

LUNACY AND IMMIGRATION IN THE UNITED STATES.

It is well known that a heavy burden has been imposed upon the United States of America by the immigration of persons already insane. A Bill has been introduced in the House of Representatives, after a full inquiry, to amend the immigration laws in this respect. Briefly, it proposes that aliens should be excluded if previously, within ten years, confined in any asylum for the insane, idiotic or epileptic, or if they have so suffered before landing in the United States, or if so affected within two years after admission, unless disorder is shown to have been due to causes arising after arrival. Certificates will be required from immigrants, and these must be granted by a local physician of experience in mental diseases whose reputation is vouched for by the local Consul, and must show whether the alien has been insane, etc. The Bill further provides for the return of aliens to their respective countries should they be undesirable immigrants for the reasons indicated. It was shown in the evidence that by the census of 1890 the foreign population of the State of New York constituted 25 per cent. of the whole, whereas the foreign population in the New York State Asylums was 50 per cent. of the whole. These and similar facts have long been recognised as vital to American interests, and it is by no means surprising that an effort is now being made to relieve the State of such an incubus.

ASYLUM NEWS.

BURNTWOOD ASYLUM, STAFFORD.

We deeply regret to record that, by a fatal mistake, the lives of three patients have been lost at the Burntwood Asylum. By the report of the coroner's inquest it appears that on June 3rd draughts of chloral and potassium bromide had been prepared for six female patients, but Dr. Farquharson, having been called away whilst dispensing them, most unfortunately used a concentrated instead of a diluted solution contained in similar bottles, with the result that each patient got 240 grains of chloral. Three of the patients died. The jury returned a verdict of "death from misadventure," and recommended that bottles containing poison should be made more distinguishable from others in the surgery, the foreman expressing their deep sympathy with the relatives and with Dr. Spence and the staff of the Asylum in the sad occurrence. One of the relatives of the deceased, speaking for himself and others similarly bereaved, thereafter stated that he had perfect confidence in Dr. Spence, and testified to the kindness with which patients were treated by him and his staff. He also expressed his sympathy with Dr. Farquharson in the extremely painful position in which he had been placed. It is some consolation that the record of years of beneficent work outweighed the disaster of a moment in the minds of the public, as represented by the coroner's jury, and especially that the afflicted relatives of the deceased felt constrained in their sorrow to give expression to sentiments of esteem and sympathy. Such a result cannot but be helpful in encouraging us to renewed efforts to do our very best in the high calling which it is our privilege to follow.

A SCHEME FOR THE ESTABLISHMENT OF AN EPILEPTIC COLONY.

By Dr. G. J. COOPER, L.C.C.

This paper was read by the Secretary, in the author's absence, at the General Meeting in February last.

I should like to say at the commencement that in establishing an epileptic colony no thought was entertained that such a colony would be a curative remedy. But it was recognised that epileptics are a special class, and therefore might receive special treatment. Although they are liable to paroxysmal violence, and to become dangerous to others and to require restraint, they have longer or shorter periods of lucidity, and are therefore more likely to appreciate the more home-like treatment of a colony, and the freedom from association with the permanently

insane. Epileptics have the reputation of "chumming" fairly well together and being helpful to one another. They are good workers, and in Germany it is said that when they are placed in such colonies the seizures diminish in frequency. On these grounds the Asylums Committee felt it might therefore establish a colony for quiet epileptic lunatics.

It was decided to build one-storied houses, in order to avoid any danger from fits on the stairs; also that the oversight by the attendants would be more thorough, and the rooms were arranged from this point of view. It was originally suggested that not more than thirty patients should be placed in a house, but the number was increased to thirty-six for reasons Mr. Clifford Smith can explain. The buildings are to be plainly furnished, and as much as possible like an ordinary house, the residents taking their meals together, clearing away, washing up, etc.; at the same time each house will have a single room, should it be required. A separate residence will be provided for the Medical Superintendent. There will also be a central administrative block, in which the Assistant Medical Officer and some of the attendants will reside. Attached to it will be a hospital ward and single rooms for the treatment of any suitable cases. A central hall will be erected, which can be used for an associated dinner and for recreative purposes.

