

8. Asylum Reports.

Some English County and Borough Asylums.

Derby Borough.—The admission rate seems here to show a tendency to become less. Dr. Macphail, as usual, gives the average respite experienced by those who have been readmitted after discharge on recovery. Last year this average for nine cases was six years and eleven months. We wish that more would give these particulars, and, if possible, add the form of mental disorder on the preceding and the present attacks. Such information over a large area would not only be helpful in discussing the various problems connected with the incidence of insanity from the administrative point of view, but would do good by stirring up scientific inquiries into any marked differences in results in various areas. General paralysis shows a large diminution in the admissions. The duration of these cases seems from the figures to be longer than usual, the deaths and admissions both being 5, while the remainder on December 31st is 19.

Derby County.—Curiously enough, at Mickleover the figures relating to general paralysis read just the other way, the admissions being 16 and the deaths 25, while the remainder is but 5. Dr. Legge notes that more than a third of the admissions were returned as being suicidal. Though more intimate knowledge of some cases removed them from this category, yet the remainder formed an unusually heavy charge. We do not ever remember noting an earthquake as an incident in asylum life, but one was felt at Mickleover.

Dorset.—Dr. MacDonald is able to point to a falling admission rate for county cases, which he considers to be particularly satisfactory in the midst of recognised distress from want of employment. We much appreciate the very full particulars in Table 1 in regard to the numbers of private patients and out-county cases. Such fulness is essential to the tables of all asylums where considerable batches of private cases are dealt with.

Glamorgan.—A feeling of deep regret is kindled in handling the Report of this asylum. It seems very sad that after many years of subordinate work here Dr. Stewart should have been spared for so short a period of full control. His death is a great loss to the service of the locality, following as it does closely on the resignation of Dr. Pringle, and the Association likewise has reason to deplore the loss of an earnest and courteous member. The medical part of the Report is rendered by Dr. Finlay, who is by no means a new-comer to Bridgend, and whom we congratulate heartily on his succession to the superintendency. He reports that "religious excitement" is responsible for 21 admissions, 14 being men and 7 women. This recrudescence of an old trouble in Glamorgan may be attributed to recent religious revival. The latter, however, has had apparently some influence in reducing the amount of alcoholic insanity admitted. The two

influences together, though varying for the year, account for about as many as they did last year. Hereditary predisposition was found in nearly 50 per cent. of the religion cases. Solariums have been instituted, and, though they have only been in use for a short time, they promise to be of advantage in the treatment of tuberculous diseases.

Middlesbrough.—In commenting on a notable decrease in admissions from the borough, Dr. Geddes writes: "The decrease in the number of admissions from the borough is unusual, and therefore remarkable, and leads one to seek an explanation of it. It may be that the trade depression from which Middlesbrough has suffered, and which may presumably have been partly responsible for the increase in the admissions in last and previous years, now operates as a cause of the decrease, in that, having in the first place swept into the asylum the weaklings—those most prone to mental degeneration—it has left a hardier class—those whose nervous systems are more able to withstand the stress of a strenuous existence. Again, the same factor may have acted by driving from the town an appreciable proportion of the class from which our patients are drawn. It is melancholy to reflect upon the fact that whereas 'hard times' tend to decrease the incidence of insanity, prosperous times and high wages tend to keep our asylums well filled." The general paralytics provided nearly half the deaths.

London County Council Asylums.—The volume issued by the Council does not decrease in size nor in interest and value. As we have said before, in all parts of the Report there is evidence of intense earnestness and intention to take up worthily a great, continuous, and increasing responsibility. The Committee gives figures to show that though there is, as must be expected, an absolute increase in the number of patients, that increase has been for two years past a diminishing one. But it is wise not to attempt to draw any conclusions from such a meagre period. At the same time, the same tale is told in many other places, and our impression after reading many asylum Reports for the year is that there is less urgent demand made for accommodation over the country. The Committee again refers to the inconvenience of having two important bodies regulating the insanity of one area. It shows that while in the last sixteen years it has increased its percentage of total accommodation for the insane of all kinds by 10·91, the percentage of that provided by the Metropolitan Asylums Board has decreased by 8·34. The workhouses and friends receive now a smaller proportion than they did. Then in one of the tables it is shown that some parishes have many more in asylums of one Board than in those of the other. The Committee seems to be justified in concluding that the explanation of the inconvenient arrangement must be found in the method of certification. We believe that we have in former pages hinted at the same thing, but it is not so long ago that in a legal investigation it was shown that relieving officers had a freedom of choice as to where patients should be taken that could not be supposed to make for the most efficient utilisation of available room. It is stated in the Report that 4201 applications for beds were received, while only 3627 were allotted during the year. The admissions to the Committee's

