

The Asylums of Paris, in 1872. By HENRY SUTHERLAND, M.D.
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The three establishments which will most repay the trouble of a visit, are the Bicêtre, the Salpêtrière, and Charenton. The Bicêtre is for male, the Salpêtrière for female paupers, and Charenton is a large private asylum for both sexes.

The Bicêtre is a large building on the Boulevard de l'Hôpital, close to the Jardin des Plantes, and is really a large workhouse infirmary for old men. It contained 2000 inmates before the war, half this number being insane, but during the siege 700 were removed into Paris, so that now 300 lunatics only are left. Amongst the inhabitants there are a great many blind, deaf, dumb, and lame old paupers.

The buildings are arranged in large scattered blocks, to each of which is attached a roomy airing court. There are at present six wards inhabited by lunatics. The asylum was not injured by the bombardment, two shells only having fallen within its walls, but both attendants and patients suffered much from privations during the siege, being obliged to live on the cats of the establishment, who were fortunately very numerous at the time.

Two wards were devoted to acute cases, and restraint appeared to be practised rather freely. We noticed one man in a tight straight jacket, tied down to a seat in the airing-court. Another, a case of general paralysis, was tied into an arm-chair out of doors, and was also confined in a straight jacket. This man had several typical delusions of grandeur. He declared that he was confined in the arm-chair by the Prussians, and that Bismark had caused all his troubles. He said he had served in every regiment in the army, had been through all the war, and had been shot dead several times in battle. He was possessed of great wealth, and everything on the face of the earth belonged to him. His insanity is said to have been caused by the war. Another case of monomania was interesting, as a contrast to the general paralytic. The patient could speak several languages, and addressed us in English, German, and French. He was just finishing his dinner, and he begged us for charity's sake to give him two sous to buy some tobacco with. Being presented with a penny, he immediately swallowed it, and then bolted a large mouthful of bread to force it down, as he said. He also had delusions of wealth, but no other symptoms of general para-

lysis. As we were leaving the airing-court, he asked us to come and look at his riches, which were spread out on a seat. These consisted of several pieces of broken glass, some coloured beads, some metal buttons, and other similar trash.

There is a good school in the asylum, well supplied with books, in which the more quiet patients are taught reading, arithmetic, and geography. There was a harmonium in the room, and we were told that they had very good performances of vocal music on three evenings in the week. There being no female patients, there was no dancing in the establishment.

We next saw the idiot-ward, in which there were about a dozen boys, aged from five upwards. One of these, an epileptic, had a large blood tumour on the head from repeatedly falling upon the same part of the skull. He had a very well-made leather turban on, but this did not seem to have protected him.

There was one large circular ward specially set apart for criminal lunatics. It was arranged as follows:—The centre of the circle formed a small round dining-hall for the attendants; outside that was a broad passage, completely encircling the dining-hall. Outside this passage were four large day-rooms, each of them forming a quarter of a circle; and outside the four day-rooms again were twenty-four single sleeping rooms, all opening into the day-rooms, six to each. Outside some of the sleeping-rooms were attendants' bedrooms, and, beyond those again, a large circular airing-court. Between the passage and the four day-rooms were some strong iron bars, and behind these bars the criminals were confined whenever they became dangerous or excited. There were bars between the day-rooms and sleeping-room, and also between the sleeping-rooms and the attendants' bedrooms; so that a single attendant, walking round and round the passage, could keep the twenty-four lunatics under his eye, without their being able to get at him through the bars, and the attendants could also watch the patients from their own rooms during the night. It was altogether an excellent arrangement for dangerous criminal patients.

The baths were also constructed in such a manner that patients when once placed in them could not possibly effect an escape; but they would scarcely have suited our present notions of non-restraint. Over each bath, when the patient was immersed, there was placed a heavy metal lid, which extended about half way down the bath from the head, but left the feet and legs exposed. At the upper end of the lid there

was a small oval notch, through which the patient's head was thrust; and when the lid was on the bath he was helpless, as he could not get out, nor could he get his arms above the lid to resist. The lid was secured at the sides by strong metal clamps.

