

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

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

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

obstacles to treatment, and the altered circumstances of everyday life find expression in types of mental disease and difficulties of management peculiar to the country.

Gladesville Asylum, Sydney.

The Metropolitan Asylum of New South Wales, so ably administered by Dr. Manning, has the varied advantages of site and climate. It is placed on a charming reach of the Paramatta River, about six miles by water from the city of Sydney. Communication between the asylum and the town is ordinarily kept up by means of a steam launch—all patients being so conveyed. The public river steamer sets one down at the hamlet of Gladesville, within easy reach of the establishment.

The first thing that strikes a visitor to Gladesville is the very picturesque and sequestered situation—though this is, perhaps, hardly the place to enlarge on the exquisite surroundings of Sydney—and the first thought of the specialist is a doubt as to the possible extent of the personal liberty of suicidal patients, with the daily temptation of a great flowing river at the foot of the garden. Suicides, however, are of the rarest occurrence; but the river is, of course, an undoubted bar to the full freedom of patients of this class. The great extent of unreclaimed bush that lies all round the asylum is a danger still more restrictive. Shortly before my visit a female patient had escaped, and eluded all efforts to discover her for several days, yet she was never more than a quarter of a mile from the boundary wall. And even when she was found and brought back, the condition to which she had been brought, by sheer starvation, had almost proved fatal. Both these causes, together with the roving freedom of Australian life, combine to restrict the exercise of many patients to the airing courts, and to diminish the number of out-door workers.

The grounds are highly ornamental, and pleasant with ferneries and rockeries, and green walks and orange trees.

At the foot of the garden a spacious bathing-house has been staked off from the river, so as to exclude the sharks that swarm beyond. Here, at times, laundry work is done. The boats and tiny pier are necessities in this Antipodean Venice.

The estate was completely walled in on the building of the asylum; but the cemetery and a very extensive reserve of bush are still beyond these defences.

In a remote corner of the garden is a deep ash-pit, where the refuse of the house is carted and left to rot, the liquid part being drained off and used to irrigate the kitchen garden, the solid part being trenched into the earth in the usual way.

The land is naturally very uneven and rocky, the soil poor and light; but the greater part of it has been reclaimed—terraces of vines and orange trees taking the place of the virgin bush. This is the result of the work of the male patients, an average of fifty being so employed out of a population of 300.

Much blasting of rocks and much carting of *débris* have been done during the many years of labour this has involved. As an instance of colonial prejudice it may be remarked, in passing, that the use of a hand cart in this work has been found impracticable, the patients objecting to it as a relic of the bad old times of convict service. And Dr. Manning's attempts to introduce oatmeal porridge as an article of diet failed on similar grounds. It seemed to carry with it a suspicious resemblance to penal servitude.

The airing courts are extensive and pleasant, overlooking the gardens and the river beyond. The great sunshades in the centre are everyday wants where so much of life is spent under the verandah. Here, too, are many pets—kangaroos, emus, tortoises, birds of divers kinds in aviaries. These form one of the special features of Gladesville, a successful venture highly appreciated by the patients in the vast majority of cases.

Besides these well-wooded extensive airing-courts, there are several in the centre of the building all more or less cheerful, where the patients pass most of their idle time; and running round these courts are paved verandahs, where the lavatories are placed.

The asylum has been built with due regard to the demands of the climate, so as to give the greatest possible amount of *shade*. The quadrangular blocks are of one storey, and very narrow—too narrow in fact—giving day-room accommodation of the most meagre description. Herein is presented the greatest contrast to English asylums, the comparative unimportance and all but total absence of day-rooms, and the scantiness of the furnishings.

The single rooms and dormitories are much over-crowded, and the *latrine* arrangement seemed most undesirable. This consisted in a slop-pail, set in a shallow leaden trough in a

corner of each dormitory, instead of the usual chamber-pots ; and though the windows gave a good cross ventilation, there was a perceptible urinous smell throughout these rooms. The bedsteads are of iron, of a special pattern, the bedding warm and comfortable, hair gradually taking the place of straw, though Dr. Manning is not altogether favourable to the use of hair for wet patients. The earth-closet system is alone in use, and has been found wanting, though every precaution has been taken to ensure success.

