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PART I.—ORIGINAL ARTICLES.

Gheel and Lierneux, the Asylum-Colonies for the Insane in Belgium. By JOHN SIBBALD, M.D., Commissioner in Lunacy for Scotland.

In the numbers of the Journal for January and April, 1896, I described the recent action of the Berlin authorities in placing a considerable number of the insane poor under care in private dwellings, which illustrates one of the latest ways in which this mode of providing for the insane has been organised. Having in the year 1895 revisited for the third time the well-known colony of the insane at Gheel, in Belgium, and having once in 1895 and again in 1896 visited the recently established Belgian colony at Lierneux, I now propose to describe the present position of these two colonies, which exemplify the oldest systematised method of providing for the insane in private dwellings.

LUNACY ADMINISTRATION IN BELGIUM.

I have frequently found when speaking about the so-called "colonies" that the position which they hold in the general system of Belgian lunacy administration is not fully understood. In order to make their position clear it will therefore be useful to refer shortly to the lunacy administration of Belgium as a whole. This administration is conducted under the provisions of the *Règlement général et organique*, made by Royal Decree in execution of the *Loi sur le Régime des Aliénés* of 1873. The law and the rules founded on it do not deal with any insane persons except those detained by legal authority either in establishments for the insane or in private dwellings, and those who are placed under interdiction or tutelage. No official record appears to be kept of the number of the insane in Belgium unless

they are inmates of establishments for the insane; but under this designation are included the two colonies of Gheel and Lierneux.

The official Report for 1895 gives the total number thus under official cognisance as 11,819, about 2,400 being in the colonies and the rest being in ordinary asylums.

The asylums and the colonies are under the supervision of an Inspector-General, M. Lentz, appointed by the King, and he is assisted by three Commissioners appointed by the Minister of Justice. The present Commissioners are Dr. Lentz, of the State Asylum at Tournai; Dr. Morel, of the State Asylum at Mons; and Dr. Glorieux, of Brussels. In addition to the supervision exercised by these officials, the Burgomaster of the commune in which any asylum is situated is required to visit the asylum at least once every six months, the *Procureur du roi* once every three months, and the Governor of the province, accompanied by a member of the provincial council, once every year. There is also a local Board appointed by the King, which is charged with the special supervision of each asylum, and which has to report once a year to the Minister of Justice.

All the ordinary asylums for the poor in Belgium are the property of religious communities except those at Mons and Tournai, which belong to the State. The appointment of the physician or superintendent of an asylum is, however, in every case made subject to the approval of the Government, and the rules for the administration of each asylum also require the approval of the Government. The organisation of the colonies of Gheel and Lierneux is in each case regulated by special rules under Royal Decree.

The Law and the *Règlement organique* also prescribe the proceedings necessary for the admission of a patient into an asylum, and for his detention and liberation. It is sufficient here to state that no patient can be admitted without an order either of the Burgomaster of the commune or of the Governor of the province; and a medical certificate must also be given before admission, or in case of urgency within twenty-four hours after admission. The Burgomaster or the Governor is required, after granting an order, to transmit a copy of the order and relative documents within three days to the *Procureur du roi* of the district of the patient's domicile; and the Superintendent of the Asylum is required to send notice of each admission of a patient within twenty-four hours after admission to the same magistrate.

When sending a patient to Gheel or Lierneux the same proceedings are required as when sending a patient to an ordinary asylum, and the authorities of these colonies have the same legal powers and responsibilities as to the detention of patients as are possessed by the authorities of ordinary asylums.

THE COLONY OF GHEEL.

The legendary origin of Gheel as a place of sojourn for the insane, and the narrative of its development since it emerged into the light of authentic history, has been set forth more than once in the pages of this Journal.* They are given in considerable detail in an account of my first visit to Gheel, contributed to the number for April, 1861, and need not be repeated here. My first visit was in the year 1860, and I made a second visit in the year 1862. The object of the visit in 1895 was to gain information as to the present condition of the colony, and to compare it with my recollection of its condition at the time of my visit in 1862.

The Social and Economic Position of the District.

The commune of Gheel is situated in the east of the province of Antwerp, in a district known as the Campine. It is about 25 miles from the city of Antwerp, and consists of a village of between 3,000 and 4,000 inhabitants, surrounded by 23 hamlets scattered over an area of about 20 miles in circumference. The total population of the commune is upwards of 11,400. The chief occupation of the people is the cultivation of the land, which is in the greater part of the commune of scarcely average fertility, and in certain parts, such as the outlying district of Winkelom, it is sandy and infertile. The occupants of the farms belong to the class of peasant cultivators, and they are in most instances proprietors of the land they cultivate. The farms range in size from five to fifty acres each, many of them including a considerable extent of unreclaimed land. The average rent of arable land is stated to be from 50 to 75 francs the hectare, equivalent to about £1 an acre. The farmers usually keep

* Papers on Gheel have appeared in the following numbers of the Journal:—April, 1858, by Dr. Henry Stevens; April, 1861, by Dr. John Sibbald; January, 1862, by Dr. (afterwards Sir James) Coxe; April, 1862, by Dr. W. C. M'Intosh; April, 1862, by a Commission of the Société Médico-Psychologique; October, 1866, by Dr. John Webster; April, 1867, by Dr. Edmund Neuschler and Dr. John Sibbald; April, 1876, by Dr. P. Maury Deas; January, 1886, by Dr. D. Hack Tuke and April, 1891, by Dr. Margaret A. Cleaves.

cattle, and often pigs and goats. The cattle are in the proportion of about one to each hectare (about $2\frac{1}{4}$ acres). The larger farms have bullocks to help in working the land. A horse is not usually kept in a farm of less than 20 hectares, and there are only two farms in the commune where as many as two horses are kept. As is the case generally over Belgium the farming may be described as gardening on a large scale, the spade being the instrument most in use. As a sample of the stock on a farm, one farm of nine hectares which we* saw may be mentioned. It had three cows, four calves, one bullock, and two pigs. As showing the increase in the value of farms during recent times, resulting from the reclamation of land and other causes, Dr. Peeters informed us that this farm had been purchased for 900 francs at a period not very remote, and that its present value was about 8,000 francs.