The Salpêtrière is situated in the Boulevard de l'Hôpital, near the Pont d'Austerlitz, and is the largest hospital in Paris. It contains 5,300 beds for old and infirm women, many of whom are blind, and amongst them are 1,500 insane patients. To obtain the privileges of this charity, a woman must have lived at least two years in Paris, and must either be suffering from some incurable disorder, or must be upwards of seventy years old. Those inmates who are able to work are employed in washing and repairing the linen of the institution and of the other hospitals in Paris.

The insane patients are separated in different wards according to the character of their malady. In one ward we saw about a dozen little idiot girls, seated, in a row together; they were sitting in low arm-chairs, each of which had a bar passing across in front to prevent their leaving their seats. Even in this low intellectual condition one could detect the national character. The children were much more talkative and demonstrative than English idiots usually are; they chatted gibberish incessantly amongst themselves, attitudinizing like their more sane fellow-countrymen, and appearing much flattered at being taken notice of by visitors.

In another ward we saw nine old women, who were said to be suffering from general paralysis. Only two patients, however, out of the nine appeared to be young enough to be subjects of general paralysis of the insane, and these two had unequal pupils. The remaining seven were some of them suffering from hemiplegia, but appeared much too old to be the subjects of true general paralysis.

Charenton is an immense private asylum, or "*maison de santé*," situate about six miles south-east of Paris, at the junction of the Marne with the Seine, and to the south of the Bois de Vincennes.

Maisons de santé are used, however, for other purposes besides lunatic asylums in France; they are looked upon as a necessity by the Parisians for those who can afford to pay for medical treatment and repose during convalescence from fevers, or after operations. We cannot help thinking that something of this kind is very much required in England. Prisoners of the upper classes are sometimes permitted to

reside in them when condemned to short periods of confinement. This is a custom, however, that we should not care to see introduced into this country.

The asylum at Charenton is well situated at the top of a hill, and is approached by winding paths. The building is quadrangular in shape, and the four sides of the square are formed by arcades, supported by light Corinthian columns, which produce a very good effect. A chapel in the same style of architecture faces the entrance. The patients appeared to be chiefly military and professional men, of the middle and upper classes. We could not help noticing that even in an asylum in France, the dinner was composed of several courses—a custom which we have always found to be universal in every grade of French society. Being Friday, it was a fast-day; but the dinner was exceedingly good, consisting of soup, maccaroni, stewed prunes, gateaux, fruits, and other dishes; and some capital wine, which the patients seemed to thoroughly appreciate.

There were about 600 or 700 patients in the establishment.

We were informed that there was a *soirée* every Thursday and Sunday evening, at which the patients indulged in music, dancing, and billiards.

We noticed one curious case there of congenital imbecility. The patient was a man, aged 40, who had all the appearance of a Jew, although he was not of that persuasion; he had a very receding forehead, a hooked nose, long, black curly hair, and a hump back. He was a great master baker, it was said, and had many delusions of pride. He thought that the whole asylum belonged to him, and he insisted on our asking his permission to pass, before he allowed us to enter his ward. He was very particular about his personal appearance, and always carried a comb about with him, with which he perpetually combed his hair and his beard.

Another case struck us as being a very remarkable one. A middle-aged man suffered from epilepsy, and had a great number of fits every day. His mental condition was that of partial dementia, and he addressed us in incoherent language. But the extraordinary part of the case consisted in his inability to keep his arms at rest when he talked, these limbs being at that time affected with chronic spasms, exactly resembling the convulsions of epilepsy; although there was no other evidence of his being in a fit at the time. These

muscular contractions ceased the moment he left off talking. The man appeared to be suffering from the spasmodic tic, or tic non-doloureux of Trousseau, when he addressed you; and also from epilesy at other times.