asylums seem to be also on the descending scale, but of course without knowledge as to what Leavesden, Caterham, and similar asylums are doing no certain conclusion can be drawn about the occurrence of insanity in the area. A curious fact is pointed out: the proportion of the chargeable insane on the north side of the Thames is 5·66 and 4·69 on the south side, in each case per mille. The explanation suggested is that the more crowded areas which are typically lunatic-producing are to be found to the north of the river. The readmissions of patients discharged as recovered bear a percentage in the recoveries of between 27·42 and 29·18 during the last eleven years when the recoveries during the whole of those years are taken into consideration. But of the recoveries during the same eleven years between 11·74 and 13·47 were readmitted within twelve months of their discharge. It would be of immense service if the original form of mental disease in these relapses could be given and summarised. We are very glad to see that the Committee has resolved to adopt the scheme of statistical tables now brought out by the Association. It is possible that in some respects these tables are open to criticism; in fact, it is inconceivable that with such extensive and intricate points to work up and decide there should be complete agreement as to the best method of dealing with such a complex subject; but harmony is preferable under any circumstances to discord, and we feel sure that if the tables are worked in each asylum in general harmony the lunacy statistics of London will acquire a value that they never have had and that cannot be surpassed elsewhere. The Committee points to the undoubted necessity of getting reliable information as to causation, and complains of the paucity of information supplied by the authorities of Poor Law infirmaries when patients are transferred from them to the asylum. This should not be, and it would not be if those responsible woke up to the fact that the heaviest burden that comes on the rates can only be successfully attacked by getting to the root of the matter. Curiously enough, what appears to us to be the best suggestion for meeting the difficulty comes from one of the Committee's own officers, Dr. Stansfield, who thinks that an experienced medical officer could well be allocated to this work for two years or so.

Building still goes on apace. The Report contains useful drawings of the new Long Grove Asylum, to which Dr. Bond has been lately appointed, to the hearty contentment of the Association. His appointment may be taken as a practical endorsement of the Association's choice of him to follow Dr. Robert Jones. One principal feature of the design of Long Grove is the employment for the main building of connecting passages simply covered and not enclosed. There are many villas included in the plan, which, in general, follows Messrs. George T. Hine & Co.'s lines. At Bexley a hospital is being built for male admissions. At Colney Hatch several villas are being planned to take the place of the unhappy iron buildings. These are all to be specially allotted, chiefly to diseases—phthisis, dysentery, general infirmities, etc.—and one for acute cases. An eleventh asylum is called for, and preparations are being made for its erection. This is to be built on the vacant space at Horton. On the part of that estate which has been allotted to Long Grove a considerable

amount of work has been executed in the shape of gardens, etc., by a body of the "unemployed." It was not to be expected that the value per man of these workers should be as great as would be the case with outdoor labour, but there must be some benefit attaching to the system when looked after properly.

With regard to the financial side of the management of their huge trust the Committee has taken what appears to us to be a very wise step in suggesting that the services of the Council Comptroller should be given towards independent audit and checking of accounts, stores, etc. It will take a large amount of responsibility off the shoulders of the Committee, while the checking by a professional checker cannot but tend to close, economical, and honest work. At the same time, the Committee points out that the powers of report which the Finance Committee of the Council propose to ask for will not absolve the Committee itself from fulfilling its statutory duty to the Guardians from whom the maintenance rates are called up by it.

The Commissioners' reports are now for the first time grouped together, instead of being put under the head of the respective asylums. There is nothing in them calling for special comment.

The reports of the Medical Superintendents are grouped in the same convenient manner. In them are points of interest as follows:

At Bexley Dr. Stansfield has had a complete personal and family history made, as far as possible, in each of the 494 admissions. In practically three fifths a complete history was obtained, in another fifth the history was only incomplete, and in the remaining fifth no history at all could be obtained.

Dr. Stansfield finds that out of the 302 histories 56.9 showed either insane or neurotic history, and he is satisfied that even this large proportion falls short of the truth.

