is discovered, and he is encouraged to make it useful; for he can always find some employment among the various occupations of the house which will suit him; and I found one well educated patient when I visited Gheel who was busily occupied with the work of secretary to a committee that had been formed to enlist the interest of the inhabitants of Gheel in an agricultural exhibition in Turnhout. He fulfilled this duty, which required so much walking and talking, in the most satisfactory manner, and obtained thanks from all quarters. The insane are disposed to work for those who receive immediate profit from their labour, and who must therefore in justice feel obliged to them and value them. This kind of recompense, the indispensable stimulus to all voluntary labour, is unknown to the inmates of the public establishments, and those who are acquainted with them have therefore remarked how negligently the work there is generally performed. And when those in very low mental condition are to be employed, work must be resorted to which is not of the slightest use, and does not even present the appearance of fruitful labour.

I have contented myself with indicating a few of what, in my opinion, are the most important features in the life of those patients at Gheel who belong to the poorer class. A few remarks now in regard to the others. Gheel is a quiet and secluded place, whose means of intercourse leave much to be desired. It is deficient in the charm of a lovely view or interesting neighbourhood; it has neither a mild climate nor luxurious vegetation, and it has little to show in the way of beautiful gardens and shady promenades. Hence all those patients of the richer classes who have in the days of mental health been accustomed to every luxury, are unsuitable for being placed at Gheel. For such persons a pleasant, well-

situated, and well-conducted private asylum will always afford the greatest opportunities of enjoyment.

Allow me now, in conclusion, to describe to you the general impression produced upon me by my visit. I am convinced, by what I saw, that Gheel, in spite of many existing deficiencies, presents an example of very good, and, indeed, for many cases, the best kind of treatment for the insane; that the agricultural colonies, the blocks, and similar modifications of public asylums which have been recently introduced, will always be essentially different from the system of family treatment illustrated in Gheel; that this system is also suitable in most cases for the adoption of all modes of cure, and excels any other in its influence on the mind; that it also is more than any other compatible with the rights of the patients to freedom and enjoyment of life. For this reason the future is its own, and it will one day be the general mode of provision for the insane, which by weighty reasons must justify itself against every objection.

A verdict like this compels me to express my opinion as to the conditions for extending the family treatment of the insane. The possibility of this has been often denied even by the admirers of Gheel, and the attempts which have been made have not been hitherto very successful. And yet I recognise in the essence of what is practised in Gheel nothing that is peculiar to Gheel alone. The religious aspect may be thought inconsistent with this opinion. But those who have been at Gheel will coincide with me that, at the present day, the peculiar reverence for St. Dymphna is certainly no longer the motive principle of the treatment of the insane there. The inhabitants have, for the most part, been for a long time intelligent enough to perceive to what influences the cure, or at least the health of the insane, is due. It is no longer superstition, but that practical philanthropy which is the soul of all religion, that points out to them the true way to benefit the insane. Is it to be asserted, then, that these sentiments are a special characteristic of the inhabitants of Gheel? Can they not be similarly aroused in other places, and employed for the benefit of the insane? But, it will be answered, the origin at least of Gheel depends on the local basis of that religious service; it is on account of it that for more than a thousand years the inhabitants have been accustomed to daily intercourse with the insane, and have been freed from prejudices which still cling to society at large. Certainly: but may not the good which has been accomplished by superstition be elsewhere obtained by judicious instruction? Let a comprehensive and well considered experiment be made in the right place and with sufficient means, and let it be carried on perseveringly. Let a country neighbourhood, with a good climate and detached style of dwellings, be chosen, a neighbourhood which is little fit for manufacturing un-

