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## PART 1.—ORIGINAL ARTICLES.

*Relative Cost of Large and Small Asylums.* By HENRY RAYNER,  
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In support of the position that small asylums are, even from an economic point of view, better than very large ones, Dr. Hack Tuke, in his recent work on the "History of the Insane," cites the opinions of the Lunacy Commissioners, as given in their Report for 1857. He also gives in the appendix some figures which the Commissioners prepared in regard to the weekly cost of patients in large and small asylums, and which were adduced by them to support the same view. He found, however, that on taking an *average* of the six largest and six smallest asylums in the list, the weekly expenses per head in the latter appeared to be really greater than in the former—a result different from that for which he had cited them from the Blue-book.

No. of Beds.	Names of Asylums.	Average Weekly Cost per Patient.	Average Number of Patients to each Medical Officer.
Less than 450 beds.	Nottingham, East Riding, Cambridge, Hereford, Suffolk, Derby, Berks, Bucks, Denbigh, Northumberland, Cumberland.....	s. d. 9 7½	181
450 to 600.	Leicester, Dorset, Oxford, Carmarthen, Salop, North Riding, Burntwood, Cornwall, Northampton, Glamorgan, Wilts, Chester, Monmouth .....	8 10½	228
600 to 800.	Gloucester, Lincoln, Norfolk, Parkside, Warwick, Stafford, Rainhill, Chartham, Somerset, Worcester, Sussex, Hants, Devon .....	9 3½	265
Upwards of 800.	Beds, Essex, Durham, Wandsworth, Brookwood, Lancaster, Wadsley, Prestwich, Barming Heath, Whittingham, Wakefield, Banstead, Colney Hatch, Hanwell .....	9 5½	345

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I do not believe the position which Dr. Tuke desired to establish is invalidated by these statistics, and I think that it is very important at the present moment to point this out. My reasons for this opinion are (1) In these returns, Borough Asylums, which are under a different management from County Asylums, are included. (2) The asylums chosen for comparison are as much too small as the contrasted class are too large, the average number of patients in the small asylums being only 211, a number which could not with economy support the necessarily complex staff of an asylum.

I have without selection divided the whole of the *County Asylums* into four classes in the foregoing table, which is compiled from the Thirty-sixth Report of the Commissioners in Lunacy; the statistics referring to the year 1881.

A Parliamentary Return for the year 1877, yields the following statistics, which include all asylums of which the returns were available :—

No. of Beds.	Names of Asylums.	Total No. of Beds.	Total cost of Six Asylums.	Average Cost per Bed.
Not more than 450.	Notts, E. Riding, Cambridge, Hereford, Suffolk, Derby, Berks, Denbigh, Northumberland, Cumberland, Oxford, Carmarthen .....	4,580	£ 785,570	£ 171·5
450 to 600.	Bucks, Dorset, Salop, Wilts, N. Riding, Burntwood, Chester, Glamorgan, Cornwall, Monmouth, Stafford .....	6,307	963,122	152·7
600 to 800.	Gloucester, Lincoln, Parkside, Rainhill, Somerset, Hants, Worcester, Beds, Devon, Essex .....	7,099	1,303,166	183·5
800 upwards.	Durham, Wandsworth, Brookwood, Lancaster, Wadsley, Prestwich, Barming Heath, Whittingham, Wakefield, Banstead, Hanwell, Colney Hatch	16,428	3,215,717	196·9
	Banstead .....	1,700	276,422	162·9

A second Parliamentary Return for 1877 shows that—

Asylums of	The Average Cost per Annum of Repairs of Building per head.
Not more than 450 Beds.	£1·74
450 to 600 Beds.	£1·85
600 to 800 Beds.	£2·48
Upwards of 800 Beds.	£2·91

From these tables it appears, therefore, that the large asylums cost £44·2 per bed in construction, and £1·06 per bed annually in repairs more than the medium asylum of 450 to 600 beds; and that patients maintained in the former cost 6½d. per week more than in the latter. The medium sized asylums are even cheaper in construction than the large asylum at Banstead, built in the simplest manner, and with a special view to economy.

The medium sized asylums (450 to 600) have also the advantage, in the same comparisons, over asylums of 600 to 800 beds, in which it might have been expected that an increase of patients with little corresponding increase of staff would result in cheapness.

The medium sized asylums are chiefly in agricultural districts, and some deduction from these results must be made on this score; but even allowing for this, they would not be dearer than the large asylums, while they retain the advantage of supplying one medical officer to every 228 patients in place of one to 345.

These above facts are of importance at the present time, when so much additional accommodation is being provided for the insane.

Every available argument should be used to prevent the building of large receptacles for dementia, or the enlargement of asylums of manageable size, by which there is danger of diminishing the "individual and responsible treatment of the insane," on which so much of their welfare depends.