Personally, I have always desired that the dinners should be taken in each house, being cooked in a central kitchen and distributed in the same way as a caterer sends out a large dinner at the West End. I believe it can be served hotter in this way than by carving for three hundred in an associated dining-hall.

The Committee will desire that the medical officer should keep careful clinical records for future reference. The intention is to occupy the patients with pleasant and useful work. Any mechanic will work at his own trade, the colony building the workshops, glasshouses, etc., as required. The others it is hoped to occupy, under attendants with knowledge of the work, in a fruit farm, a dairy, and in raising poultry. As the colony is in close connection with two lines of rails running to London, it is well situated to send its produce to a remunerative market; and if the better classes of apples, pears, strawberries, currants, and cob-nuts are grown in the open, and tomatoes, cucumbers, and grapes under glass, some interest might be returned on the outlay, besides securing light and pleasant work for the patients. I have not mentioned seed growing, which is carried on so successfully at some German colonies, as this could be left for a woman's colony. As the colony would be close to Horton Asylum, it is thought a dairy might be established, and the milk sold to the Horton and Horton Manor Asylums.

The Special Committee all recognise that in designing this colony, so much is due to Mr. Clifford Smith that it would be an injustice not to give him the public thanks he so richly deserves. His intimate knowledge of asylum construction and management has been of the greatest benefit to the Committee, and we are all pleased that he has been appointed as the designer of our next large asylum.

Mr. CLIFFORD SMITH, Engineer to the Asylums Committee of the London County Council, in demonstrating the plans, stated that the area recommended for the purposes of the colony is triangular in shape, and about 127 acres in extent.

The buildings, as arranged, comprise a house at the entrance for a bailiff or other sub-officer; a residence for the medical superintendent; a block of administrative buildings, in which are committee rooms, doctor's offices, and clerk's office with quarters for assistant medical officer and inspector on the floor above, and a block for those attendants not housed in the villas. These four buildings are the only two-floored residential buildings in the colony.

Connected with the administrative buildings is an infirmary with accommodation for twelve patients in the dormitory and six in single rooms (two of which are padded), and the assistant medical officer's rooms are within easy reach of this building. The steward's stores, main kitchen, and general domestic offices are, with the dining and recreation hall, connected by a corridor six feet wide to the administrative block. The water tower, boiler house, coal stores, and mechanic's workshop are between the administrative block and the kitchen, and access is obtained to them from the corridor.

There are eight villas of two separate types, each accommodating 36 patients and 2 attendants. Each villa, in addition to ward, kitchen, clothes store, and sanitary annexe, contains two single rooms, which are not counted in the accommodation for patients, and, in two of the eight villas, one of the single rooms is

fitted up as a padded room. The total number of patients housed in the eight villas is 288, and the accommodation in the infirmary being for 12, the number is brought up to 300, and there are twenty-two single rooms in all; but these are not included in the number of beds available, nor in the computation of the cost per bed.

The resident officers provided for are a medical superintendent, one assistant medical officer, with spare room for a second, an inspector, 16 attendants in staff quarters, 16 attendants in villas, one attendant in infirmary, and 1 sub-officer in house at entrance. The attendants' quarters are provided with an association room and sick bay. The provision of 33 attendants gives 1 attendant to practically 9:1 patients.

Heating.—The villas for patients are arranged to be heated by double fire-place hot-air stoves placed in the centre of the day-rooms and dormitories, and no other provision for heating these is made. Every attendant's room is provided with a fireplace. The infirmary is treated in a somewhat different way, the day-room being heated by an ordinary fireplace, the infirmary by double fire hot-air stoves, and the single rooms by steam pipes carried on the walls.