dertakings, but which contains a considerable extent of cheap land not much built upon, a population not very opulent, but on the contrary, unsophisticated, and hitherto remote from commerce, so that they may be the more open to the influences that we wish to put in operation. Let the good education of the children be provided for, and let a clergyman be found who is peculiarly adapted to awaken intelligence and energy among those with whom he comes in contact, and determined to use this influence in the furtherance of our project; popularly written works might also be circulated as an additional means of instruction. In the same locality let the erection of an asylum be proceeded with, which at first would serve as a closed asylum in the received sense of the word, but which would afterwards be used for the same purpose as the infirmary at Gheel. The physician to the asylum would have the carrying out of this transformation. He would begin the transplanting of the insane among the general population by placing them with married attendants living in the vicinity of the asylum who might be ready and suitable to receive patients, and for whom he would purchase plots of ground, with the view of their settling there for a certain period. Care would be taken, however, that this last proceeding should be carried out as a permanent arrangement, as it would burden the promoters of the undertaking with the purchase and possession of extensive grounds, and the superintendence of their proper management. These first cases should only serve as an encouragement. But then there should be no interference with the unrestricted movement of the population, and the free play of the industry of any by a power which would be possessed of the ground which is the basis of labour. If a commencement is made in such a manner that quiet working patients should be placed with the attendants at a rate of remuneration exceeding the expense of their treatment, not only will the prejudices of the multitude soon be removed, but the hope of gain, which is the most powerful engine in all progress, will make many disposed to receive patients. The more the distribution increases, the less will it be necessary to continue the payment of premiums which stimulated the spirit of enterprise of the first applicants; and the system would recommend itself by its cheapness as well as by its other excellencies. Such an undertaking could only attain to any considerable magnitude in the course of a decade. But I hope that this prospect will not prevent a commencement from being made. On the other hand, it results from this that the existing closed asylums, even though they may be unsuitable for the transplanting of the insane among the neighbouring population, have still a long future. The continually increasing number of the insane requiring public provision will always present a surplus which will be unfit for family treatment; and the asylums furnish the only provision for the necessary clinical instruction in

mental diseases. But the position of the physicians to closed asylums will be rendered more satisfactory by an extension of the family system. We will be freed from what we are at present subject to, the consciousness that we are not only physicians in the service of the public good, but also as regards one portion of our patients, gaolers in the service of public prejudice.

Yours most obediently,

(Signed) EDMUND NEUSCHLER, M.D.

I believe that I only express the general feeling of the profession in this country, when I say that we are always pleased to become acquainted with the opinions of our learned brethren in Germany to whom we already owe so much; and we thank Dr. Neuschler for his interesting letter. It would, however, show little appreciation of the care which he has bestowed on the subject were we to receive his conclusions without remark; and I am sure that we shall best fulfil his wishes by discussing the subject in the freest possible manner.

A decision upon the whole question may be arrived at if we can answer the following questions satisfactorily: 1. Is the whole system as actually carried on at Gheel, one which it would be desirable that we should copy? And if this should be answered in the negative; 2. Are any of its peculiar features worthy of being adopted either in their entirety or with modifications?

The cases of patients belonging to the more opulent classes may at once be excluded from consideration, as I believe that most persons will agree with Dr. Neuschler, that the greatest possible advantages are secured for them by the system generally adopted. The question is thus narrowed to a consideration of how far Gheel presents a satisfactory mode of providing *public* accommodation for the insane. Those patients also, whose tendencies are markedly dangerous to themselves or others, or whose habits are of a destructive character, are generally regarded as unsuitable, and are professedly excluded from Gheel.

Let us then endeavour to reply to the first of the questions which I have proposed: Is the whole system as carried on at Gheel such as should be imitated? I fear that a very short examination will satisfy us that it is not. In spite of the condemnation which the large amount of restraint has received from most of those who have visited Gheel, it does not appear to be satisfactorily diminished. In 1856 the total number under any form of restraint was given as 69 among 774 patients. Dr. Snell,* director of the asylum at Hildesheim, reports that at his visit in 1862, about 60 patients wore fetters on the ankles, and that the number of strait-jackets and

* "Verhandlungen der psychiatrischen Section in der Naturforscher-Versammlung zu Gießen, September, 1864," 'Allgemeine Zeitschrift für Psychiatrie,' vol. xxi, Supplement.