The general description of the place and the people given by me thirty-five years ago is still applicable, except that there is now a railway station at the town, and that there is an appearance of greater comfort and prosperity all round. The *chaumière*, with its walls of wood and clay and its roof of thatch, has given place for the most part to the *maison*, with walls of brick and roof of slate. The interior arrangements and the furniture of the houses also conform to a higher standard of comfort. The butter of the Campine has now the reputation of being the best in Belgium, and we found an indication of industrial progress in the use of the centrifugal separator, instead of the old churn, in most of the houses that we visited. Rye bread is not much used now; the bread that we saw being either half rye and half wheat, or wholly wheat. There were fitches of bacon hanging in all the farm houses, and Dr. Peeters told us that bacon and pork are now much more freely used than they were some years ago.

The Administration of the Colony.

The superintendence of the insane and their guardians, and the general administration of the colony, is, like those of ordinary asylums in Belgium, in the hands of a local Board. Under the control of the Board the administration

* I had the great advantage of being accompanied in my visits to Gheel and Lierneux in 1895 by Dr. Macpherson, Medical Superintendent of the Stirling District Asylum, and Lecturer on Mental Diseases in the Royal Colleges School of Medicine, Edinburgh. I am indebted to him for much valuable assistance as well as pleasant companionship.

is carried on by Dr. Peeters, the present *Médecin-directeur*. He is assisted by 2 *médecins adjoints*, 2 *médecins assistants*, 1 *réceveur*, 1 *secrétaire*, and 1 *magasinier*. The *médecin-directeur*, the *réceveur*, and the *secrétaire* have each a *commis* to do clerical work. Besides the staff of attendants in the "*infirmérie*," as the small asylum in the outskirts of the village is called, there are four employés of the same class as head attendants, called *infirmiers gardes de section*, who are constantly engaged in visiting the patients in private dwellings.

The patients are of two classes—(1) *indigents*, supported by communal and other public funds; and (2) *pensionnaires*, or private patients. There were at the beginning of the present year (1897) 1,983 patients resident within the commune, 1,809 being *indigents*, and 174 being *pensionnaires*. This indicates a considerable increase in the numbers since my visit in 1862, when the total number was about 800. In the report for 1859, which I have before me, the numbers are given as 698 *indigents* and 102 *pensionnaires*.

The proceeding required for placing a patient in Gheel is, as I have already stated, substantially the same as has already been described for placing a patient in an ordinary Belgian Asylum. Every indigent patient is, on admission, placed in the *infirmérie*, which is under the immediate superintendence of the *médecin-directeur*; and from the *infirmérie* the patient is transferred to the care of a guardian selected by the *médecin-directeur* according to the nature of each case. Patients are not detained in the *infirmérie* longer than five days, unless some special feature of their case makes it necessary to keep them for more prolonged observation. In very exceptional cases, however, patients have been detained for as long as three months. In private cases the arrangements as to the houses in which the patients are to be boarded are generally completed before the arrival of the patients at Gheel, so that in these cases there is seldom any detention in the *infirmérie*. The total number of admissions annually has been for some years about 300. In the year 1894 the number was 268. In addition to its use as an admission station for patients the *infirmérie* also serves the purpose of a hospital, to which patients may be transferred from the care of private guardians on account of either bodily or mental disorder which cannot be properly treated in a private dwelling. At the time of our visit there were 34 male and 36 female patients in the establishment. The arrangements of the *infirmérie*, erected in 1863, resemble in their distinctive fea-

tures those of the Hospice Guislain at Ghent, the plans having been furnished by Professor Guislain himself shortly before his death. The administration of the *infirmérie*, and the treatment of the patients there, is under the immediate charge of Dr. Peeters.

The supervision of the patients in private dwellings is also under the charge of Dr. Peeters, but the regulations do not oblige him to visit every patient personally oftener than twice a year. He sees most of them, however, much more frequently. The work of inspection is more immediately in the hands of the *médecins adjoints* and the *médecins assistants*, who visit at least once a month the incurable patients, and at least once a week those who are regarded as curable, or who for any reason require special medical attention. In many cases daily visits are made. Every patient is also visited once a month by a *garde de section*. The physicians and the *gardes* report daily to Dr. Peeters the visits made during the preceding day and their results, and receive from him such instructions as he may deem necessary. A biennial visit is also paid to all the patients by members of the local committee. The structural condition of the various dwellings is specially under the charge of the secretary.

The remuneration of persons who receive private patients is a matter of arrangement between the relatives of the patients and the persons receiving them. Patients maintained by communes are boarded at rates varying from 60 centimes a day to 90 centimes—50 being paid for a cleanly and useful patient, 70 for a cleanly but not useful patient, and 90 for a patient of uncleanly habits. Besides these payments, which are made to the guardians (*nourriciers*), 25 centimes a day is paid to the administration to cover the cost of clothing and supervision. The bedding and other furniture of the patient's bedrooms is provided by the administration.

There are, besides the bath-rooms at the *infirmérie*, two public bath-houses in the commune; and it is proposed to erect other two, making four in all, one near the centre of each administrative section of the commune. The bath-house at the hamlet of Larum, which we saw, contains six baths and a douche chamber. We were informed that from 25 to 30 patients are bathed there every week. In addition to the baths taken in the two special bath-houses, many patients have baths by medical order more frequently in the *infirmérie* baths.

The Condition of the Patients.

On the occasion of our visit in 1895, Dr. Macpherson and I were most cordially received by Dr. Peeters, and we have to thank him sincerely for the pains he took to give us full opportunity to see the patients in different parts of the commune. They are scattered pretty equally over the district. Some are boarded with families in the village; but the great majority are boarded in the surrounding hamlets and farm-houses. During the thirty-three years, between my visit in 1862 and my visit in 1895, the accommodation of the patients has improved, along with the general increase of comfort among the inhabitants. Only the poorest of the inhabitants now live in houses whose walls are constructed with wood and clay, and which were formerly the usual kind of houses in the hamlets and out-lying districts. No patients are now boarded in such houses. In the slated brick houses, where patients now reside, they are generally provided with bedrooms specially built for them by the proprietors. Each patient has a separate bedroom. It is usually on the ground floor of the house, and no patient is allowed to occupy a room that is not of a size giving at least 3 metres in length, 2 metres in width, and 2½ metres in height, which thus gives a minimum of about 65 square feet of floor, and 530 feet of cubic space in each room. As there are usually two patients in each house the rooms are generally built in pairs, and the cost of their construction was stated by Dr. Peeters to be from 100 to 150 francs for each room, exclusive of the work contributed by the householder. The furniture, which, in accordance with a regulation introduced a few years since, is now supplied by the administration, consists of a wooden bedstead, bedding, a chair, a clothes-box, a clothes-rack, and a strip of carpet for the bedside. Decorative improvements are encouraged by the administration, and flowering plants are supplied gratuitously to the guardians from the gardens attached to the *infirmieris*.