Low pressure steam heating will be employed in the steward's stores, dining hall, and corridors. The steam supply will be obtained from two boilers, which are also to provide the necessary steam for kitchen services and hot water supplies in the administrative block. The hot water supply for bathing and domestic purposes in the villas will be obtained from boot boilers in the ward kitchen ranges.

Telephones, etc.—A simple system of telephones, fire alarms, and tell-tale clocks is arranged for, the wires in all cases being carried on poles above ground. The tell-tale clock arrangement is not a general one, only provision for a watchman's clock in each dormitory being made. Each villa will be in telephonic communication with the administrative centre, and the fire alarm system will be arranged to ring at a central position to be decided upon hereafter.

Dining Hall, etc.—The dining hall, which will also be used for recreation purposes, is provided with a raised platform at one end, and will seat 320 persons at the dining tables, and will hold a larger number than this when the floor is used for chair accommodation only.

The arrangement for serving the dinner in the dining hall has not been lost sight of, and the main kitchen and serving lobby attached to it has been designed with this in view. A special arrangement of steam cupboards for warming plates, and heated carving tables has been prepared that the food may be served both rapidly and hot. In view of this I have taken some interest in the serving of dinners in the large blocks at other of my Committee's asylums, and I find that 100 patients can be carved for and served in twenty minutes—two nurses only carving—the dinner being roast mutton. With the arrangements I have in contemplation, I believe it will be possible to serve the dinners for 300 patients in much less time than twenty minutes.

The ward kitchens in the villas are arranged for the preparation of the breakfast and tea meals, and no general tea and coffee-making plant is therefore to be put down in the main kitchen.

Water Supply.—The water supply will be obtained from the central station on the Horton Estate, and I propose to connect the main for the colony buildings with the ring main at Horton Asylum.

Lighting.—The lighting will be by electricity throughout, the current being also obtained from the central station plant. Only a gas supply is provided for in the main kitchen—gas being used here for cooking purposes only.

I have provided for workshops for patients who may be employed on such indoor occupations as tailoring, boot making, mattress making, printing, book-binding, etc.

No residence is arranged for the steward, but a steward's office has been included with the store buildings.

A small room has been set apart off the main corridor in the administrative centre for a waiting room, for the convenience of friends of those patients who are not visited in the villas.

The total estimate works out at £88,585, which is equivalent to £295 5s. 8d. per bed, or if the twenty-two small rooms are taken into account £275 2s. 2d. per bed.

The PRESIDENT stated that the Association was much indebted to the courtesy of the Asylums Committee of the London County Council for their permission to see the plans of the new epileptic colony, and for the lucid account of them by Mr. Clifford Smith. As one of the physicians for the epileptic colony for the sane at Chalfont, he supported the statement made by Dr. Cooper that the colony treatment caused the seizures to diminish. He was pleased to find in the Council's scheme that an opportunity was given for gardening and other occupations, as his experience had proved especially their value, and he noted with pleasure the provision of accommodation for a bailiff, who would be responsible for the immediate care of a certain number of the colonists when working in the garden or on the farm. The houses or villas at Chalfont had accommodation for twenty-four persons, which he considered sufficiently numerous, whereas these provided for thirty-six. He considered constant supervision to be absolutely necessary in these cases, and he rather questioned whether, at any time, the minimum by day should be as low as one attendant; as to night supervision, he considered it advisable that there should be adjacent sleeping apartments for the staff apart from those actually on duty. Experience had proved that "single rooms" were very valuable, and at Chalfont they had not only these, but also a padded room and a room for the sick, in a building which had been provided by the benevolence of a lady. At Chalfont there was soon to be built a convalescent home for the accommodation of patients recovering from a series of seizures. None of the present convalescent homes receive epileptic patients, and it was felt that this omission should be supplied, and he was quite sure that this provision would be attended with success. As to the dining arrangements, he certainly believed in the system at Chalfont, which permitted the dinners to be taken in each house by those living there; it was less like an institution and more like home, and was easily carried out in the pavilions, which were at some distance from the schools at Darenth. The heating in Mr. Clifford Smith's scheme was instructive, as it was an experiment; for his own part he preferred open fires, which were, in his opinion, more cheerful and healthier than heating by steam or hot water. He desired to express his interest in the scheme, and also his obligations to Mr. Clifford Smith for his very clear and lucid description.