The water supply is extremely scanty, being brought from Sydney, and eked out by the collected rain fall.

The Steward's stores and kitchen block have lately been repaired, remodelled, and enlarged. The laundry is very complete, being arranged on the French plan. The drying room is a spacious apartment with louvre windows, and a large bore steam pipe running round. It is but seldom used for drying, but mostly as an additional ironing room.

A corrugated iron erection of unseemly appearance serves as chapel and amusement hall, but of late it has been called into use as a dormitory, owing to the crowded state of the house.

A sewing-room has been formed out of a cellar, and here a full complement of female patients work. Considerable difficulty is experienced in getting patients to employ themselves, notwithstanding the customary levers of encouragement—the tobacco, the snuff, and the amusements. The colonial working man, always thoroughly imbued with a deep sense of the market value of his work, abates none of his high-handed treatment of capital when bereft of reason, and considers food and clothing a very poor remuneration for the most ordinary labour. This, often a real difficulty in England, becomes a very formidable trouble in Australian asylums, a great drawback and hindrance to the efficiency of the house. Here no patients are employed as tailors or shoemakers.

There is no separate dormitory for epileptics. The infirmary, on the male side, is a cheerful room with a special attendant ; on the female side each attendant nurses her own sick. A piece of mosquito gauze is laid over the face of such patients as will permit it. One patient was being fed with the stomach pump, and several were in strong dresses on my visit. Restraint and seclusion are used to a moderate extent, and shower baths given for medical purposes.

The diet scale is most liberal, more meat being set down

than seems at all necessary; and the increasing price of this item has rendered a re-consideration of the whole question necessary.

Dances, theatricals, and other amusements are held weekly, and occasional picnics and water parties are given.

The asylum is directly under the control of the Colonial Government, and is visited by three physicians from Sydney at intervals. At least one of them, Dr. A. Roberts, has for many years taken a most active and beneficent part in the care and treatment of the sick poor in New South Wales.

Dr. Manning, as Physician Superintendent, has supreme control over the working of the asylum, and is assisted by the usual staff; the Steward, however, being a more responsible officer than his English prototype, which change has been found to work well.

Salaries of officers are pretty much the same as at Melbourne and Brisbane, but the attendants are not quite so well paid, while the number is quite as large. The latter are liberally treated with regard to leave, rations, &c., and of course are all trained in the asylum. All officers are subordinate to the Medical Superintendent, and all servants and attendants are appointed and discharged by him.

Dr. Manning touches on the special difficulties in regard to admissions, and I cannot but think that the present system might be in some measure rendered less cumbrous.

After the capture of a lunatic wandering at large, many months often elapse before he arrives at Gladesville. He must be conveyed from station to station by the police, as they may find opportunity; and on his arrival at Sydney is certified in open police court by a medical man and two magistrates. Thence he is sent to the Lunatic Reception House, a small place under the shadow of Darlinghurst Gaol, where he remains several days. This house is under the care of a lay Superintendent, one male and one female attendant. Should a patient recover (*e.g.* the case having been one of drunkenness), he is discharged under certificate of the Medical Officer, who visits twice daily.

The Reception House is a cottage building containing a day-room and two three-bedded dormitories, with a padded room on either side—a limited verandah being used as an airing court—giving a *quasi* freedom to the seclusion. Five men and two women were here on my visit; one man had recovered, the others were to be sent on to Gladesville. Communication is kept up between the two places daily, a

telegraph wire connecting the asylum with the central post-office. Formerly pauper lunatics were remanded to the gaol. Violent cases are sent to the asylum with the least possible delay, but some remain in the Reception House for 10 or even 14 days.

With regard to the discharge of patients, no provision is made for trial on probation—the discharge must be absolute. This is the effect of the wide range of country, and the unwillingness or want of friends to take charge of imbeciles or of convalescents.

The cost of maintenance at Gladesville was £29 in 1868, increasing to £31 in 1874.

Kew Asylum, near Melbourne.

It is necessary to preface these notes on the Victoria Asylum at Kew, near Melbourne, with the remark that, at the time they were taken, Dr. Robertson, the esteemed Superintendent, was a confirmed invalid after a long service of twenty years; and the onus of the management of the place really lay with the Colonial Government, whose proceedings have of late been attended by such unpleasant notoriety.