"There is a floating mass of degeneracy in the population which is constantly augmented by the victims of social vice and its satellites, syphilis and drink, and from this mass we derive the bulk of our asylum population, fill our prisons, and supply our 'unemployable'; and that this is increasing at a faster rate than the normal population is, I think, indicated by the statistics of the Lunacy Commissioners as to the relationship of certified insane to the total population, which show that the increase of population in the nine years ended January 1st, 1905, was 10.8 *per cent.*, whilst that of the number of certified insane has been 24.2 *per cent.* in the same period. I believe that one important factor in the disproportionate increase is the lowering birth rate of practically all classes except these degenerates."

He points out that the upper and middle classes are driven by motives of ease or economy to limit production, while the degenerates care not for consequences. We do not think that perhaps the most mischief is done by degenerates marrying or cohabiting with degenerates. The more this occurred, the greater would be the tendency to extinction of the class. It is the half-degenerate marrying either his equal or even his superior that will in the end produce a larger number of undesirables. He hints at the question of sterilisation becoming more pressing. Sterilisation is a splendid abstract principle, but the application thereof to practical purposes is many generations off. There is a very extensive

etiological table given by him that would rejoice the heart of the late Statistical Committee. The correlations of fifty-six factors with each other are set out and form an interesting study. Another very useful table gives the factors which were assigned on admission of those cases which recovered. Very full statements and correlations of the causes of death are likewise produced.

Dr. Robert Jones also adverts to the history difficulty. "The difficulty of obtaining full and correct 'family histories' in cases of insanity can only be fully appreciated by those engaged in the work. Such histories are fragmentary and often apocryphal, and when obtained are difficult to classify. The fact that the human organism is a series of complex units, and that each of these may be either dominant or recessive, shows the necessity for a scheme of classification in regard to heredity which will give the history of collaterals as well as of ascendants."

He emphasises the importance and quantity of the training work done among the attendants, and he quite rightly points out that the higher the scope of such training the more likely is it that the brighter minds will come in under it.

Dr. Bryan alludes to the unfortunate murder case at Horton, which has already been dealt with by Dr. Mercier (October No., 1905, p. 790, *et seq.*).

"The jury said that they 'desired to add a recommendation that care should be taken that such letters as those written by the woman should not be allowed to go out of the asylum.' The learned Judge said 'that he was most anxious in any remarks he made not to say a word against any individual, and he was sure the jury did not mean to cast any reflection on any individual. The letters, however, should not have got out, and the proper authorities should make careful inquiries into the matter and see that it did not occur again.'

"The question of the suppression of patients' letters has always been a difficult one, and the modern practice in this respect is, and rightly so, to give the unfortunate patients the fullest facilities for writing to their friends, and, indeed, it has even been questioned by the highest authorities whether any patient's letters whatsoever should be suppressed. Apart from this altogether, letters written by the patients to their friends are of great value as affording them information as to their state of mind, and all former experience would have tended to show that the receipt of letters of similar character to those in question would have produced even increased care and vigilance on the part of friends when visiting. It is extraordinary that, although the contents of the letters were apparently known to the relatives, other than the husband, no information was given by them that these letters were having any effect on him, and no request was made that they should not be sent. In any case, however, the question of interception of patients' letters is approached by every asylum medical officer with the greatest care, and only those who are intimately connected with asylum management can form a correct judgment in the matter. I see no justification in suppressing a letter from a wife to her husband, who, as has been well said, has surely a right to know from her letters in what state of mind she is, and in this opinion I am supported by my colleagues throughout the country."

At the Colony Dr. Bond has prepared some special tables which afford valuable information about his epileptic charges. With regard to hereditary predisposition, we are somewhat surprised to see that in the cases where history could be got of the antecedents of parents and grandparents the proportion of those relatives in the ascending line who had been insane or epileptic to those who had been neither insane nor epileptic is as 19 to 185. The proportions for the parents only are—for the father 7 to 42, for the mother 4 to 40. We should have looked for more evidence of direct transmission. Apparently the two disorders have about equal causative value, while heredity of alcohol ranks at about half of either. Personal alcoholism was found in about 18 *per cent.* In the larger number of the cases the duration of epilepsy previous to admission was considerable, more than half being over fifteen years. But of course this might be an accident depending on the selection of the cases for admission. Apart from congenital cases, about two thirds of the admissions were those whose epilepsy commenced before the age of twenty. Dr. Bond gives a full table of correlations of etiological factors on the lines of the Association's Table B, 8. In time value must attach to this as supplying means for ascertaining what effect (if any) is caused in the incidence of factors by the prevalent element of epilepsy.