In none of the houses that we saw were there more than two patients, and Dr. Peeters informed us that this is in accordance with a rule which has now been in force for several years, and to which there is at present only one exception. In this exceptional case there are three patients boarded in the house. The advantage of restricting the number of boarders to not more than two in each house, is

the result of the large experience obtained in Gheel, and its advantage is being more and more recognised in Scottish experience. As Dr. Peeters said, "This restriction of the number is necessary to prevent the patients being placed on one side, and the family of the guardian on the other." A household can, as it were, absorb two boarders and make them share fully in the family life; but with more than two this can seldom be done. The amount of liberty the patients enjoy depends on the individual character of each, some being allowed to go about without any restriction, while others are not permitted to go beyond the precincts of their guardian's farm without being accompanied.

The food of the patients is the same as that of their guardians, but that is not a high standard of nourishment. Butcher meat appears to be sparingly used in the district. There are generally four meals each day—breakfast at 7.30 a.m., dinner at noon, an afternoon meal (*goûter*) at 4 p.m., and supper at 7 p.m. Coffee and bread and butter are the usual food, except at dinner, when there is a stew consisting of potatoes and other vegetables, with bacon and milk. The quantity of bacon is not large, but it is said to be used much more freely now than it used to be. The bread is sometimes made entirely of wheat, but it is generally made from a mixture of wheat and rye. Hams and fitches of bacon were seen hanging to the rafters in all the houses we visited. Dr. Peeters was in every case careful to inspect the quantity and quality of the bacon, the butter, and the bread.

The clothing of the patients whom we saw was generally poor compared with the clothing of the working classes in this country, but it was sufficiently warm for the season and was similar to that generally worn by the guardians with whom they lived. The cost to the administration of clothing the indigent patients amounts to an average of 40 francs a year for each patient.

The patients appeared to be generally treated as members of the families of the guardians. They take their meals with them at the same table; a considerable number go to church with them; and as far as possible they seem to share in their work and their amusements. We generally found the patients at the time of our visit engaged in some household occupation or working along with one of the family in the garden or on the farm. When they were willing to be communicative they expressed themselves as being satisfied with the way in which they are treated, and none complained of

being ill-used by their guardians. The general impression which a visit to Gheel produces as to the condition of the patients depends in a great degree upon the standard of comfort that is adopted by the observer. One cannot be long in the district without recognising that the mode of life among the inhabitants does not conform to a high standard. Though considerable improvement has taken place during recent years, the Campine remains the poorest part of Belgium, and the inhabitants of Gheel cannot be described as in an advanced stage of civilisation. Many of the houses that we saw were comfortable and pleasing in their arrangements, but in others it was evident that the cultivation of the refinements of life had not yet found a place. According to the standard of living in the district, however, as far as our means of observation went, the patients are well provided for, their accommodation being in most cases better than the accommodation of their guardians.

Most of the patients that we saw seemed to be well suited for being provided for in private dwellings. There are, however, a certain number who in my opinion would be more satisfactorily provided for in ordinary asylums. Of these, one class consists of the deeply demented or idiotic patients, who are so helpless or of such degraded habits that they require the constant attention of a trained nurse to keep them clean and to counteract the progress of degradation. Such patients do not derive any benefit from domestic surroundings, and though instances occur in which they are admirably cared for in private dwellings, they will not as a rule receive the kind of care they require from guardians who are necessarily much occupied with their own household affairs. Another class of patients which one would gladly see excluded from Gheel are those who require constant supervision on account of their insane conduct, such for example as those whose hands we found restrained by leather gloves and similar apparatus. These methods of restraint are still occasionally used in the cottages, but we were told that the restraint chair, the camisole, the belt, and the hobbles, which I saw when I made my first visit in 1860, have long been discarded. Female patients of erotic tendency, or of facile disposition subjecting them to danger of sexual injury, ought also to be excluded.

Results to the Patients.

In considering the results of the treatment of the patients at Gheel, one naturally compares the condition of the patients

there with the condition of patients in an ordinary asylum. Several things, however, have to be kept in view in making this comparison. One of the most obvious of these is that Gheel does not receive patients suffering from every kind of insanity. Under the regulations, patients who are violent or aggressive in their conduct, those who are intractable or dangerous to themselves or others, are not admissible. When such patients are sent to Gheel they are detained in the *infirmierie* until arrangements can be made for their transference to an ordinary asylum. Gheel is not to be regarded therefore as performing all the functions of an asylum, the system of treatment being admittedly unsuitable for a considerable number of the insane. On the other hand it must be kept in view that the patients at Gheel do not belong exclusively to the chronic and incurable class. The statistics show that they include a considerable proportion of curable patients. The returns for the five years 1889-93 represent 21 per cent. calculated on the admissions (excluding readmissions) as having been discharged recovered. This percentage is instructive as giving some idea of the proportion of curable patients received. It does not, however, afford the means of estimating the comparative efficiency of Gheel as a place of cure, as it is impossible to ascertain the proportion of curable patients who, owing to the regulations and from other causes, are excluded from the colony. I doubt indeed whether it would be practicable, even with a much fuller knowledge of the facts, to make a reliable statistical comparison between the curative efficiency of Gheel and that of ordinary asylums. Such observation as can be made during a two days' visit would also be an inadequate basis on which to found an opinion as to the curative efficiency of Gheel.