The Kew Asylum is an imposing building, finely placed in park-like grounds near the River Yarra, about five miles from Melbourne. The general plan of the building is on the English model, so that one feels more at home than in the bungalow-like Gladesville. But with the building the resemblance ceases, for the interior is as bare and empty as can well be imagined. The root of the evil undoubtedly lies in the form of government, for, as in America, politics are intimately mixed up with every public office, and the clamorous loafers are rewarded with places. Universal suffrage and salaried members of Parliament are the stumbling-blocks in the way of the Medical Superintendents of Victorian asylums.

The attendants are few in number, and preposterously over-paid. They are appointed by the Government of the day, and may not be dismissed by the Medical Superintendent, save through the Home Office. With such a system discipline is impossible. At the time of my visit an enquiry was on the *tapis* that had already endured many months. An idle, maligning nurse had been discharged after the usual *formulae*, and had retaliated with wholesale charges against the entire asylum staff. The evidence of patients was taken freely and indiscriminately, and the result was lavish per-

sonal abuse and gross mis-statements flaunting in the columns of rival newspapers. One of their reporters, too, had played the amateur casual (as an attendant) and made his experience the basis of numerous sensational articles after the style of the once notorious "Man and Dog Fight."

Such circumstances are certainly not conducive to the *morale* of a large public establishment, and may account in some measure for the backward state of the asylum.

Personal liberty is much restricted, and the number of working patients very limited. At the time of my visit one man, in camisole and gloves, was tied in his chair. Several wore gloves alone, and many were in strong dresses. All sorts and conditions of men were represented—the Western nations and the Eastern, English, French, Chinese, Germans, Lascars, and Aborigines in one motley troupe.

Many were extremely violent and excited. There were nearly 1,000 patients in the building altogether; 200 of the worst class of males were assembled in an airing court with only three attendants. The closets in this court were most offensive. Earth closets are used throughout, but are not found to work satisfactorily. In the airing court in front of the house are fine sunshades, but no such provision was made in the place above mentioned.

The bedding and beds are clean and tidy, but throughout there is a want of home-like comfort that strikes one harshly. The patients, however, are scarcely in the house save to sleep and to eat, so that these things may be of less urgent need; and an administration with a due regard for economy cannot furnish freely at present Australian prices. The floors are varnished once a year, and partly covered with cocoanut matting. Shower baths are open to the attendants, but are only given by medical order.

The dining hall is spacious and cheerful, and here there are frequent amusements. A noticeable feature was a grand piano, encased in a rough wooden shell for its better preservation.

The male hospital ward, with 1,000 cubic feet to each bed, contained 67 patients on our visit, a great number being general paralytics. The extra diet list was ample and extensive.

Lunacy increases in a very rapid ratio, and the asylums are full to overflowing. There are many chronic and harmless patients that would do well elsewhere could suitable arrangements be made.

Woogaroo Asylum, near Brisbane.

The Woogaroo Asylum for the accommodation of the insane of the Colony of Queensland is finely placed on the lofty banks of the river Brisbane, about a mile from the township of Goodna, and ten miles from the capital. The late Superintendent had many just complaints as to the building itself and the mode of government; and, in fact, his first remark to me was deprecatory of the state of affairs.

Though it had been then open for ten years, no proper roadway had been constructed from the village to the asylum, nor had an intervening creek been bridged over, save for foot passengers; though this could easily have been done by patients' labour were certain ironwork forthcoming that had been applied for repeatedly by Dr. Jaap. The asylum, of course, belongs to the Colonial Government, and is directly under the control of the Ministry, who manage it through the Colonial Under-Secretary. This official is laden with the care of many and various interests, and their conflicting claims clash sadly. Thus in the case of the dresses for female patients at Woogaroo, instead of being made at the asylum, they are fashioned by the female convicts, the question here being one of Convicts *v.* Lunatics, the former carrying the day in accordance with the idiosyncrasy of the Under-Secretary for the time being. Work must be found for the prisoners without regard to economy, comfort, or comeliness, not to speak of the primary object in providing work for the patients being entirely lost sight of.