restraint girdles was proportionately large. Dr Brosius,* director of the private asylum at Bensdorf, near Coblenz, estimates the total number as probably reduced by a half since 1856. Dr. Webster, in 1866, "learned that the daily average of persons under even temporary restraint by manacles seldom, if ever, exceeded twenty examples; while those who had hobbles to prevent straying in fields adjacent, by records kept, rarely amounted to five instances." He "heard of none being confined by strait-waistcoats, or analogous appliances. Dr. Neuschler says that the use of mechanical restraint is much circumscribed. Dr. Webster seems to think that at the time of his last visit the only case of seclusion was one female patient whom he found in the infirmary; but Dr. Neuschler reports that its use is only much circumscribed; and in the preceding year Dr. Brosius seems to have found several in seclusion, and others wearing the strait-waistcoat. An indication of the feeling with which seclusion is regarded by the *nourriciers* is given by the last-named observer, who "asked a peasant woman why her patient was locked up." The reply was, "she is cross (*böse*) to-day." Dr. Snell says that "in the neighbourhood of Gheel patients are often seen shouting and reviling at the windows of the chamber in which they are shut up." It is to be feared that the authorities are not yet prepared to remove the iron stanchions, as Dr. Neuschler recommends. We need not raise the question here whether mechanical restraint is ever necessary, as the majority of our continental brethren hold very different views of the subject from those prevalent in this country. But whatever may be thought of its use in asylums, it ought surely to be banished from a place whose chief claim to admiration is the absence of asylum restrictions, and the preservation of the kindly associations of family life. In the account of a visit to Gheel† which I made in 1860, I expressed the opinion that cases requiring restraint should be excluded from Gheel. In 1862, when I again visited the colony, this opinion was impressed, if possible, more strongly on my mind. But hopes were entertained that the use of such appliances would soon be discontinued. As these hopes have hitherto been disappointed, it appears desirable that emphatic disapproval of their use should be recorded by the profession, so as to hasten the necessary reform, and I do not doubt that no one would rejoice more at their abolition than Dr. Bulkens himself.

Besides the incompatibility of the spectacle of manacled, and girdled, and hobbled patients, with the feeling of freedom and family life which it is the aim of Gheel to preserve, every alienist must recognise the necessity for such cases, of having a more

* "Naturforscher-Versammlung zu Hannover, September, 1865," 'Allg. Zeit. f. Psych.,' vol. xxii.

† 'Journal of Mental Science,' April, 1861.

thorough supervision than can be carried out at Gheel. The long experience and ability of the *nourriciers*, which are so useful in many ways at Gheel, are not unmixed benefits when the treatment of refractory patients is concerned. It is well known that in the oldest asylums the greatest care is necessary on the part of the superintendents to check the employment of ingenious but improper proceedings which have, from time to time, been introduced by attendants for their own ease, though not for the patient's good. I am acquainted with one eminent medical superintendent who will not engage an attendant who has previously been on the staff of another asylum, on account of the danger of his importing some new mischievous device. In such a place as Gheel it must be almost impossible to prevent these objectionable proceedings so long as a class of patients supposed to require restraint is admitted. It must also be borne in mind that the tranquillity that characterises the town is accounted for by the practice which, according to Dr. Webster, is still followed, of placing "boisterous and agitated maniacs at remotely situated cottages or farm-houses located in open heaths, distant from the town, where, having few neighbours, they cannot disturb any insane patient, or cause much annoyance." This arrangement has evidently the effect of removing the class of patients chiefly requiring supervision, to a position where efficient supervision is impossible.

Another class of patients at Gheel who ought to be excluded is composed of those who desire to escape. The existence of this desire is sufficient proof that they are discontented with their condition; and as the *nourriciers* have to pay the expense of all escapes, such patients are either fettered, or watched with a jealousy more irksome than confinement in an ordinary asylum could be. "We met," says Dr. Brosius, "a German in Gheel, a patient from Cologne, who complained bitterly of the want of freedom, and was uncommonly glad when, with the permission of his host, we took him for a walk through "the town. He had once made his escape, and the expense having been defrayed by the *nourricier*, that otherwise humane host never afterwards permitted him to cross the border of the plot of ground attached to the house. Is that freedom?" According to the Gheel reports up to 1860, the average of escapes of whose after fate no information is given, was 3.4 per cent. on the admissions. In these cases either no necessity existed for their detention in Gheel or any asylum, in which case it was wrong to send them there, or if such necessity did exist, it was unfortunate that Gheel was selected. I think it is also obvious that all paralytic patients, and those suffering from severe bodily ailments, or having a tendency to dirty habits, would be much better provided for in an asylum under more complete supervision, and furnished with the usual hospital appliances.