Another case of exaggerated delusions of persecution rather took our fancy. The patient was an intelligent, robust-looking man, who could speak English very fairly. He informed us that his relatives had incarcerated him unjustly, in order to obtain his money; and that he was kept in the asylum under the perpetual surveillance of the secret police of Paris. He believed that every patient was a policeman, in disguise; and told us that the people whom we saw around us were not the only spies who watched him, as the air itself was peopled with police, who filled his bedroom at night, and kept their eyes continually fixed upon him. He told us he was acquainted with a great many distinguished royal personages in London, and begged us to present his compliments to them, on our return.

An interesting case of general paralysis was shown to us in a ward specially devoted to those in the last stages of that disease. Nearly all these patients were speechless, but one of them, a Polish colonel, still cherished the delusions that he had been made a general for his services in the army, that he commanded millions of men, and that he should yet upset kingdoms before he died.

In another ward was a curious case of mania, accompanied by hallucinations. The patient was addicted to masturbation, and the paroxysms of maniacal excitement were much increased, and the hallucinations became much more vivid at the time he committed the act. He occasionally entered into long discussions with imaginary persons around his bed, in a loud tone of voice. Sometimes he was seized with a wild panic of fear that somebody was about to attack him, and at these periods he became so violent that he was obliged to be placed in restraint, to prevent his injuring himself or others. He usually inhabited a "*cellule*," which is equivalent to a single room in our asylums.

These cellules were worthy of a passing notice. The best of them consisted of two rooms, placed end to end, and separated from one another by iron bars. There was a bed in each room, one for the attendant and the other for the patient, and they were so placed that the head of the patient's bed was next to the foot of the attendant's, and the latter being slightly raised, the attendant could, as long as he remained

awake, watch the patient, almost unobserved, and without any danger of an attack being made upon him through the bars. We cannot help thinking that something of this kind might be used in our private asylums in England. We have always pitied the attendants who are forced to sleep in the same room with patients of uncertain character. An attack in broad daylight is dangerous enough, but it must be ten times more horrible in the dead of the night in a dark room. Surely something might be devised made of ornamental iron-work, or of strong wire, which, although of light and elegant appearance, might ensure the safety of that never-to-be-sufficiently praised class of beings called asylum attendants.

NOTE.—Of the three great asylums of Paris—the Bicêtre, Charenton, and the Salpêtrière—the first of these can, and the two last cannot, be visited without an order from the “*Administration générale de l’assistance publique.*” This order is to be obtained at the office of Monsieur le Directeur-Général Blondel, 3, Avenue Victoria, close to the Hôtel de Ville, and may be applied for on the morning it is required, as the office is on the way to the Salpêtrière. On the back of the order is a complete list of the other hospitals in Paris.

The Salpêtrière is situated within the fortifications of Paris; the Bicêtre and Charenton are outside.

The visitor might possibly see all three in one day by driving first to the Salpêtrière, next to the Bicêtre, and then eastwards across country to Charenton, but he is recommended to see the Bicêtre with its fort on one afternoon, and the Salpêtrière and Charenton the next day.

The omnibus to the Bicêtre is marked “*Maison Blanche,*” and starts opposite the Banque de France, near the church of St. Eustace, and stops within a short distance of the fort and the asylum. The omnibus to the Salpêtrière starts from the Pantheon, behind the Quartier Latin. Charenton can be reached by omnibus, starting from the Boulevard Beaumarchais, or by rail, from the Paris and Lyons station.

The visitor should endeavour to arrive at Charenton at 4.30 p.m., as at that hour the medical officer makes his afternoon visit to the wards. The morning visit at all the asylums is usually at 8.30.

A letter of introduction to M. Falret, who is a member of the Medico-Psychological Association of Great Britain, will greatly assist the visitor in obtaining admission to the asylums. M. Falret is at home on Tuesday mornings only at 114, Rue du Bac.