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PART 1.—ORIGINAL ARTICLES.

On the Separate Treatment of Recent and Curable Cases of Insanity in Special Detached Hospitals, with Plan and Description of Buildings about to be erected for this purpose at the Lancaster County Asylum, Whittingham. By JOHN A. WALLIS, M.D., Medical Superintendent of the Lancashire County Asylum, Whittingham.

Dr. Clouston opened a discussion on this subject at one of the meetings of the Psychological Section of the British Medical Association at Newcastle, and I attended purposely to take part in the discussion and show the plans which I propose to describe in this paper.

I noticed with much interest the movement in Scotland to provide special hospitals, but I thought the plans published in the "Journal of Mental Science" some time ago were suited rather to the requirements of the ordinary sick and infirm; and I was not surprised to hear Dr. Howden say that at Montrose the hospitals were used chiefly as an ordinary infirmary, most of the recent cases being treated in the main asylum buildings.

Dr. Macpherson informs me that he finds the Stirling Hospital, though in most respects it follows the plan of the one at Montrose, very useful for most of the recent cases, though some of the ordinary sick and infirm patients are also treated there, and a medical officer resides in the building. Dr. Clouston, while treating some of the recent cases in his hospital, uses it chiefly for the sick and infirm. I propose that the special hospital at Whittingham shall be reserved exclusively for those only of the recent admissions who are either considered curable on admission, or at any rate are doubtful as to curability. All obviously incurable cases would be excluded, as there are excellent infirmaries both at the annexe and at the main building for the ordinary chronic

cases of sickness or infirmity. I will briefly touch upon the reasons which set me thinking on the subject of special buildings for the treatment of recent curable cases, and then proceed to describe the proposed new building.

Shortly after my appointment to the charge of the asylum at Whittingham I discovered that the curable cases were unfavourably situated there as regards the promotion of their recovery, from the scanty and insufficient nature of the accommodation allotted to them. This was clearly demonstrated in 1882-83, when, owing to the opening of the annexe buildings, and the other asylums in the county having no vacant beds, our admission rate was a very high one.

The original buildings at Whittingham, I may shortly say, for the information of those who have not seen them, are on the pavilion or block principle, and consist of a series of blocks, of two and three storeys respectively, connected by corridors on the ground floor, the whole forming in outline a sort of horse shoe, the blocks lying on the circumference of the shoe. This arrangement is in most respects an admirable one, securing the isolation of the blocks, avoiding the annoyance to the patients of being overlooked by or overhearing the noises in the adjacent wards. The pavilions are amply provided with windows, and have abundant cross ventilation. They are of two sizes, four of them providing accommodation for about 70 patients, six for about 100 patients each, and two of the largest, having a contiguous corridor and a number of single rooms, accommodate about 150 patients each. There are eight connecting corridors, four in each division. Two of these have just been alluded to; the others are used as separate wards, and afford day room space for 25 patients each, with a corresponding number of single sleeping rooms, seventy-five of each sex—150 in all. So much for the main building. The annexe is simply a repetition of the large blocks, six in number—four for 80 patients each and two for 150 each, placed about 200 yards from the main building.

We have, therefore, but six small wards of 25 beds each, in all 150 beds for the treatment of all recent admissions, as well as the noisy, excited, and violent cases arising from time to time in a population of 1,860 patients. Two of them in either division are reserved for the more excited and violent of the chronics, leaving but one ward of 25 beds on either side for the reception of the new admissions. This is manifestly inadequate accommodation, and there is still the

further disadvantage that the six corridor wards are the only channels of communication between the blocks on the outside of the horse shoe and the administrative and central portions of the building. Quietude is therefore out of the question, and there is a constant traffic of patients and attendants who are on their way to and from the stores, kitchen, visiting rooms, dispensary, dining-hall, or sewing-room or laundry. These wards ought not to have served as corridors of communication, but distinct and separate corridors for traffic ought to have been provided. Were these wards perfect in themselves they would still be insufficient for the proper classification of the violent and noisy patients and for the reception of the newly admitted. Many of these are suffering on admission from worry, overwork, and other exhausting influences; the most important indication of treatment for them is perfect rest of mind and body. They require isolation from other patients, especially from those whose insanity is marked by excitement or other objectionable peculiarities, or is obviously confirmed or incurable. The presence of the latter class of patients in a reception ward acts most prejudicially on many of the recent admissions. Again, an essential portion of an admission ward is an associated dormitory to be used as an observation room at night. There is no such dormitory in the receiving wards at Whittingham, and many of our recent admissions have every morning and evening to be removed a considerable distance into another ward where an observation dormitory is to be found. The collecting of these patients twice daily and their removal at a time when the attendants' energies are fully taxed is not without inconvenience or even danger. A perfect reception ward should be self-contained, capable of providing for its patients' needs and circumstances both by day and night. Another result of the very limited capacity of our admission wards is the compulsory removal from them of patients who have just begun to improve to a large ward of at least 70 patients. This premature removal from the home-like surroundings of the small wards, and from the care of nurses or attendants with whose appearance and good offices the patient has become familiar, is but too often followed by the most unfortunate results. A nervous, timid creature turned adrift in a large place among a lot of fresh faces and strange people, having to make friends with new attendants, flurried by the greater bustle and movement, but too often suffers