The same kind of difficulty presents itself in regard to the death-rate. The average rate for ten years 1884-93 was 7·3 per cent. There is no published statement which gives the general death-rate of the insane in Belgium. The death-rate of the insane in England and Wales for the years 1886-95, given in the Report of the English Lunacy Commissioners, is 9·9 per cent.; and the death-rate of the insane in Scotland given in the Report of the Scottish Commissioners for the same ten years is 7·6 per cent. Before the significance of these figures could be justly estimated it would be necessary to know the proportion of patients suffering from the graver forms of bodily disease that is included in each set of statistics. I feel, therefore, that it would be unsafe to draw any definite

inference from the death-rate at Gheel. In the opinion of Dr. Peeters, the statistics of Gheel, both as regards the number of recoveries and as regards the death-rate, should be considered satisfactory.

The impression left on my mind by my recent visit to Gheel, is that for the large majority of the patients now resident there, the system of treatment is preferable to that of an ordinary closed asylum. For the patients of the class admitted to Gheel who are able to share in the family life of a private household, there are more congenial surroundings than in an ordinary asylum. They are less completely divorced from their accustomed habits of life; their individuality is more fully preserved; they escape the deteriorating influence which usually results more or less from constant association with aggregations of the insane; and they often form ties of cordial affection with their guardians or with their families, which are not only a source of happiness, but are also beneficial to their mental and moral nature. I mention these advantages not merely on the strength of what was necessarily a very cursory inquiry into the experience of Gheel; but as the result of a very wide knowledge of the treatment of the insane in private dwellings in Scotland. On the other hand, as I have already said, there appeared to me to be patients in Gheel who could have been better provided for in ordinary asylums. What proportion such patients bear to the total number resident I could not determine, but I should not think it probable that the proportion is very large, and I feel no doubt that it is much smaller than it was at the time of my previous visits.

Serious accidents to patients have been rare in Gheel, but during the last three years they have been more numerous than usual. In the year 1894 two men were killed on the railway by passing trains, one man was asphyxiated in a burning house owing to his having gone back into the house to recover some things belonging to him, and one patient committed suicide. In the year 1895 there was no serious accident, but in 1896 a man had his leg crushed on the railway by a train, and died from the effects. During the seven years preceding 1895 there had been only one case of pregnancy among the patients, but in that year there were two cases. There has never been a case in which a male patient has been suspected of having sexual relations with a female patient.

The number of escapes does not seem large considering

the amount of freedom enjoyed by the patients. During the last five years the average annual number was five, and in several of these cases the patients had returned to their families, and were found to have improved so much in their mental condition that they were retained at home.

Results to the Public.

As there is no published document which gives the cost of maintenance of the indigent insane in Belgian Asylums, it is impossible to make any definite comparison between the cost of keeping patients in Gheel and the cost of keeping them in ordinary asylums. There can be no doubt, however, that the cost in Gheel, which is on the average about a franc a day, or five shillings and ninepence a week, is considerably below the cost in ordinary asylums; and it will still remain considerably below that cost even when full allowance is made for the fact that unruly patients and others of the more expensive kind are excluded from Gheel. The present cost of maintenance of patients in County and Borough Asylums in England and Wales is nine shillings a week, and in District Asylums in Scotland it is eight shillings and tenpence. In the case of Gheel it must be kept in view that there is no expenditure on buildings to be met by the localities to which the patients belong, as is the case in regard to ordinary asylums. The Reports of the English Commissioners do not give data for ascertaining the expenditure for County and Borough Asylums, but it appears from the data given by the Scottish Commissioners that the assessments in counties and boroughs on account of the land and buildings for District Asylums in 1895 amounted to five shillings and twopence a week for each patient. The total cost to the public for each patient in District Asylums in Scotland is therefore about fourteen shillings a week. Even assuming, as may perhaps be true, that the cost of buildings and maintenance in ordinary asylums in Belgium is considerably less than it is in Scotland, there must still be a great difference as to cost in favour of Gheel.

The financial results to the commune of Gheel itself from the practice of keeping patients are evidently important. The following figures are only rough estimates, but as they have been revised by Dr. Peeters they may be taken as substantially correct. From £25,000 to £30,000 is annually received in Gheel on account of the insane. The amount of actual cash disbursed by the guardians for articles con-

sumed by the patients is estimated by Dr. Peeters at not more than £4,000. The cost of administration, including the *infirmierie* and clothing, is considerably under £4,000. There is thus about £20,000 a year to pay for the farm produce consumed by the patients, to the production of which they themselves largely contribute, and to remunerate the guardians for the care of the patients. Such a sum coming as an addition to the ordinary fruits of industry is sufficient to account for the increase in wealth which has manifestly taken place in recent times in the district, for the improvement of the dwellings, both as regards their construction and their internal comfort, and for the raising of the standard of food and clothing.

A question that remains to be noticed is this:—Is the presence of so large a number of the insane injurious to the inhabitants of Gheel? This question substantially resolves itself into two. Are the insane a source of public danger? and, Is the mental health of the inhabitants injuriously affected? In answer to the first question we have the opinion of the inhabitants themselves, as far as I was able to ascertain it, and this is that they do not regard the patients as a source of danger; and this is supported by the fact that for the past fifty years no inhabitant has been seriously injured by a patient. It is recorded that in the year 1844 the burgomaster of Gheel was killed by a patient. It is right to mention this fact, but it ought also to be mentioned that the patient referred to was an inhabitant of Gheel who became insane there, and not a patient sent to Gheel from another locality; and irrespective of that circumstance it cannot be taken as evidence that danger is to be apprehended from the present position of matters. When that unfortunate event took place the code of regulations now in force had not been introduced, and the system of management was as different to the present system as the management of ordinary asylums was different to that of asylums at the present day. It may be said, indeed, that there is no evidence that the patients are now a source of special danger. The second question—Is the mental health of the inhabitants of Gheel injuriously affected by the presence of the patients?—could only be answered definitely if it were ascertainable whether insanity is more frequent among the ordinary inhabitants of Gheel than among those of localities where there is no aggregation of insane boarders. Statistical data in regard to this are unfor-

unately not available, and there is therefore only the general opinion of the inhabitants to guide us. This general opinion is, however, decidedly against the view that there is any special prevalence of insanity among them, and Dr. Peeters concurs in this opinion. It would, I believe, require very clear evidence to convince those who have much knowledge of lunacy administration that association with the insane is in itself a cause of insanity. If it were so, the fact would have been made evident long ago in the experience of asylums, where attendants spend their lives in an atmosphere of insanity much denser than that which exists at Gheel. And though the mental strain due to the irksome and anxious nature of their duties often tells severely upon asylum attendants, I am not aware of any case in which it can be affirmed that an attendant has become insane as the result merely of association with persons of unsound mind.

