matic, mechanical character. Notwithstanding the increasingly intense, forced, giddy and feverish work to which our race addicts itself, it is certain that long before this limit will be reached, the gradual cooling of our solar system will have put an end to the possibility of life on the surface of the globe. This prospect is not encouraging to the race, but it is not the less certain; to tell the truth, it affects us very little as individuals.

Shall we therefore say, *Après nous le déluge?* No, we will rather say, *Fais ce que dois, advienne que pourra!*

On Escapes, Liberty, Happiness, and "Unlocked Doors," as they affect Patients in Asylums. By J. A. Campbell, M.D., F.R.S.E.

During the year ending 1883, I had rather an unusual number of escapes, and as two ended fatally from exposure, I thought it only fitting to glance over the escape-book and see the results of previous years. I may here mention that the two patients who died were dements, that one had been 17 years in Garland's Asylum, the other 15, that neither had shown a disposition to escape previously, that one died after two days' exposure, he having been found alive, and that the body of the other was found seven days after his escape; also that all means likely to be of avail in retaking these patients were made use of.

As I take it, our duty as medical officers of asylums stands in the following relations:—1st. To preserve, and to do all we can to lengthen the lives of our patients. 2nd. To promote recovery by all reasonable and legal means. 3rd. To do this in the most pleasant manner for our patients, and with the greatest regard for their comfort and happiness.

I am thoroughly aware that different opinions are held about the gravity or triviality of escapes. I have heard the views expressed that a good lot of escapes show a healthy state of an asylum, and that some people take too serious views about the loss of a patient by his own act or accident after his escape from the asylum. I think we must look at this from the point of view of the individual patient. We cannot afford, it is against the first tenets of our profession, to follow the example of nature in sacrificing the individual for the best interests of the race. We must not, we should not,

we dare not, get rid of or allow the suicidally or dangerously inclined to get rid of themselves or others, for the good of the asylum as a whole. We have to look at this question from the standpoint of a doctor and of a relative, as well as from that of a philosopher or an asylum-improver. Much praise is due to the English Commissioners for the anxious solicitude which they have displayed in getting a proper system of night-nursing and watching introduced into the English asylums, with the view of preventing the accidental suffocation of epileptics during a fit (though to some the question of the value of a confirmed epileptic dement's life may appear a small matter), and in insisting on watching by night of the suicidally inclined and the sick. At page 182 of the 14th report of the General Board of Lunacy for Scotland, the following sentence occurs:—"The list of deaths presents an unusual number from accidents, but it is satisfactory to be able to report that this unfortunate result is not due to any laxity of management, but mainly to an unfortunate concatenation of events" (!) One was a suicide on probation, two were suicides from escapes, one of them through an open door, and one was a death from drinking carbolic acid, which had been left in an unlocked room, in an asylum with 175 patients. If at Hanwell, now-a-days, between two visits of the Commissioners, 42 deaths of this sort occurred, which is in the same proportion, I am quite sure there would be some further explanation necessary.

In the sister country north of this, there has been much stir lately made as to increased liberty for asylum-patients and its beneficial effects; and the review which appeared in our Journal of the 1883 report of the General Board of Lunacy for Scotland, penned ostensibly by a very friendly critic, administers lavish praise to Commissioners, Deputy-Commissioners, who are so enthusiastic that they believe a "boarded-out dement" is better off than an asylum-patient, and infinitely better off than a British working-man, or that the nursing of an insane mother by a lately-recovered daughter is prophylactic against a return of the malady to the latter. "Everywhere there seems to be activity, zeal, a desire to try new ideas."

"The Reports on Asylums by the Visiting Commissioners are mostly laudatory."

This is all very well, and we are glad to hear that such a good state of matters exists. There has been, however, a tendency on all occasions of late years for the mode of treatment

of lunatics in Scotch asylums to be extolled rather at the expense of that in force in England, and we have heard a very great deal of the "open-door system," the farm-work and the "boarding-out system." As I remarked in a former paper, why do we not have these matters all laid before us in such a form that we can trace their actions on the prosperity of the asylum as to recoveries, comfort, happiness and safety of its inhabitants, as well as in its monetary aspect? It should be borne in mind also that before the Scotch Commission was formed, two English Commissioners, Mr. Campbell and Mr. Gaskell, gave their assistance and labour in the original Royal Commission. At the present moment the two principal Royal asylums are superintended by physicians who practically made their fame in charge of English county asylums, while in two other Royal asylums, the physicians acted as assistants in English asylums, and the same is the case as regards three of the district asylum superintendents. Now, with these facts before them, it does not look too well to have an attempt made to elevate "a Scotch system of lunacy and its treatment" into too high a position at the expense of English *confrères*.