Dr. WIGLESWORTH referred to a visit which he and Dr. Cassidy had, on behalf of the Lancashire Asylums Board, paid to Germany with the idea of inquiring into the segregation treatment of the insane. As was well known, this principle had reached a great development in Germany, and he was much impressed by the home-like surroundings and general comfort. As a result of their visit they definitely recommended the adoption of the system of villa residences. The present suggestion was that it should be for epileptics and imbeciles combined. He considered that future developments in England should be along these lines, not merely for epileptics but for other patients. He expressed himself in favour of having the meals—dinner included—served in the different villa residences, as being a nearer approach to home life. Another point was the heating of the institution. In many of the German asylums there was a small simple boiler for hot water in addition to open fireplaces, and he thought that, on the whole, such a plan was better for the purpose of warming dormitories at night. With regard to the number of patients who could be conveniently housed in an individual villa, that he thought would vary between thirty and forty. The greatest difficulty about the night arrangements was the supervising of the night attendants, and he thought they would have to trust to the tell-tale clock system.

Dr. BRISCOE referred to a visit he had paid to Yarra Bend, Melbourne. He there found separate villas for epileptics, general paralytics, melancholiacs, etc., and various industries were in full working order.

Dr. URQUHART said that with regard to the size of the dwellings ought to be, the principle was to consider the number of attendants required. If there were three attendants to each house, and one of those was absent and another at dinner, etc., they might just as well allot two to the house. Four should be the minimum, so that when there were two away for any purpose there would still be two remaining. One is not enough to be left with epileptics. On the other hand, if they were to retain the domestic features he did not think the number of patients could be allowed to exceed forty in one house. With regard to the question of heating, two

asylums were being built in Scotland on the separate plan submitted that day, one for the parish of Edinburgh, and the other for the parish of Aberdeen. The first idea at Aberdeen was to have steam supplied to the whole institution from a central boiler. That had now been abandoned. He did not think that it was impracticable to deal with those houses from a central boiler, because in a town of 30,000 inhabitants in America, which he visited a year or two ago, many of the houses, especially those of the better class, were supplied with steam from a central station at prices which varied with the rental of the houses. Under that arrangement, when a hot bath was wanted the steam supply was turned on to heat the water, and similarly cooking was done. It was, therefore, quite practicable to supply steam at a very considerable distance from the source of supply. He had suggested at Aberdeen, as the arrangement just mentioned was apparently at present repudiated, that a saddle boiler might be put into each of the houses, so that the whole of the house might be heated from the attendants' service room, where a fire was necessary for cooking and cleaning, and might well be utilised for general heating. In his own house he had the kitchen boiler connected with a system of pipes for that purpose, and thus had the satisfaction of knowing that the heat was being distributed to the various parts of the house, and formed an additional hot-water supply. This principle had been advocated before the Institute of Engineers by one who had designed a heating boiler of zigzag shape for the ordinary kitchen range, and he claimed that with one or two of these boilers he could heat any ordinary mansion from the kitchen fireplace. Their aim should be to heat as economically and with as little labour as possible. He had seen German dinners served in separate houses, but he doubted if these would be acceptable to English asylum patients. They knew the difficulties of serving meals in good condition under present arrangements, and these were much greater when considerable distances had to be traversed. No doubt by careful management and new designs these might be overcome. At Hartford Retreat, in Connecticut, where there are various villas for people of the wealthier classes, there was an underground tunnel, through which the dinners were sent on a tramway. The system appeared to be very well carried out there.