THE COLONY OF LIERNEUX.

Much that has been said in the foregoing pages about the position of Gheel and its administration is applicable also to the colony of Lierneux. It will, therefore, be unnecessary to go at equal length into a description of this newly-created organisation. Its special interest is due to the way in which it originated. It is the result of an effort, attended with more success than was generally anticipated, to introduce by administrative action an organisation substantially similar to that of Gheel in a district where the practice of receiving insane boarders had not previously existed. The site of the colony is on the southern border of the province of Liège, in the highlands of the Ardennes. The Commune of Lierneux extends over an area of about 24 square miles, being about nine miles long and about six miles broad at its greatest breadth. The village of Lierneux, which is the principal place in the commune, is about seven miles west of the railway station of Vielsalm, on the Liège and Trois Vierges Railway.

The Social and Economic Position of the District.

The inhabitants of the commune are of the mixed Celtic and Romanic stock, called Walloon. They are descended from the old Gallic Belgæ, who held their ground among the Ardennes mountains, and retained their ancient customs and language when the rest of Gaul was overrun by the Germans, but who eventually came under Roman influence,

especially as regards their language. The Walloon language is now a *patois* of northern French with a considerable infusion of old Celtic and low German elements.

The population of the commune is about 2,600 inhabitants, or rather more than 100 to the square mile. Besides the village of Lierneux there are 18 hamlets scattered over the commune, several of which have a church and parsonage. No railway or navigable stream passes through the commune. The district is purely pastoral and agricultural. The average size of the farms is about 12 hectares (30 acres), and their rentable value about 60 francs the hectare. They are generally the property of the occupants, there being no large landed property within the commune. The people may be described as generally in poor circumstances, though moderately comfortable, the land not being of the most fertile kind, and the principal crops being rye and oats. The climate is healthy. The local administration is in the hands of a communal council elected by the inhabitants.

The Origin of the Colony.

In the year 1883 more than half a century had passed during which the authorities of the Province of Liège had repeatedly discussed the question of making more satisfactory provision for their insane poor, but without any result beyond the adoption of expedients that were recognised on all hands as inadequate.

In 1863 M. Oudart, then Inspector-General of Belgian Asylums, proposed to M. Pety de Thozée, who was then, as he is now, Governor of the Province, that a colony similar to Gheel should be established in the Province of Liège for patients belonging to the Walloon districts of Belgium.

The kingdom of Belgium consists of two nearly equal parts, one to the north, in which the common speech of the people is Flemish, and one to the south, including the provinces of Hainault, Liège, Namur, Luxembourg, and a part of the province of Brabant, in which the common speech of the people is Walloon. These two parts of the kingdom present considerable differences also in regard to the customs, the habits, and the food of the inhabitants. Gheel, which belongs to the Flemish speaking part, is therefore unfitted to receive patients from the southern provinces, and M. Oudart was of opinion that a colony on the Gheel model should, if possible, be established, which would provide for patients belonging to these provinces.

The proposal was favourably received by M. Pety de Thozée, and after due enquiry it was resolved to endeavour to carry it out, the commune of Lierneux being selected as the most suitable locality for the experiment. As was to be expected, difficulties presented themselves at the outset. When the Permanent Committee of the Council arrived at Lierneux to make enquiry as to the preliminary steps that should be taken with a view to the creation of the colony, it was, as described by M. de Thozée himself, "very ungraciously received. The burgomaster declared that 'he would resort to force to prevent the initiation of an institution from which he apprehended the worst consequences to the people under his administration. Nothing is so contagious as insanity,' he said, 'and while I am burgomaster no lunatic shall ever enter Lierneux.' This beginning," adds M. de Thozée, "was not encouraging; but happily everyone did not share the apprehensions of this honest, but more zealous than enlightened burgomaster."* It must be admitted that the attempt to found a new Gheel required a considerable amount of courage and resolution. The project was regarded by many well-informed persons as impracticable. The practice of receiving the insane at Gheel, it was said, had originated long ago in an accidental circumstance, around which a halo of superstitious or religious feeling had gathered; and it could not be expected that any community would be induced, without some such adventitious impulse, to devote themselves to an occupation so irksome and distasteful as the care of the insane. It was also thought that no community that had not been gradually trained for centuries, like the people of Gheel, would be found possessing the necessary qualifications for dealing with the insane in a sympathetic and intelligent manner.

The Liège authorities prudently resolved to proceed with great circumspection. They therefore arranged that the organisation at Lierneux should at first be administered as an *annexe* of the institution at Gheel; and on the 18th of April, 1884, four patients—two men and two women—were transferred from Gheel to Lierneux, accompanied by a *garde de section*, who remained at Lierneux to instruct the guardians as to the way of managing and treating the patients. After this step had been taken applications for patients by the inhabitants began, and they soon became

* *Discours de M. le Gouverneur à l'ouverture du Conseil Provincial de Liège, 6 Octobre 1896.*

more numerous than it was thought prudent to grant. The authorities became satisfied, however, after a few months' experience, that the future success of the colony was assured, and they applied for, and, in spite of the opposition even of M. Oudart himself, who thought things were going faster than was wise, obtained a Royal Decree in April, 1885, giving the Colony of Lierneux an independent constitution of its own, and disjoining it from the administration of Gheel. At that date there were 27 patients at Lierneux, and other 17 were on the point of being sent. There were in July, 1896, when I made my second visit to Lierneux, 420 patients.

The Administration of the Colony.

To make up for the difficulties attendant on the creation of an entirely new colony for the insane, the Liège authorities, in the organisation of Lierneux, were free from some of the difficulties met with at Gheel when it was first brought under official regulation. They had the experience acquired at Gheel to serve as a guide; they had no time-honoured abuses to reform; and they were unfettered by the existence among the inhabitants of antiquated views as to the way in which the insane should be provided for. The regulations adopted by the Provincial Council, approved by the Minister of Justice, and signed by the King, for the administration of the colony at Lierneux, are thus invested with a peculiar interest.