It is quite true that some of the Scotch asylums are most admirable, that one of them has cost more per bed than any asylum in Great Britain, but at my visits I have seen asylums with grave defects, and within the last eleven years I have seen in Scotch Asylums evidences of want of progress of a more glaring character than I have noticed in any English asylum. I do not think it profitable to enter on this subject in detail. I believe that many misapprehensions are caused by writing about and discussing modes of treatment and amount of liberty which should be given, recovery and death-rates, without really knowing whether the character of the material dealt with is at all similar. I would respectfully suggest to my fellow-superintendents the advisability of giving in their reports a table such as is to be found in my report of this year, which contains data concerning the inmates of this asylum on December 31st—the nationality, numbers of those epileptic, general paralytic, suicidal, above 70 years of age, under continuous night-supervision, employed usefully, bed-ridden from age or disease, probably curable, and the number and proportion of attendants. To anyone conversant with asylums and asylum-management such a table will at once convey with comparative accuracy a fair idea of the patients and the difficulties of working the institution. In remarking on, reporting of, and

deducing conclusions from, states of asylums, too little attention has hitherto been given to the character of the patients previous to admission, or to the different forms of insanity from which they suffer. An asylum which contains the whole of the lunatics of the parish or district for which it is built, has probably a different class of patients from an asylum in a county where a considerable proportion of lunatics are kept in workhouses, and the forms of insanity occurring in quiet rural districts are very different from those drawn from urban or pit districts. The insane miner from Newcastle, Durham, or the Whitehaven district in Cumberland, is a very different patient from the Fife weaver or the Argyle shepherd.

I give here certain data concerning four English asylums and four Scotch asylums; the latter are worked partially or wholly on the "open-door" principle. I heartily thank the medical superintendents who have kindly furnished me with the data contained in the table on opposite page. A glance at it will show the different character of the patients in these asylums, and the greater proportion of escapes in the four Scotch asylums.

Many escapes really are of little consequence, being those of patients unlikely to injure themselves or others, and quite fit to take care of themselves for a short period.

A large proportion of the escapes at Garlands have been of this nature. Then patients on parole at times walk off. I have seen some extraordinary and unaccountable instances in which harmless and demented patients, lacking in nerve-energy, who for years have been trusted to do some simple and regular work have some fine day walked off. I believe this is really due to a slight attack of excitement.

But then comes another variety of escape, which we must look at quite differently. The suicidal, the homicidal; the young wife unfit for the time to protect her own person; the erotic young girl anxious, owing to her state, to find a partner who shares her feelings and will indulge them. These cases exist. I think no one will gainsay this. The relatives, the wife, the husband, the father, the brother consign them for security as much as for recovery to the asylum; and it is quite known to us that in many of such cases, time, the great healer, is the only remedy, and that to safely tide the patient over a given number of weeks or months is the sure road to recovery.

I have been eighteen years in asylum practice, and have not yet reached the stage that I can take certain escapes coolly.

Table giving Data concerning Inmates in Four North of England Asylums and Four Scotch Asylums,* on December 31st, 1883.

Asylum.	No. of Patients.	Epileptics.	General Paralytic.	Suicidal.	Above 70 years.	Bedridden.	No. of Escapes.
Carlisle	511	53	12	35	31	48	14
Northumberland	438	31	9	70	17	5	3
Newcastle (City)	286	36	13	14	8	5	5
Durham	1109	112	71	75	38	50	20
Argyle District	335	15	1	10	19	6	10
(Lenzie) Barony Parochial	522	46	21	38	19	14	16
(Rosewell) Midlothian District ...	214	9	1	13	21	4	14
Fife and Kinross District...	327	15	8	11	11	15	32
Totals in 4 English	2344	232	105	194	94	108	42
Totals in 4 Scotch	1398	85	31	72	70	39	72
Percentage in 4 English		9·8	4·4	8·2	4·0	4·6	1·7
Percentage in 4 Scotch		6·0	2·2	5·1	5·0	2·7	5·0

* Partially or wholly worked on the Open-Door System.