Let us now consider the question from a purely medical point of view: Are patients more frequently cured in Gheel than in other asylums, or do they enjoy greater bodily health? A paper which deals with the subject in this manner was published by Dr. F. Wiedemeister,* in which he forms a very low estimate of the medical value of Gheel; but it appears to me that he has left some important considerations out of view when forming his opinion. One great difficulty presents itself in the fact that Gheel receives so many incurable cases from other asylums; and I am not at present in possession of data to indicate exactly to what extent this occurs. If, in the cases admitted, we compare the duration of insanity previous to admission, with similar statistics in ordinary asylums, we find that Gheel contains a less curable population than they do. Out of 527 admitted to Gheel, 192, or only 36 per cent., were cases of less than ten months' previous duration, and probably about 40 per cent. would be under a year, so that there would be 60 per cent. of chronic cases among the 527 admissions. Let us compare this with what has been found in two asylums, one English and one American, the statistics of which, in regard to this point, are fully given in these reports; in Prestwich asylum from 1851 to 1865, and in Worcester (Massachusetts) Asylum from 1833 to 1864.

	Admissions.	Per-centage of recent cases.	Per-centage of chronic cases.
Gheel	527	40	60
Prestwich	3948	68	32
Worcester	7104	65	35

The proportion of recent cases admitted to the two asylums is about double the number of chronic cases; and to put Gheel on an equality with them on this point, two thirds of its admissions of chronic cases would require to be excluded, which would diminish the entire number by 40 per cent. By this means we arrive at the probability that 316 of the 527 were cases possessed of equal chances of recovery with those usually admitted to asylums.

If we now take the recoveries for the year, and compare their number with these 316, we find that 100 have been discharged recovered, or 32 per cent. of those admissions which afforded an average chance of cure. In the report of the Essex Asylum for 1865 a very interesting table is given by Dr. Campbell, in which are presented the statistics of recoveries and deaths in the county asylums of England for the previous five years. From his data it appears that the average proportion of annual recoveries to admissions was 36 per cent., two asylums having less than 22 per

* "Ueber die Leistungen des Gheeler Systems. Auszug aus einem dem Ministerio des Innern unterbreiteten Reiseberichte," 'Allg. Zeit. f. Psych.,' vol. xxi.

cent., and one having the large proportion of 51·5 per cent. It thus appears that in curative efficacy Gheel must be regarded as below the average of ordinary asylums, and we must, perhaps, regard it as considerably below if we take into consideration that what are counted as recoveries there, include not only *guérisons*, but also *améliorations notables*.

The general health of the patients at Gheel can be estimated with less hesitation as the circumstances which disturb the last calculation will not materially affect the rate of mortality. During the five years ending 1865, during which there was an average of about 1000 patients resident, the deaths amounted to 409, or 12 per cent. per annum. The average mortality in the English asylums, as computed from Dr. Campbell's table, is 10 per cent., the highest being over 14 per cent., and the lowest under 6 per cent. Gheel may consequently be said to be nearly on an equality with ordinary asylums in this particular.

We must thus refuse to acknowledge in the family system as a curative agent that superiority over the ordinary asylums which Dr. Neuschler and some others would claim for it; and we now come to the question, Is there any part of the system which may be regarded as an improvement on ordinary asylum treatment? Almost all those who have visited Gheel report that a great many of the patients were happy and industrious, while there can be no doubt that the expense of their maintenance is considerably below what would defray the expense of asylum treatment. And there can be no doubt that the example of Gheel has done more than anything else to teach us how great a degree of liberty may be granted to a large portion of the insane, and has stimulated the construction of asylums divested of those special characteristics which were formerly regarded as necessary for the care of the insane. So far as the insane can be treated efficiently without the erection of asylums, so far is it for the advantage of themselves and of the public that they should be so treated. It would be desirable, then, that the experience of the authorities at Gheel should be of such a character as to teach us precisely the description of cases to which family treatment is suitable. But this is just the information that the attempts to admit patients so promiscuously prevent us from obtaining. What we want is that all the unsuitable cases should be eliminated, and that we should then be made aware of the nature of those cases which remain. Until this is done it cannot be regarded as a guide to asylum reformers; and we must advance slowly and by the aid of other experiments in the determination of the proportion of pauper insane who may be excluded from asylum treatment. An attempt is being made at present by the General Lunacy Board for Scotland to determine this point; but as yet there is no general agreement as to the number which may be provided for in private