The governing body of the colony is a Board composed of seven members, three of the principal officials of the province being members *ex-officio*, one being the burgomaster of Lierneux, or one of the aldermen (*échevins*) chosen by the Governor, two being chosen by the Permanent Committee of the Provincial Council, one of whom must be a physician, and one being appointed by the Minister of Justice. Any commune or hospice, which has not less than twenty-five patients at Lierneux, may be represented at the meetings of the Board by a delegate, who has, however, only a consultative voice. This Board has the same duties and responsibilities in regard to the colony as the local Boards of asylums have in regard to those institutions in Belgium. The regulations for the admission and discharge of patients are, as has been already stated, the same as for the admission and discharge of ordinary asylum patients.

The chief executive officer of the colony is the *médecin*

directeur, who is appointed by the King. There are also a secretary and treasurer who are appointed by the Permanent Committee. The secretary has, in addition to his duties as clerk to the Board, the chief non-medical superintendence of the colony. He is responsible for seeing that all statutory requirements in regard to the admission and discharge of patients and the licensing of guardians are duly complied with; he has the non-medical management of the *infirmérie*, and the superintendence of the houses in which patients are boarded. The treasurer has the management of all the financial business, and performs the duties of storekeeper. All the executive officers perform their duties under the control of the Board. The *médecin directeur* visits the curable patients once a week or oftener, according to the requirements of each case; he visits the incurable once a month. The *gardes de section*, who act under his direction, visit every patient twice a week.

There is, as at Gheel, an *infirmérie* where all patients are placed at first after their arrival at the colony, and which serves as a hospital for the treatment of every form of illness, either mental or bodily, which is unsuitable for treatment in a private dwelling; and it contains the administrative offices for the whole colony. It is unnecessary to say anything further here about the *infirmérie*, as it corresponds in every way to the *infirmérie* at Gheel, which has already been described. At the time of my visit in 1895 there were only eight male and five female patients in the establishment.

The regulations made by the Provincial Council provide in considerable detail for the mode of administration, for the duties of the officials, the rules to be observed by the guardians, and the accommodation, food, clothing, and treatment of the patients. They are supplemented by a code of local regulations instituted by the Communal Council of Lierneux. These communal regulations place the patients under the special protection of the local police. The inhabitants are forbidden to annoy or irritate them in any way. The keepers of public-houses are not allowed to give the patients spirituous liquors, and are required to report to the police or to the authorities of the colony any who misconduct themselves, and are also required to report any who stay in their premises after four o'clock in winter and after eight o'clock in summer. Under the communal regulations also, the burgomaster and

magistrates may order any patient to be placed in the *infirmierie* whom they regard as dangerous or offensive to public decency, and the guardians are made responsible for preventing ill-conducted patients from wandering about the streets or public places. A special rule which gives a touch of local colour to the code, forbids any patient to smoke an uncovered pipe in the neighbourhood of a farm-steading. Contraventions of the regulations are made punishable by fines of not more than twenty-five francs, and by imprisonments of not more than eight days. As the regulations framed by the authorities of the Province contain similar provisions to those framed by the communal council, their adoption by the two authorities may be regarded as a convention between them; and the arrangement seems reasonably fitted to conduce to good administration.

The guardians are divided into two classes: (1) *hôtes*, who receive private patients; and (2) *nourriciers*, who receive indigent patients. The number of *hôtes* is, however, comparatively small, the number of private patients given in the last published report (1892) being only six, while there were at the same date 343 indigent patients. All guardians require to be registered, and no persons are admitted to the register who have not satisfied the Board as "to their morality, to their carefulness and cleanliness, to the wholesomeness and abundance of the food to be given to the patients, to the sufficiency of the accommodation in their houses, and to the satisfactory sanitation and ventilation of the apartments to be occupied by the patients." Any disobedience of orders or infringement of the regulations renders a guardian liable to be struck off the register. In the case of indigent patients and of private patients paying similar rates of board the allocation of patients to guardians is under the control of a committee, with the advice of the *médecin directeur*. For patients paying higher rates of board the guardians may be chosen by the persons responsible for the payments; but all arrangements made with the guardians in these cases must be reported to the committee, and the guardians and patients are subject to the same conditions as to control and inspection as exist in regard to indigent patients and their guardians. No guardian is permitted to receive patients of different sexes. The daily rate of payment for indigent patients sent to the colony is at present 1 franc 40 centimes. Out of this 85 centimes is paid to the *nourricier* for a working patient, 95

centimes for a non-working patient, and 1 franc 10 centimes for an uncleanly or an epileptic patient. The difference between these payments and the 1 franc 40 centimes is retained by the administration for the cost of management, including inspection, medical attendance, and clothing.

The legal proceedings necessary for placing a patient in the colony of Lierneux are as at Gheel the same as those required when a patient is sent to an ordinary asylum. The powers of the Board and of the officials as regards the detention of the patients, and the enforcing of such treatment of them as may be desirable, are thus the same as are possessed by the Board and the officials of an ordinary asylum. The regulations referring to the discharge of patients, to the occurrence of deaths, and to cases of escape, are also substantially the same. It is provided, however, in regard to the use of restraint and seclusion, that such measures are only to be adopted "in quite exceptional cases, and they must not go beyond the temporary employment of the *camisole*, the *caleçon de force*, the *ceinture*, and other similar measures ordered by the medical officers."* No guardian is permitted to employ any such measures without medical order. "All classes of the insane may, according to one of the regulations, be placed in the commune of Lierneux except those in whose case it is necessary to use continuous restraint or coercion, suicidal, homicidal, or incendiary patients, those who have made frequent escapes, and those whose condition makes them disturbers of public order or offensive to decency." There is reason to believe that this regulation may be modified before long so as to restrict still further the class of patients who may be admitted. But even under the proposed modification many patients will still be sent suffering from recent and acute mental disorder, and also patients suffering from chronic insanity who require medical treatment. Lierneux is, therefore, to be regarded both as a place of detention and also as a curative establishment.