Until last year I had been specially fortunate, but many a miserable hour certain escapes have cost me. I have known an escaped patient fished out of the neighbouring river, another just caught on the bank, and several other similar casualties have been averted by a kind Providence. One patient told me on his return that the sun was so beautifully out and the day was so lovely that it had prevented him doing what he purposed. I have been told by a medical superintendent of a young female who escaped, telling that the night of her escape she had connection several times with a man she met.

It is easy for an official who never has had charge of an asylum to talk loosely in praise of extended freedom for the insane, but an asylum-doctor who knows the forms of insanity practically, who is entrusted by relatives with their insane, will have a bad time of it if a patient, while he is declared to be unfit to have care of himself, suffers in person from want of ordinary care and precaution. I think any unbiassed mind must consider the medical man very reprehensible who gives entire freedom to those clearly unfit to use it aright. In saying this I, of course, exclude errors of judgment in individual cases where all reasonable precautionary measures have been adopted.

At page 33 of the twenty-third report of the Scotch Lunacy Board the following sentence occurs: "And in the Barony Asylum at Lenzie, which accommodates upwards of 500 patients, there is free communication between all the wards as well as free egress from each of them to the general grounds of the establishment." Is what is here stated meant? Can any of the patients from any part of the asylum, and labouring under any form of mental disorder, go as they see fit out of the asylum at will to the grounds? If this is so what security does the asylum-treatment offer? The relatives should surely be aware that the lives and honour of the insane sent to the asylum are so left to the guidance of the individual whose mental state was deemed such as to prevent his being dealt with at home. If, however, it is intended only to convey that there is a possibility of getting out, what the better are the patients off? If the door, though open, is guarded, it is merely reproducing the sufferings of Tantalus, which may be good mental discipline for some patients, but is, I know, detrimental to others.

I have seen restless melancholiacs, determined on self-injury, who resisted everything, dressing, undressing, feeding, &c., who even in a day-room, with a door opening with

the ordinary handle (for at Garlands portions of the interior of the asylum were worked without locks in 1867), would struggle to get through, and when the door was locked would at once subside and settle. And one of our chief authorities on asylum-matters in the North told me lately that a private case of this class under his treatment, who resisted everything, was walked about under the charge of two capable attendants till, from her actions and the necessary restraint of them, her hands and arms became seriously inflamed. In this case by locking the patient in a large room with the two attendants, she at once gave up some of her worst practices and gradually improved, so that she could be more easily dealt with. Now is it meant in the sentence quoted above that such cases are allowed to roam through the woods and grounds of Lenzie unattended or at their will?

Garland's asylum is not surrounded by a big wall, with only one exit through a constantly guarded gate. It never had walled-up airing courts, where on looking down from an upper window one could see the patients walking about as if at the bottom of a well; for many years, all, except those physically unfit, have gone beyond the airing courts for exercise. Farm-labour and other industries were in use even before the recent *furore* on the subject.

The patients likely to escape have neither been restrained mechanically, nor have they had "escaped from —— asylum," printed in large black letters on the back of their white trousers; nor have they been dressed in yellow on one side and black on the other.

So far as I can understand what is called the "unlocked door system" of working an asylum, it is merely substituting human vigilance for the lock; the patient gains no more liberty, and the wonderful thing is that it is applied to all portions of the asylum, even where the patients are most anxious to escape and least to be trusted. When I was assistant at Durham asylum in 1866 patients on parole lived in some cottages; but in their case they were trusted, and went out and in of their own accord. This is what I would call a true open-door system. Previous to the date that I began asylum-practice, I am aware that at Morningside, under the able, kindly, and progressive superintendence of Dr. Skae, patients lived in two houses in the grounds, which during the day, were open, but at night had the out-door locked. The patients were of course carefully selected and were considered trustworthy.

The mode of treatment in the Fife asylum is a more full development of what has been long in use, while the dangerous and suicidal, few in number in that asylum, are carefully looked after and locked up.