Again, door-locks were required for a new wing. Locks were certainly supplied, but each required a separate key, the reason assigned being that it was a new idea of the Colonial Secretary's, and sent to see how it would work! There is unfortunately no difficulty in multiplying instances of this mismanagement of centralisation. It has ever been a sore subject with the Colonial Government that there should be lunatics to care for, and amid the many and pressing claims on the attention of a young colony it has been too much lost sight of.

A responsible and unchanging Board of Management is much required, formed of men who are not oppressed with multifarious callings, who will view their asylum as a hospital for the treatment of mental disease, and not as a prison for the total abolition of lunacy; who will not turn from the sub-

ject with ill-concealed disgust or meagre tolerance. With an ever-changing body such as Colonial Ministers are, and where the plans and promises of one party are not considered at all binding on its successors in power, no lasting reform can be made.

The general plan of the asylum is extremely scattered and rude in detail, expensive to maintain, and quite inadequate to the wants of its inmates. The male department is nearly a mile distant from the female division, thus necessitating two kitchens, with appropriate staff and apparatus, and entailing manifold encumbrances to proper control and discipline. It strikes the eye of a visitor as unfinished and temporary, and repels feelings of homely comfort as he toils along the rugged approach and tottering bridge; and yet the estate has every natural advantage, and might be made one of the pleasantest spots in Queensland.

The style of architecture is that of our older asylums—the minimum of space, convenience, and comfort, with the maximum of confinement, unfitness, and aggravation. Though there is great overcrowding, however, there were on my visit but few on the sick list, it being the healthy season.

Since the opening of the asylum the average death rate is 15 per cent. per annum, though for 1875 it was only 5·21, as stated by Dr. Jaap in his report, an exceptional year.

The single-room accommodation is perfectly inadequate, a detached series built of stone being uninhabitable in hot weather, and some old wooden shanties much preferred, though their rough boarded walls are riddled with chinks and crevices. The stone cells were built by the Colonial Architect without reference to their purpose, and however useful they might be as punitive places of solitary confinement for refractory convicts, they are useless as sleeping places for asylum inmates.

The water supply is most defective, for though an immense reservoir has been formed by the patients' labour, no pipe yet connects it with the female division, and all water is conveyed in barrel carts, thus rendering washing and bathing most difficult of achievement, notwithstanding the proximity of a two years' supply of water. There is, indeed, a bathroom under a large iron tank at some little distance from the male department, but it is not large enough for the population, and though in use for a considerable time, it is not yet finished.

The hot water for the infirmary wards is got by the primitive method of boiling it in the open air.

It would be easy to instance many other faults, but it is more grateful to turn from these to note the cleanliness and order in a house so utterly unsuited to its purpose—to find the patients so well cared for under these numerous disadvantages.

During my visit all were in the open air, in pleasant, though somewhat limited, airing courts. These have been formed by the patients' labour, many tons of earth having been removed in levelling, the result being terraced gardens overlooking the noble stream beyond. The large proportion of working patients and the few excited cases speak volumes for the system of household management; and, considering the difficulties of possible escapes to the bush and suicides in the river, an immense amount of farm and estate work has been done.

There is no chaplain attached to the institution, a kindly clergyman visiting once a month. There is no chapel, amusement hall, nor amusement fund.

The closets are on the dry-earth system, and, being made of the most flimsy materials, are constantly out of order.

One or two patients were wearing gloves, and one or two were in seclusion. The clothing was well adapted to the climate, though defaced with a great L.A. and broad-arrow imprinted most conspicuously.

The dietary is liberal, but vegetables are still scarce. This is, indeed, a common ground of complaint against Australia as a country. Except in the large towns, vegetables are hard to get, and are quite unknown in the backwoods.

The same difficulties in regard to admission and discharge, the same meagre furniture, the same effects of remoteness, are here to be noted as in the other colonies; only in Queensland these are aggravated by reason of the comparative newness of the country, and the balmy air of Sydney is exchanged for the oppressive heat of Brisbane.

I may not end this paper without a word in acknowledgment of the labours of Dr. Jaap, a trifling tribute of well-earned praise from one who was hardly more than a passer by. The earnest work of so many years cannot be well summed up in a few lines, but a continued heroic struggle in face of swamping difficulties that I have but faintly outlined, should not pass unnoticed in the Journal of his order.