Dr. Mott's pathological report is in the main a record of facts, and does not contain the suggestive remarks on moot points which have conveyed valuable teaching in former years. He analyses in considerable detail the death returns and the *post-mortem* findings at Claybury. We attach much value to a table in which he shows all the notable pathological appearances that were discovered *post mortem* in the cases examined. This table and the formal record of a single cause of death (presumably the primary) in each case, together bear some comparison with the new system of recording the etiology of the insanity admitted; we have one principal and as many associated factors as may be found. It is thought that the new system of death return, divided up in the same way into principal and contributory, will tend to obviate inconvenience and possible error. The Report before us shows us an instance of possible error. In the first *single cause* table, out of the 186 deaths only 5 are returned as due to general paralysis. Yet the second table shows pathological appearances of general paralysis in 43 cases, which latter total corresponds, after allowance for a different commencement of the year of record, with that given in the old Statistical Table 5 on a later page. Taking the former table, as one very well might under present circumstances, as the true guide to the principal cause of death a reader might quite erroneously conclude that Claybury received very little general paralysis. No doubt the apparent want of harmony arises from the old high-and-dry question as to what primarily killed a man—the grave but remote or the recent and otherwise insignificant. The ejection of the terms "primary" and "secondary" in favour of "principal" and "contributory" will surely make things easier to the scrupulous certifier. In 98 out of 185 cases no sign of tubercle was found in either acute or obsolescent form. Very full tabulation is provided for ascertaining the history of each asylum for several years past in the matter of dysentery. In time to come these records must prove to be

of immense value in tracking down this fugitive malady of uncertain genesis. The returns of last year show some recrudescence at Bexley.

In the report of Mr. Clifford Smith, the engineer, we note, among other matters, that he valued at £1166 the labour of patients placed at his disposal by Dr. Stansfield at Bexley. He states that the standard of interior repair is being more effectively maintained by reason of such labour being available, and he looks for a reduction in the cost of such repairs in the course of the next few years. He finds that the new pumping plant at Colney Hatch has delivered water at 3d. per 1000 gallons, this sum including repairs to machinery. It is about $\frac{1}{2}$ d. under his estimate. At the central station the 1000 gallons cost about 6 $\frac{1}{2}$ d., after knocking off the rates, taxes, and insurance.

The average weekly maintenance per patient in the county asylums works out at 10s. 11 $\frac{3}{4}$ d.

The Committee refers with great regret to the retirement on account of ill-health of Dr. Alexander from the control of the Hanwell Asylum, which he has held for many years. The Association will feel the same regret, we are assured. A full pension appropriately backs up the kindly words in which the Committee speaks of his service.

Somerset (Cotford).—The most noticeable matter in this Report is the production of the year's statistics mostly in the new tables adopted by the Association, and we must congratulate Dr. Aveling on his being the first of the English county and borough asylum superintendents, as far as we know, to tackle the system. It must have meant a large amount of trouble to work all the material up before the way was cleared by new registers and other means. Of course it is quite too early to review or criticise the changes in tabulation which the Committee supposed would be followed by advantage. There are fresh points, however, that may repay consideration. For instance, in the table showing the duration of particular forms of insanity on admission before death intervened, it is curious to find that the record of longevity attaches to a congenital with epilepsy who counts over fifty years of mental deficiency and is followed by a case of acquired epilepsy of over forty-five years' insanity. The table from which this is taken (D 3) would appear to further the inquiry into the "expectation of life" in insanity, of which a good deal was heard when Sir William Gowers started a debate on the subject.

Stafford (Cheddleton).—The Commissioners note that in 173 deaths no bed-sore was found *post mortem*. Again we say that no record of general nursing can possibly show anything better than this evidence of care bestowed day by day and night by night on paralysed, resistive, and apathetic mortals in asylums like this. Dr. Menzies, after careful inquiry, is enabled to attribute almost 50 *per cent.* of the admissions to social vice, comprising syphilis and alcohol. In 144 cases in which a history could be taken the former contributed twenty-seven and the latter thirty-five instances of direct causation. In discussing the incidence of tuberculosis, Dr. Menzies gives the result of careful examination of 647 cases, in many of which several examinations have taken place. Positive physical signs of tubercle were found in 123 and doubtful signs

in 133. A large number were injected with Koch's old tuberculin "with the surprising result that only 8·8 *per cent.* failed to give positive reaction." A parole navy gang has been organised among the convalescent patients, which has been most successful. These men work, for the final month or so before recovery, the ordinary full labourer's hours without the supervision of an attendant, but under the general instructions of the foreman ganger. They begin the day with a good meat breakfast, and have other privileges, especially that of going home from Saturday to Monday. Consequently, when they are discharged they are already in good training for hard labour instead of being fat and flabby.