In this asylum there are so many doors opening to the outside that it would certainly cause an increase of attendants if I had to place one as a *Cerberus* at each outside door; and though the comforts of the asylum are fair, and I think will quite bear comparison with those of most of the Scotch asylums, yet I have many misguided patients who still have the feeling that home-life is preferable to life in an asylum, and would put their views into practice if they got the opportunity. We know that in the heart of all there exists an instinctive love of personal liberty, and few can entirely repress some inclination even for the moment, to sympathise with attempts to escape. So far as I can learn, the open-door system has not been adopted either in the Royal Edinburgh or Glasgow asylums, whose medical heads—lecturers at their Universities—are justly held to be *the authorities* on asylum-treatment in Scotland. Nor by the following named superintendents whose sagacity, knowledge, practical experience in the treatment of insanity and success in asylum-management is unquestioned, and must command our respect, and whose example must necessarily be looked up to with reverence by those who, like myself, younger in years, are less ripe in experience and knowledge. I refer to Drs. Jamieson of Aberdeen, Howden of Montrose, Rorie of Dundee, Grierson of Melrose.

Dr. Sibbald is the only one of the five members who at present constitute the General Board of Commissioners in Lunacy for Scotland who has had the advantage of studying insanity and its treatment practically as a medical assistant, and afterwards superintendent of an asylum for the insane. In the latter capacity he was well known as careful and cautious, as well as kindly and skilful; and that he kept the individuality of patients and the special character of cases prominently before him in treatment (as all rightly constituted medical minds should do) and evidently held very strongly the views I advocate in this paper, while he was responsible, as medical superintendent, for the lives of the patients under his charge in the Argyll asylum is, I think, clearly proved by the following. I quote from his report for the year 1866, at page 9, where at considerable length he details the case of a patient who had very suicidal propensi-

ties. "She would bite herself or others, or attempt to commit suicide by strangling, or by beating her head against the floor or wall." "The case is particularly worthy of notice, however, as being one in which the medical superintendent did not consider himself justified in refraining from the use of mechanical restraint." "The superintendent, while cordially recognising the advantage of the general abolition of such restraints, considers that in such exceptional cases as this it would be pedantic adherence to a rule and not the preservation of a principle, which would dictate the refusal to employ them." The daily average of patients in the Argyll asylum for this year was 118. In large asylums such cases are frequent.

The proper medical aspect of the treatment of the individual with the view to probable recovery, if the suicidal paroxyms were safely tided over, was clearly present to the writer when this was indited. The life of a lunatic is as valuable now as it was then, and insane patients now are as suicidally inclined as they were then. While writing this paper a Scotch patient of mine put his head deliberately in the fire and kept it there till he was pulled out. If facilities were offered him he would not be long a patient. At page 13 of the twenty-fourth report of the Scotch Commissioners a table is given of the escapes per 1,000 patients in asylums. I have made use of it for purposes of comparison, and I find that from 1871 to 1881, inclusive, the escapes in Scotland have been at the rate of 3·8, while the escapes from Garlands have been at the rate of only 1·7 per cent. I know that it may be easily said that you house your patients up so tightly they have no chance of escape, but this tells upon your recovery rate, and your patients are not nearly so happy as they might otherwise be.

Now happiness is a difficult question to estimate, so I do not propose to discuss it at any length. However, patients during lucid intervals have told me that the feeling of happiness experienced by them during attacks of excitement was most intense. We know that many of those capable, from mental constitution of states of exhilaration and excessive happiness, also experience from slight causes intense misery.

Exaggerated happiness and contentment are the prominent features in several forms of mental disorder. To expect great happiness in patients in an asylum, away from relatives, from home, from all the struggles which make life interesting and the successes which make it enjoyable, shows

a want of knowledge of the human mind. When great happiness and contentment exist among the patients of an asylum, there must be something far wrong.