Dr. HAYES NEWINGTON said he thought the discussion had passed into one of villas for all kinds of patients, and not for epileptics only. He hoped that a more suitable name than "villa" would be found for the buildings of this kind. With regard to heating, in the new Sussex Asylum they intended to heat the villas by means of open fireplaces, as far as possible. But there might be an objection to that method in the case of epileptic villas, because of the risk of the patients falling into the fire, and he thought some other form of artificial heating would be more convenient. Provision had been made underneath the dwellings in the asylum to which he had referred for a system of heating by other means, which could be used if necessary. He considered it was quite practicable and more conducive to domesticity to have the meals served in the detached buildings. It was proposed at Hellingly to have a kitchen in each of two detached buildings, and the authorities believed that, under proper supervision, this plan would prove to be as economical as is the system of distributing the food from a central kitchen.

Dr. ROBERT JONES pointed out that no provision had been made in the scheme as outlined for a chapel for the epileptics. The epileptic was a person who had that fervidity of temperament in regard to religious matters which prevented his feeling at all satisfied unless he had a chapel. If happiness be considered and contentment aimed at, would it not be better that he should have his *summum bonum*, the only place which he looked upon, during his life-long struggle with a grievous affliction, as his haven of rest?

Mr. CLIFFORD SMITH briefly replied. He could only regard the religious feeling of the patient from an engineering point of view. If the epileptic patient required a chapel, he, as an engineer, would say let him have it; the intention, however, was to hold the religious services in the recreative hall during the experimental stage of the colony. No doubt a chapel would eventually be provided if it should be considered necessary. The question of heating was a vexed one, and it had happened to him to have to deal with every type of heating that had been devised—high-pressure steam, high-pressure water, low-pressure steam, low-pressure water, and now they were anticipating electric heating. Two grievous

ills, viz., tuberculosis and colitis, were laid by some at the door of the systems of heating hitherto adopted. The system of heating he had indicated was common in the houses of the people, and they would have the opportunity of observing whether the same evils arose as had been attributed to the other systems. With regard to the serving of the meals, it had been admitted in the course of the discussion that it was good to go out to dinner every day, and that was what he proposed the inmates of the colony should do.

THE OUT-PATIENT SYSTEM AT DORSET ASYLUM.

The Committee of the Dorset County Asylum have approved of Dr. Macdonald's suggestion for the establishment of an out-patient department at the asylum, to afford advice gratis to those suffering from incipient mental disorders and kindred affections. We shall expect to learn details of the system when Dr. Macdonald has had some experience in the beneficent work upon which he has now entered.

INDIAN ASYLUMS.

It is announced that the Secretary of State for India has sanctioned a scheme for five large central asylums for the insane in India. We have of late brought the reports of existing Indian asylums before our readers in some detail, for interest in this important subject was aroused by Dr. T. W. McDowall's address in 1897, and it is to be hoped that the appointments to the superintendence of these institutions will be conferred on men of proved ability in psychological medicine.

THE LEBANON HOSPITAL FOR THE INSANE.

The Annual Report of the Lebanon Hospital for the Insane at Asfuriyeh, near Beyrout, is now before us, and it gives an interesting account of the first seven months' work in this pioneer institution. It will be remembered that the Hospital owes its existence to the untiring energy of Mr. Theophilus Waldmeier, and we heartily congratulate him on the success already achieved in this truly philanthropic work.

The Hospital was opened on August 6th, 1900, and up to March 31st, 1901, 54 patients had been received (38 men and 16 women) of whom 9 had been discharged recovered, 4 improved, 2 died, and 15 were discharged unimproved.

Of the patients admitted, 22 were chronic cases. Only one extract from the Report can be given:

"Considering the difficulties inseparable from the commencement of this work in Syria, its entire novelty and its humane character, so opposed to established customs and beliefs, we consider it very gratifying that the natural prejudice of the people has been already so far overcome and that such a considerable number have availed themselves of the new Hospital in the very first year of its active existence."