a relapse, and falls into his former state of terror, refuses food, and has to be returned to an over-crowded reception ward. In the same way an unstable, excitable creature removed too soon from the good influence of close personal supervision and quiet surroundings loses the amount of self-control he has regained, and returns to a state of excitement when subjected too soon to the more trying circumstances of a larger ward.

Then there is the difficulty of supervision of recent admissions scattered over a population of many hundreds of patients. It is very difficult for an assistant medical officer to maintain a close connection with recent cases when he has five or six hundred patients to look after, and as for the medical superintendent of a large asylum, with his multifarious duties and responsibilities, it is manifestly impossible for him to keep in touch with the recent patients, especially when they must be so soon drafted into the larger wards, and yet he ought to be in a position to direct their treatment, especially when they may occasionally be in charge of young and comparatively inexperienced medical officers.

While noticing the deficiencies of the asylum as regards the accommodation for recent admissions, I must not be understood to detract in any sense from the very great and striking merit of Mr. Hollands' plan, the admirable features of which will always secure to this asylum its pride of place as a splendid example of asylum architecture, a noble monument to the sagacity and originality of its designer. He intended that many of the wretched and feeble admissions should be sent at once to the infirmary wards, but this practice, which has been followed to some extent, did not commend itself to me, the wards being too large, accommodating 80 patients, and being too straggling to admit of close supervision, besides saddening and depressing the new-comers by the sights and sounds inseparable from the presence of the sick and dying, general paralytics, consumptives, etc.

Having fully satisfied myself that some extension of the admission wards was absolutely indispensable, I began naturally to approach the consideration how and when to get it, and in my earlier years I had the idea of obtaining the necessary wards by jutting out day rooms and corresponding dormitories at right angles to the galleries by the sacrifice of a few single rooms in the line of the corridors. I was strengthened in this opinion by an inspection of the

exceedingly delightful wards contrived at Prestwich in this fashion, by my colleague Mr. Ley. A visit to Prestwich would prove nothing short of a revelation to some of the superintendents of the older asylums, who may be worrying at the problem of how to modernize and adapt a badly-arranged old building. However, the time was inopportune for any new work, as the county of Lancaster was saddled with an enormous expenditure on the four annexes, and as years went on I was less inclined to suggest patchwork alterations and additions to the old asylum buildings, which could only prove more or less unsatisfactory, and would have materially prejudiced the airy and well-extended character which so happily distinguishes Mr. Hollands' work. Further, the more I considered the question of reception wards the more firmly was I convinced that the true solution of the question was to be found in the erection of a suitable building quite separate and detached from the original asylum. In 1892, when the last of the annexes was almost fully occupied, I made an exhaustive report on this subject to my committee, and obtained their sanction to submit a sketch of what I deemed necessary. This sketch was subsequently elaborated, with the assistance of Messrs. Simpson and Duckworth, architects, of Blackburn, into the plan which I now propose to describe, and the description may be easily followed by reference to the lithograph which accompanies it.

The centre is, as usual, devoted to administrative purposes, and has to the front the medical officer's residence, which has on the ground floor two assistant medical officers' sitting-rooms, a dining-room, and a medical office; a small lavatory and w.c. on either side, and two staircases leading to the rooms above. There are also found on the basement in the rear of these rooms a porter's office and bedroom, and a large room to be used as a lecture-room for the classes of instruction for nurses and attendants. Immediately behind these will be found entrances for the use of patients which give access to an admission-room for either sex, also serving the purposes of a visiting room. In the first plan there were separate visiting-rooms, but these were eliminated in order to keep down the cost. Still further to the rear will be found the main administration corridor, with a dispensary and a drug store opening from it, and the domestic offices, comprising kitchen, vegetable and washing-up sculleries, a tea-room, larder, bread store, small stores for groceries, etc.,