If patients were happy and content in an asylum, why should they wish to leave it and face the world. A patient recovering with the hope of discharge kept before his eyes may for the time be content and cheerful. Patients who realize that they have recurrent attacks of mental disorder may have the sense to become resigned to life in an asylum and try to make the best of it. And some old broken-down patients, friendless and homeless, may in time look on the asylum as their home and the officials as their best friends. Certain patients exist whose mental calibre is so small, whose powers of enjoyment are so limited, that the mere satisfying of their creature-comforts produces a sort of contentment which to them probably constitutes happiness. Most of the asylums in Great Britain now afford the creature-comforts required by this class. Many patients in asylums, like other people outside, are unhappy and miserable from the ever present recollection of former misdeeds, and their memory of the past causes unhappiness and fearful forebodings for the future. The absence or presence of locks on the doors may interest them only as offering a greater chance of escape from the asylum and the world, it affects not their happiness—for them a draught of the waters of Lethe would be treatment at once efficacious and pleasant. To many patients, however, an asylum is really a place of detention. You may employ, you may amuse for the time, but you can never get them to rid themselves of this feeling.

But with recoveries it is quite a different matter. We have sent our patients out as recovered, fit to take care of themselves, presumably fit in most instances to maintain themselves; and, taking it over a period of years, I should, after examination of the re-admissions and the number of individuals discharged in one year, be satisfied of the honesty of intention in registering recoveries in most public asylums. I compare the returns of this asylum which, of course, I know best, (possibly many other English asylums might show a better record if I had time to reckon up their results) with those of the three Scotch asylums where the open-door system is in part or entirely in use. Where the individual asylum has not been the ten years at work, I give the number of years for which the calculation is made. I have to end the period at 1881 as I have not later reports in my posses-

sion, and owing to the form of table adopted in the Rosewell asylum I am unable to include the return from this asylum.

RECOVERY-RATE CALCULATED ON ADMISSIONS, VIZ. :—

Name of Asylum.	Length of Time.	Percentage of Recoveries.
Fife and Kinross.....	10 years, ending 1881.	43·9
Argyll and Bute.....	10 years, ending 1881.	32·0
Lenzie (Parochial)	5 years, ending 1881.	46·5
Garlands	10 years, ending 1881.	47·7

The presence of locks does not seem to have had any evil influence on the recovery rate at Garlands, and I may here say that the report of 1882 of this asylum shows an average recovery rate of 47·3 per cent., a death rate of 8·1 per cent., with one suicide and one accidental death occurring in the asylum during the ten years ending 1882, and that during that time only one patient who escaped was not recovered within the time the order was in force, and that this was entirely due to assistance of relatives who, if they had stated their wish, would at once have got the charge of the patient in the proper manner; they subsequently, I believe, deeply regretted their action.

At page 111 of appendix B of the twenty-fourth report of the Scotch Commissioners the following sentences occur in the report on the Lenzie Asylum :—"Eleven escapes are registered, the patients being absent for at least one night. They all either came back or were brought back. For some of them no search was made, as it was believed they were in safety with friends, and that they would return. This indeed was the case as regards four of the eleven who escaped. They went to friends in or about Glasgow, and after a short absence voluntarily returned to the asylum."

We, of course, understand that as no fault is found with this mode of dealing with escapes it is officially approved of. Certainly it is not what was taught me when I was an assistant, or what I have practised as a superintendent, or inculcated on those who have medically assisted me, and though patients may at times come back or be brought back,

they may quite well cause injury at home to relatives or even be an annoyance to the public; and, when they do not come back alive, I for one think it does not look well, even in print, that it should be the recognised thing not to send after escapes. I quote the following which must, of course, be authentic, as it is an editorial note from page 456 of the October number of the "Journal of Mental Science," 1883: "In May last a female patient escaped from the Lenzie Asylum, Glasgow, through an unlocked door, and was killed —whether suicidally or not is unknown—on the railway near the asylum.

"The Public Prosecutor for the county has intimated to the asylum-authorities that if such an accident occurs again it may be his duty to institute an investigation as to whether there has not been culpable negligence in the custody of the lunatic; and the husband of the deceased woman has, we observe, raised an action against the managers of the asylum for damages for the loss of his wife. The managers have compromised the action by a payment of £50 to the husband. A very serious question is thus raised, and one which involves the increase of the already sufficiently heavy risks and anxieties of asylum-physicians. We believe that during the last year the number of suicides in Scotch Asylums has been unusually large. Is this a mere coincidence, or is it associated with the granting of a greater amount of liberty?"