Since the year 1884, when the colony was established, 1,039 patients had been received up to 25th May, 1895, the date of my first visit. Of these 632 had either been dis-

* The use of mechanical restraint is not regarded with so much aversion in Belgium as it is in this country. The subjection of a patient in a private dwelling to restraint is therefore not thought so much out of place there as it would be in this country. On the occasion of my visit in 1896, however, the only patient in restraint was one who was wearing the *camisole*.

charged or had died, leaving 407—232 men and 175 women—resident in the colony on that day. Some interesting statistics which throw light on the nature of the colony are given by Dr. Deperon, the *médecin directeur*, in a printed Report for the year 1892. There were on the 31st December of that year 349 patients in the colony. Of these 6 were private patients and 343 were maintained by their respective communes; 38 were regarded as curable and 311 as incurable; 278 are described as cleanly in their habits, and 71 as more or less dirty; 184 were engaged in some form of work and 165 were idle. Of the 184 working patients 93 were engaged in household work and in helping to take care of children of their guardians; 69 were engaged in farm work, and 20 were employed as sempstresses, shoemakers, carpenters, blacksmiths, masons, and in the making of hones, which is an industry special to the locality. The forms of insanity from which the patients suffer may be indicated by the following extract from the Report as to the patients admitted during the year 1892:—

“ *Formes morbides dans les admissions.* ”

	Hommes.	Femmes.	Total.
Mélancolie et ses associations ...	5	8	13
Manie et délire ...	13	12	25
Démence à divers degrés ...	4	7	11
Paralysie générale ...	9	9	18
Alcoolisme ...	20	—	20
Epilepsie ...	5	3	8
Idiotie et imbécillité ...	16	22	38
	72	61	133

This statement shows that patients are being sent to Lierneux who are not suitable for such an organisation. In this view, as I shall have occasion to show further on, Dr. Deperon concurs. It is without surprise, therefore, that we find in the Report that among the patients discharged in 1892, 26 were removed for the following reasons—as dangerous to public safety, on account of destructive, suicidal, or immoral tendencies, from their disposition to escape, and from insubordination. It speaks well for the supervision that is exercised over the patients that no serious accident has occurred since the establishment of the colony involving injury either to the patients or the inhabitants.

The Condition of the Patients.

On the occasion of the visit by Dr. Macpherson and myself in 1895, and of my visit in 1896, we were received in the most cordial manner by Dr. Deperon, and we have to thank him for the trouble he so courteously took to show us everything we desired to see concerning the administration of the colony and the condition of the patients. Our visit to the patients in private dwellings in 1895 included those in the village of Lierneux and those in the hamlets of La Vaux, La Falise, and Bru. In all we visited about 50 houses, and we saw about 100 patients. Judging from what we saw the standard of comfort in the district is fairly good, somewhat higher than at Gheel, not so good as in the better class of lowland agricultural districts in Scotland, but considerably above some of the highland crofter districts. We carefully inspected the accommodation for the patients, and enquired into their dietary, their clothing, and their treatment generally, and we were favourably impressed by what we saw. Instead, however, of giving a detailed account of the information we gathered, I think it will be more useful to avail myself largely of quotations from a Report by Dr. Deperon, of December, 1894, addressed to the Permanent Committee. These quotations give some information which we could not possibly give from personal observation or enquiry. They do not show an undue desire to give a favourable impression of the way in which the patients are treated, and none of the statements they contain conflicts with the results of our own enquiries.

With reference to the kind of accommodation given to the patients, Dr. Deperon says:—"It must not be supposed that the same conditions of comfort are to be found in the houses of the guardians as are met with in closed asylums. The general tone at Lierneux is rustic simplicity. But one may enter at will the houses of the guardians; they are freely open to relatives, to friends, and to visitors to the colony, both medical and non-medical. There are some of the houses which will bear comparison as to neatness and tidiness with the best kept wards of a hospital. Every patient has the exclusive use of a room, generally the best in the house; it is of variable size, according to the means of the householder, but always clean, airy, carefully floored with tiles or wood, the walls usually whitewashed, but sometimes papered and ornamented with chromo-lithographs

and engravings. Formerly the rooms and the windows left much to be desired, and there are still some which are not above reproach; but year by year defects are disappearing, and the houses are daily being improved in their hygienic arrangements or being replaced by new habitations, into which air and light have abundant entrance. The furniture of a patient's room consists of an iron or wooden bed, a table, a chair, and a bedside carpet. The bedding is always clean; the mattress of chaff, frequently renewed, is healthy and comfortable. The sheets are cotton, the blankets are of wool and are more or less numerous, according to the season. There is almost always a coverlet of bright colour, which gives the room quite a gay appearance."

The 39th article of the regulations, which deals with the food of the patients, lays down precise rules as to the amount and kind of diet, one rule being that every patient must have over two pounds (one kilogramme) of butcher meat in the week. Dr. Deperon, however, points out that it is impossible to secure the observance of such rules. "It is impossible," he says, "to impose fixed and invariable rules on a whole population composed of families whose habits and conditions of life differ one from another. The food of the patients is everywhere the same as that of their guardians, simple and frugal, but sufficient and never restricted to fixed rations. It is true that animal food plays a small part in the alimentation. Pork is, however, especially in winter, used in considerable quantity. It is rare, except on Sundays and feast days, that butcher meat forms a part of the habitual meal. The number of meals is five in summer and four in winter. Breakfast consists of bread and butter and coffee; there is a similar meal at ten o'clock. For dinner there is milk, or meat soup, potatoes with bacon and vegetables, salad or cabbage, and for beverage coffee and sometimes beer. Supper consists of potatoes and bacon, bread and butter and coffee. This bill of fare," Dr. Deperon says, "comes far short of the prescriptions of the regulation;" but he adds with some show of reason, "it is not possible with the present rates of payment to the guardians of 85 to 95 centimes a day, to require from our peasants, without serious prejudice to the vitality of our colony, the introduction of butcher meat into the regular diet of the patients, and as a consequence into the diet of the whole family of the guardian. The requirements of article 39 constitute an ideal which is attained in our

infirmierie, and probably in closed asylums, an ideal towards which we should direct all our efforts; but for outdoor patients the deficiency of animal food in the dietary is largely compensated by the frequency of the meals and the good effects of life in the open air. It must be kept in view also that the dietary which has just been described is applicable to the insane of the indigent class who are little accustomed in their previous life to a high standard of nourishment." This quotation from Dr. Deperon's Report gives a more complete view than any mere visitor to the colony could give of the position of the patients in regard to their food.