East Sussex.—After several months of complete immunity from dysentery, a female patient who had been in the asylum for a year developed this disease, which ran a rapid course to death. No other case occurred within reasonable time either before or after, and Dr. Taylor considers that a case with such a history as this suggests that there must be some other method of contracting the disease besides direct infection. He is convinced that the only way to prevent outbreaks is the immediate and permanent isolation of any case that has been once attacked. The satisfactory recovery ratio, which would have been greater but for the removal of private patients before recovery was actually established, is attributed to the hospital permitting more individual attention being given to recent admissions. The appointment of a training mistress for the children has proved a considerable success, the work, which is carefully graduated to the intelligence of each child, apparently serves to slowly develop what understanding there may be.

Worcester.—Here, too, the Commissioners note the entire absence of bed-sores. Dr. Braine-Hartnell divides, quite properly we think, the hereditary etiological influences into two: direct, which he terms "hereditary influence," and indirect or family predisposition. The ratios for these respectively are 12 and 18 *per cent.* He adds a column of ratios of incidence for all causes, which is very useful. Among the admissions were two little girls, *æt.* 4 and 5. There must be something wrong if no more appropriate place than the asylum can be found for such little tots.

Wiltshire.—Here there has been a steady fall in the admissions for the past five years, those for last year being 141 against 189 in 1900. This has not resulted from the insane of the county being detained elsewhere, with friends or in the workhouses, etc. Dr. Bowes notes that the type of the insanity on admission tends less to the maniacal and more to the delusional, the prospects of recovery being correspondingly prejudiced. He entirely declines to take on nurses from other asylums, and he thinks that if all superintendents pursued the same practice beneficial discouragement would be given to the spirit of restlessness which all deplore among the junior female staff. Being asked by his Committee to make a report on the insanity of the county in relation to the needs for accommodation, Dr. Bowes goes into the matter in a separate document. His Report contains some interesting points. The population of the county has increased by about 3½ *per*

cent. in the ten years 1891—1901, while the insanity in the same time has increased 20 *per cent.* The most remarkable increase is in the large borough of Highworth and Swindon, where, while population increased in the ten years about 25 *per cent.*, the number of the chargeable insane was more than doubled. One would think that a careful inquiry on the part of the local authorities might lead to some suggestion of a cause for this. At all events, some approach could be made to a decision as to whether the increase was due to administrative reasons, such as longer detention or greater inpouring of senile dements, or, on the other hand, to actual increase of occurring insanity. It is possible to think that as this is a town that has grown under the eyes of many still living, that as it is a town that has grown rapidly but evenly under satisfactory hygienic circumstances and that as in it exists a continuous industry which forbids anything like distress to the bulk of inhabitants, a thorough inquiry into the history of each case from year to year for some time back would amply repay the trouble taken.

We are quite with Dr. Bowes when he makes the following suggestion, and we hope that should it be accepted in his time he will do his best to keep the hospital sacred to mental disease, and not let it be muddled up with physical infirmities. In speaking of chronic dements he says :

“ For these and other reasons one cannot but feel they are better off in large institutions containing special arrangements conducive to their future good ; but in place of building special institutions for their accommodation, the right and apparently preferable course to adopt would be to appropriate existing asylums to the housing of the incurable class, and the provision of small mental hospitals, equipped with every appliance and convenience, for the treatment of acute mental disease. Special hospitals now exist for nearly every special disease, and that it will come to the establishment of such hospitals for the treatment of insanity, one of the most to be deplored of all diseases, there can be no doubt.”

Some Registered Hospitals.

Bootham Park.—Dr. Hitchcock relates with gusto that on last Boxing Day he saw a man whom he thought to be a stranger sitting by the fire in one of the wards, smoking his pipe with the patients, and seeming to be very pleased with himself and his surroundings. He turned out to be a former patient, who lived some forty miles away. He had given his men a holiday, and finding it dull by himself, had come over to spend the evening with his old friends. He also finds that ten of his nurses and nine of the servants have left to be married in the last two years. His head attendant has been presented with the Asylums Workers Association's gold medal for forty-four years' good service. Other attendants have put in thirty-seven, thirty-three, twenty-nine years, etc. We should imagine that there are elements of comfort here for both patients and staff. The recovery rate is high on both sides—sixty-nine and fifty-seven.

Wonford House.—The Committee and Dr. Deas are to be much congratulated on the last payment in extinction of a heavy debt having