I quote the following from the late Sir James Cox's pamphlet on "Lunacy in its Relations to the State," published in 1878. "When a man becomes insane it is held to be the duty of the State, in modern civilised communities, to provide for the protection of the public against risk from his actions; and also to provide for the care and safety of the insane person himself, and the protection of his estate, whether imperilled by his own acts or the acts of others."

Fashions change. Men's views change, and have done so since time began, and it may be that as time goes on we shall change our views completely as to the proper mode of dealing with insanity, and as to the higher meaning of the word philanthropy so far as insanity is concerned. In some quarters, to judge from articles which have appeared on treatment, great changes seem taking place in the views held and expressed by some members of our department, though such expressions are just the logical outcome of the indicatory expressions of some official authorities. A most able article on the "Punishment of the Insane" appeared in the

April number of our Journal for 1883, which deals with certain matters of treatment, and most excellently describes the essential elements of the recognised modern treatment of the insane, "kindly care and sympathy, careful medical treatment, as much freedom as possible, and as little as practicable of the feeling or the appearance of restraint, safety being the only limit of freedom."

Some asylum-officials and others clearly have so advanced in their views as to consider it reasonable that entire personal freedom should be given to patients dangerous to themselves. In a short time an advance in education and views may also prevent our interfering with those presumably dangerous to others until they have proved themselves to be so distinctly.

We may have asylums in the future divided up into classes, viz., asylums for recovery, with precautions and safety to life, asylums for recovery with moderate risks; asylums for recovery at any risk, freedom and excitement, shooting, boating, and ballooning, the true aids to recovery open to all!

The determination of the character of the asylum to which a patient is to be sent will present some nice points of interest, and we may expect to see quite a run of paying patients to the latter-mentioned class of asylums when the expectant heirs of an insane patient, or husband, or wife, anxious to remarry, *et hoc genus omne*, have the matter properly before them.

Can it be that some of the younger members of our department are striving to excel each other in carrying out notions so belauded by the Scotch Board of Lunacy? It would be well gravely to consider whether the discovery that lunatics should be punished like ordinary men is not the natural development of such fancies.

Is there no apostle of this new gospel capable of putting pen to paper and expounding to us its blessings? Are we to trust alone to official laudation as our only source of information as to the glowing results obtained? Can we not have the matter brought before us "in a true, full, and particular manner," dealing at length with the statistics of recoveries, escapes, and deaths from suicide and accident, and, if possible, by the superintendent who has had the longest and most varied experience of this much-extolled mode of treatment?

If we were convinced that the open-door system of treat-

ment increased the recoveries, reduced suicides and accidents, and promoted happiness, we should be very wrong, almost culpable, if we did not at once adopt it. We should have the facts put before us so that we may judge of the matter dispassionately, and at leisure. To visit an asylum where even *open sesame* is uncalled for during the walk through, in the middle or visiting part of the day, is not the way to get an idea of the efficacy of the treatment. At Garlands during the forenoon, and for two hours in the afternoon, the wards are empty, and the doors for the most part open in all but the sick wards. Let us, if possible, get a true and full account. Such a communication will be of the highest value. Ovariotomy once decried now saves the lives of hundreds, and if we could elucidate, as I am endeavouring to do, the true facts of the open-door system, it is possible that we may increase our recoveries and the happiness of our charges, and do so perhaps at only a monetary expense, without additional risk or anxiety, or perhaps with a diminution of all. But on the other hand, when the whole truth is known it may turn out that what is possibly is not actually the fact.

An Inquiry into the Value to be Attached to the Different Recovery Rates of Different Asylums as Tests of Efficiency. By T. A. CHAPMAN, M.D., Hereford.

In the "Journal of Mental Science" for April, 1883, I presented some statistics as to the recovery and death-rates of asylums, especially directed to the question of the effect of the size of the asylum upon them. In that communication I stated an opinion (p. 9) that the dominant element governing the different rates of recovery in different asylums was to be found in the different classes of cases admitted into different asylums, and expressed a hope of some day being able to make a further research in this direction. Table VII. of the tables of the Association obviously afforded the most hopeful available means of doing so, but how much could not be seen until a laborious abstract of its contents for a number of asylums over a series of years was made.

This I have at length worked out, and find that certain definite conclusions can be derived from it.

This Table VII. is the Table E. of Dr. Thurnam, and divides the admissions into four classes according to the duration of the disorder, and though it is a somewhat bare and