"The people of Syria are already receiving an object-lesson in the rational treatment of the insane. Under the barbarous methods hitherto in vogue very few, if any, could recover from mental affections. It was indeed scarcely believed that recovery was possible. Now at length, at the Asfuriyeh Hospital, a very different result is being witnessed. The increasing number of applications for treatment shows that its benefits are more and more appreciated. Such an object-lesson cannot fail to promote the introduction of humane treatment in other parts of the country, and ultimately into other eastern lands."

The report contains interesting illustrations of the Hospital buildings, and also of the monastery at Kuzheya and its cave, where the insane are still subjected to inhuman treatment in the attempt to drive out evil spirits. In a recent visit to this cave, Dr. Wolff (the medical officer of the Lebanon Hospital) saw an insane man fastened under a huge stone with chains on his feet and neck, who had been there for twelve days, and was quite naked. Dr. Wolff gives further details of the barbarous practices still in vogue, and adds, "no wonder that these wretched victims often breathe their last under such circumstances. Nearly all the cases under our care at Asfuriyeh have been taken to that dreadful cave and undergone cruel treatment."

That the work is carried on in no illiberal spirit is evident from the various

religions of the patients admitted, viz., Maronites, members of the Greek Church, Protestants, Roman Catholics, Druses, Moslems, and Jews.

A pleasing feature of the asylum in Syria is the satisfactory report brought back by English visitors. All unite in speaking in the highest terms of the estate and the buildings now in use. Everthing is reported to be in excellent order and very well kept, and the impression given is that the Hospital is well organised and a really good work is being done. There is, however, great need for additional buildings, seeing that acute and noisy cases have been refused, owing to the lack of suitable separate accommodation. The existing buildings consist of two blocks intended for twenty patients each, one for males, the other for females. There is therefore practically no classification of patients, and at night and during the cold weather, when patients are unable to be in the grounds, a noisy patient is very disturbing to the others.

Recent advices states that two new blocks are to be begun at once, which is highly satisfactory. Until there is more accommodation it can hardly be expected that any well-to-do patients will be sent, so that any donations given towards new buildings will be especially useful, and will assist the Hospital to obtain some revenue from paying patients.

The institution is at present dependent on voluntary contributions from Great Britain, America, and the Continent, and we are glad to see that members of the Medico-Psychological Association have taken an active part in forwarding this movement.

A copy of the Report and further particulars may be obtained from the English Secretary, Mr. F. C. Brading, 35, Queen Victoria Street, E.C.

TUBERCULOSIS.

The *British Congress on Tuberculosis*, which opens in London on July 23rd, promises to be a great success. Dr. Fletcher Beach has been elected a Vice-President, and Drs. Spence and Weatherly are on the Organising Council, the latter being also a member of the General Purposes Committee. Drs. Jones, Mott, Eric France, and Weatherley are Delegates representing the Medico-Psychological Association.

With regard to the *Tuberculosis Committee* appointed by the Association, we understand that several meetings have been held, and much interesting and valuable information has been collected. The great extent of the inquiry will not permit of a report being presented at the annual meeting in Cork.

THE MARRIAGE OF THE UNFIT.

America is the place for experimental legislation. Laws are enacted, and, from time to time, are allowed to drop into desuetude with a certain alacrity. To be sure, it was but lately that a learned judge in an English Court entered on a disquisition in reference to witchcraft. Still, that showed some tenacity of ancient formularies, for witchcraft was discredited for ever by one Reginald Scot, Esq., some three hundred years ago. The very latest sensation in law-making is the Bill proposed in Minnesota for the prevention of the marriage of the unfit, and we hope to obtain some account of its provisions and of the debate in the State Legislature in due course.

CRIME AND PUNISHMENT.

Dr. Robert Anderson, the Assistant Commissioner of Police in London, has written an article in the *Nineteenth Century* for February on "Our Absurd System of Punishing Crime." He finds that there is an increase in "professional" crime which might be suppressed, and ought to be dealt with in a more intelligent way than at present. Dr. Anderson is of opinion that this real danger to the Commonwealth is mainly due to the lenient sentences which have become the