The only further quotation to be made from the Report refers to the kind of cases sent to Lierneux, and Dr. Deperon's opinion as to the class of cases for which such an organisation is suitable. This passage seems to me sufficiently important to be given in full. According to an article in the regulations already referred to (p. 454), all classes of the insane, with certain specified exceptions, may be admitted to Lierneux. Dr. Deperon is of opinion that the list of exceptions should be added to, and I not only concur in his opinion, but would be inclined to make the list even longer than he proposes. His suggestion is that the rule should be altered so as to give effect to the following ideas:—"The patients admitted should be persons who can benefit by treatment in a colony (*système familial*), that is to say, patients in good bodily health, knowing how to use the liberty accorded to them without abusing it, fond of work and of amusement, and who have still a place in their heart for those feelings which family life awakens. The system of colonies cannot be called on to replace absolutely the closed asylums, but it is suitable for cases of a certain class, and it fills an important place among the methods of providing for the insane, both from an economical and a therapeutic point of view. It is unsuitable for the following classes:—(1) patients reduced to a mere vegetative condition of life; (2) idiots of the lowest class; (3) patients suffering from organic dementia whose cerebral tissue is undergoing progressive destruction; (4) patients in the last stage of general paralysis; (5) the majority of epileptics; (6) patients in states of physical debility, who could not be removed without aggravating their condition; and (7) all patients of dirty habits, or likely soon to fall into such habits."

THE POSITION WHICH SUCH ORGANISATIONS AS THE COLONIES OF GHEEL AND LIERNEUX WOULD OCCUPY IN A COMPLETE SYSTEM OF LUNACY ADMINISTRATION.

I have thought it desirable to place the foregoing account of the organisations at Gheel and at Lierneux before the readers of the Journal as they constitute the most notable examples of one of the methods of providing for the insane. The colony of Gheel will always hold a position of exceptional interest in the history of our specialty. Several years have elapsed since a detailed account of its condition has been given, and there is an advantage in placing on record from time to time the progress of its development and the views that are held regarding it. The colony of Lierneux, which had not hitherto been described, seemed to be worthy of notice, as the governmental creation in 1885 of an organisation similar to that of Gheel constituted a new departure in lunacy administration.

In order to understand the position which in a complete, or ideal, system these colonies would hold in relation to other organisations which provide for the insane, we must keep in view that they cannot furnish suitable provision for every class of patient. There are two classes for whom they cannot make suitable provision. These are (1) those requiring the more constant supervision and control which are provided in ordinary asylums, and (2) those harmless patients in states of chronic insanity who can be adequately provided for in circumstances more nearly resembling those in which they would have lived if they had not been insane. The colony of Gheel for example does not provide as an ordinary asylum does for patients whose insanity makes them dangerous to themselves or others, for those who out of pure mindlessness are apt to wander into circumstances of danger, or for those who need for their efficient treatment to be placed in an institution furnished with full hospital equipment. For these the arrangements of an ordinary asylum are necessary. On the other hand it must also be recognised that though the patients in such a place as Gheel have the undoubted advantage of not being dissociated from the ordinary interests of life to the same extent as those in ordinary asylums are, the position of a patient in Gheel is after all not so desirable that anyone should be needlessly sent there. There is, to begin with, the fact that being sent to Gheel involves the imputation of insanity just as much as being sent to an

ordinary asylum does ; and those patients who feel it to be a degradation to be publicly declared insane—a feeling which rightly or wrongly certainly exists, and must be taken into account—are saved little of that feeling of degradation by being sent to Gheel instead of to an asylum. The legal proceedings required for the admission of a patient to Gheel or Lierneux are the same as those for admission to an asylum ; and after a patient is admitted the officials have the same legal authority to control or coerce him as the officials of an asylum would have. It must be recognised also that the disadvantages of being in daily contact with other persons of unsound mind are not absent at Gheel. The large number of the insane is a prominent feature in the social organisation, which if not always obtrusive makes its presence more or less continually felt. The aggregation of the insane is not so concentrated as in an ordinary asylum, but it is sufficient to be very apparent, and to prevent a patient resident there from experiencing in full measure the curative influences of association with persons of sound mind.

There is therefore a wide difference between providing for a patient in a colony and providing for him in a private home in a district not regarded as specially an abode of the insane. Being sent to such a private home does not involve being publicly declared to be insane, and the surroundings of a patient there are quite in accordance with ordinary sane conditions of life. The position of patients at Gheel is not identical, for example, with the position of pauper lunatics in Scotland, where they are for the most part sparsely distributed over a wide extent of country, and where the influence of the supervising authority is constantly directed to restrain tendencies to the aggregation of patients in particular districts.

The lesson that may be learned from Gheel is that a very considerable number of the insane generally provided for in ordinary asylums may be suitably provided for by an organisation which places them in a position more nearly resembling the conditions of ordinary life, where they do not feel themselves so completely dissociated from the rest of mankind, and where the personal liberty is less interfered with. It provides for curable as well as incurable patients. The medical officers of the colonies are all physicians whose lives are exclusively devoted to the study and the treatment of insanity, and curable patients and others requiring special

attention can receive the same amount of medical supervision as they would do in an ordinary asylum.

The true position of a colony such as Gheel in an ideal system of lunacy administration is, therefore, intermediate between the ordinary asylum and the boarding of patients in districts not specially devoted to the care of the insane. And the effort of the ideal administrator would be, while utilising it for the intermediate class of patients who are suitable for it, to prevent it, on the one hand, from receiving those patients who can be better cared for in an ordinary asylum, and to prevent it, on the other hand, from being used to the exclusion of other modes of providing for the insane which are still more in accordance with the conditions of life amongst persons of sound mind.

The Gheelese type of colony seems, however, to be worthy of careful consideration by the authorities in localities where there is great difficulty in providing for patients in private dwellings except under some special arrangements such as those at Gheel. There are many asylums a large number of whose inmates might be provided for in such colonies under less artificial conditions than are possible in any kind of asylum. The oft-repeated statement that an organisation such as Gheel must be of spontaneous growth, and cannot be administratively created, is shown by the creation of Lierneux to be without foundation. The lesson has already been learned in Paris, where the authorities resolved, in 1892, to establish a colony at Dun sur Auron. This colony has now attained considerable proportions, and I hope to be allowed to submit a short notice of it to the readers of the Journal in a future number. In the meantime I trust that the present paper may be found of some use.