houses, though all seem inclined to the opinion that more may be done in that way than was recently supposed. My own opinion is much the same as it was after my first visit to Gheel. There seem to be "two classes of cases which more than any other derive benefit from this system. One class comprises the milder forms of acute mania, many of which may be successfully treated, though at first sight it would appear that their excitement would require that they should be more closely confined as a protection to themselves and others. The other consists of partially demented cases who have either through old age or other causes fallen into a second childhood."* If I would modify this opinion, it would be by speaking with less confidence of the propriety of placing with families patients labouring under even mild forms of acute mania; and it is probable that a large number of the demented class who are suitable will be found among congenital cases. The labours of Dr. Mitchell and Dr. Paterson, in Scotland, give greater promise of affording useful information regarding these points than any indications which we have received from Gheel. Many difficulties will have to be overcome by these gentlemen, and that they are being satisfactorily grappled with appears from their published reports. In the report for 1865, Dr. Mitchell states† the principles on which the Scotch board are acting, and gives such an excellent *résumé* of the whole subject, that I take the liberty of transcribing it. I believe the view on the whole to be, as he states it, a correct one; but I think I would have more fear of trusting the very idiotic or fatuous to the cottage treatment than his experience seems to lead him to.

In any scheme making provision for the insane poor, the erection of public asylums "constitutes a first feature—a *sine quâ non*. By this, however, it is never meant that they should be large enough to hold every person in the country who can be duly certified as insane, or even that all such persons would be the better of being placed there. What is meant is this, that public institutions, with every appliance which skill and humanity can suggest, should be created and kept ready for the reception of those lunatics in the treatment of whose disease those appliances are valuable and necessary, and also for the safe and comfortable keeping of those lunatics who, though not curable, are unfit to be at large, because they are dangerous to themselves and others, and in whose management *safety cannot easily be combined with comfort*, except in a home constructed and designed for that purpose.

"These two classes being thus provided for, there remains a third and very numerous class, consisting of insane persons quite beyond all reasonable hope of cure (many, indeed, being congenital idiots or

* Loc. cit.

† 'Appendix to Seventh Report of the General Board of Commissioners in Lunacy for Scotland,' 1865.

imbeciles) who are easily managed, and inoffensive under kind and judicious treatment. These persons do not require the costly appliances of an asylum for their proper care, and to place them in asylums would not add to their happiness. Though of unsound mind, though unable for that cause to support themselves, though in constant need of guidance and help from others, they are, nevertheless, capable of enjoying an individuality in their existence; they appreciate the amenities of domestic life and the pleasure of freedom; and they are often affectionate, gentle, and biddable. This description rests on an acquaintance with this class of the insane which has become large in the discharge of my duties.

“If the costly appliances of an asylum are not necessary for the proper care of such lunatics, it is not necessary for the country to resort to them, especially since it appears that the doing so would not benefit or increase the happiness of the patients themselves. The consideration of cost is a proper one, and should not be overlooked. Lunacy is a great public burden, and every proper thing should be done to prevent an unnecessary increase. Unless some remedy be applied, we have already proof that we shall have that happening in Scotland which has happened in England, where, in the last fifteen years, pauper lunatics in asylums have risen from ten to twenty-two thousand, without exhibiting any diminution in the rate of increase, and where there is a constant demand for increased asylum accommodation.

“It is believed that, through the provisions of the Scotch Lunacy Act in reference to single patients, and patients in houses with special licenses, the remedy for at least a part of this evil is found, since through them a satisfactory, inexpensive, and natural way of disposing of a certain class of the insane is afforded—of that very class, it must be remembered, whose number shows the tendency to increase. Of the working of the provisions there has now been a sufficiently long experience to justify this opinion.

“Of cases of acute or active mental disease received into asylums for treatment, only a certain number are cured. Many of the rest pass into fatuity, or their disease becomes chronic, inactive and perfectly incurable. Not a few of these last belong to a class of the insane who may be provided for in the way just described. All asylum populations which have been gathered slowly consist, in a considerable proportion, of this class. It is their accumulation which fills the asylum; and it is their withdrawal and transference into private dwellings which ought to give relief and allow the asylum to fulfil its higher objects.”