cook's room, servants' hall, and attendants and nurses mess-rooms, also a raw-meat store, dairy, and coal-cellar. Over the servants' hall and cook's room there will be found on the upper floor bedrooms for the cook, kitchenmaids, and housemaids. Returning to the front the staircases lead to a third sitting-room for the pathologist, three bedrooms for the medical staff, and two spare rooms for clinical clerks, a bath-room, and w.c., a linen store and a good billiard-room for the medical officers. Over dispensary and visitors' room will be found a pathological laboratory, chemical and bacteriological room, and a photographic room and dark room cut off from the medical officers' quarters by a glass corridor over the entrances, and having a separate staircase accessible from the main corridor, so that the photographic studio may be used for ordinary photographic purposes for the patients when not required by the pathologist for microphotography or other medical purposes. In the original plans a winter garden or recreation room was designed to give exercise, drill, and recreation to the patients in wet weather, but this was also sacrificed for the present, at any rate, at the stern dictates of economy, as were also the Turkish baths, lest the expense should wreck the scheme; but certainly these should be added, and may be easily arranged for by the removal of the three small stores at the end of the kitchen block, when the recreation room might be erected with separate entrances from either administrative corridor. The Turkish baths could be located on the northern aspect of the communicating corridors.

Returning to the main corridor, a small residence for the chief nurse and head attendant is interposed between the medical officers' quarters and the infirmary block, which will be next described.

Reception wards for the sick.—This occupies the ground floor of the first hospital block. It is designed on the lines of an infirmary, and is intended for the reception of those admissions in which there is serious disturbance of the bodily health.

It consists of a day-room, with a separate dining-room, with scullery, and ward store, a sick dormitory, with 12 beds, and four single rooms opening out of it, also a special sick-room for a surgical operation, a lying-in case, or any case which might require isolation. Near the dining-room is a small attendants' sick-room, with an attendants' room next to it. Two more single rooms, a four-bedded dormitory for

the use of the ward cleaners, and another bedroom for an attendant complete the arrangements of this ward, with the further provision of a block at the extremity of the day-room, which contains the closets, bath-room, and lavatory, coal-cellar, and receptacle for ashes, dirty linen closet, and housemaids' sink.

Alternative staircases lead at either end of this block to the upper floor, where similar arrangements provide for a convalescent ward. The accommodation on the upper floor is for thirty patients; that on the ground floor for twenty-three patients, four of whom would be chronic quiet ward cleaners.

Acute block.—The second block for acute and excited patients is on somewhat similar lines, but it has more single rooms, and the day-room space is larger, relatively, because of the more excitable class of cases to be provided for. It has also a small additional day-room, with bath-room and closet, occupying the space allotted to sick attendants in the first block. This is for any very noisy or specially obscene or objectionable case which it might be found advisable to treat by isolation.

On the upper floor of this ward the same arrangements will, with some modifications, provide for twenty-seven convalescents. The ground floor accommodation is for twenty-three acute and excited cases. The four wards just described accommodate 100 patients, and are repeated on the female side, 200 patients thus being provided for in all.

The type of ward is based upon the plan approved of by the Commissioners for special epileptic wards. It is selected on account of its simplicity, which allows of easy supervision. Each ward is complete in itself, and enjoys plenty of light and cross ventilation. Each of the four large dormitories may be used, and is intended for use as an observation dormitory.

The main idea intended by the special hospital is to convey to all patients admitted into it an impression of hopefulness and the probability of recovery. For this reason, and to beget a feeling of confidence, no locks will be used on the outer doors during the day time, and no enclosed airing courts are intended; the buildings open directly on the pleasure grounds, and the site selected is an open space, with a due southern exposure. The safety of the patients will be secured by the very ample nursing staff, which will be of more than double the ordinary proportion, composed

of a full staff of the very best attendants and nurses in the asylum, supplemented by a large proportion of probationers, who will enjoy first-rate opportunities of learning their duties. Their practical training will devolve upon the charge attendants of the hospital wards, and they will receive a careful grounding in the theory of nursing, some elementary physiological knowledge, and special clinical instruction from the medical officers. All attendants, save the artisans and some farm men, will pass through a six months' residence in the hospital; and these people will enjoy, at any rate, the courses of lectures and instruction given by the medical officers. It will be the aim of everyone concerned to individualize the treatment of each patient as much as would be the case in an ordinary hospital. Each attendant would be trained to study the hourly variations of a small number of patients, and notes would be made of every change or phase, however slight or momentary, in the condition of any patient, their notes being presented to the medical officer daily.

Another point in connection with the large staff at the hospital and the training school for nurses. For some years I have held the opinion that our public asylums, being built and supported by the public rates, have a duty to the public which is certainly not fulfilled. I allude to the supply of trained mental nurses for the use of those who can afford to pay for them. We all know that the supply of first-class and thoroughly trained nurses for mental cases is extremely limited, and that those who pay for them do not often get what they bargain for, the class of professional mental nurses or attendants being largely recruited from the least desirable section of our attendants. In the exercise of what I felt to be a duty I have allowed the services of some of my best nurses and attendants to any medical man in the neighbourhood of the asylum urgently requiring them, and I have always found the results to be eminently satisfactory when the practice has been judiciously guarded and controlled. An extension of this arrangement would be possible under the working of the new hospital, and would be productive of much public good, and, if properly organized, of some actual financial gain to the asylum, besides acting in other beneficial ways, such as providing a change of work or a reward for good conduct.

There would be no fixed diet scale in the reception wards,

but the dietary of the patients would be varied as much as need be, each patient receiving that which best suited his personal wants. There would be, therefore, no jealousy and no grumbling. Each patient would feel himself an object of special interest to his attendants, he would soon know everyone about him, and the small size of the rooms and freedom from restraint would be productive of the best possible results upon his mental state.

First impressions in asylums are of great moment, as everyone will admit. In every ward would be found none but favourable influences, those under treatment being constantly encouraged by the recovery and discharge of those around them.

The medical officers in charge of the hospital will have every opportunity of doing first-rate work there, untrammelled by the burdensome clerical and medical routine incidental to the charge of several hundred patients.

The medical superintendent will be able to spend a considerable portion of his time in these wards daily, and will keep in close touch with all the curable cases. The medical staff, which will include clinical clerks, will enjoy better opportunities for engaging in original research, and the result will be a quickening of the medical spirit in the whole asylum, resulting, let us hope, in much gain to those who are brought to the institution for care and treatment. Certain it is that all large asylums should be provided with hospitals such as I have attempted to establish at Whittingham, and I rejoice to learn that similar additions are in prospect at the large Yorkshire asylums. It has seemed to me that the chief defect of large asylums is to be found in the huddling together of large numbers of insane persons in one long range of buildings. The gallery principle, which seems to die hard, is surely out of date nowadays. Asylums should be designed in small colonies or groups, more homelike and less like institutions. They would obtain the great advantage of perfect lighting and abundant cross ventilation. There would, of course, be a centre of medical life—the hospital—another division for the excitable of the chronic population, and simple home-like blocks for the chronic population. A central administration would supply all these parts quite easily, and without any great expense. Every building could have a southern exposure without difficulty, whereas, under the conglomerate principle, more than half

the wards look east, west, or north. Asylums built after this manner could be added to at any time without scheming or contriving, or difficulty, often ending in compromises effected at the cost of sound planning. Danger from fire would be reduced to a minimum. Any block which might be the scene of an outbreak of infectious disease would at once become an isolation hospital, and a spirit of emulation would be kept alive in each asylum unit which would make every part of the institution a centre of effort, largely conducive to the highest state of efficiency. Considering the grievous amount of asylum building which has been thrust upon the whole country by the mischievous operation of the Government grant,* much money might be saved by the introduction of such a method of asylum planning, for many of the new candidates for asylum care are merely fatuous old persons for whom the simplest accommodation would suffice. The county authorities are being called upon to provide accommodation for imbeciles which should be more properly provided by the guardians. Let them, therefore, provide nothing more costly.

I am satisfied that the working of the hospital on as liberal a scale as I have suggested—*i.e.*, as liberal as the scale of an ordinary hospital—would not tend to raise the maintenance of the whole asylum, but rather the reverse. My opinion is that where the curable cases are scattered all over the place it is difficult to avoid keeping up a standard dietary and supervision by attendants, which are probably in excess of the requirements of the rank and file of asylum residents. A more exact classification and the removal of the curable cases would enable the management to raise the few and reduce the many to such a standard of expenditure as is needful for their just requirements; the reduction in cost thus arrived at would more than cover the increased cost of the few who, after all, are not to be grudged, even by the most economically minded ratepayer, anything in reason likely to hasten their return to the condition of bread-earners.

*See Journal for October, 1893, p. 606.
