

Epileptic Colonies. By C. THEODORE EWART, M.B., Assistant Medical Officer, Colney Hatch Asylum.

For some time past a considerable amount of attention has been directed, not only on the Continent, but also in the United States, to the provision for epileptics in separate cottages on the same estate, and this article has been written in the hope that it may lead to the early establishment of an "epileptic colony," which shall be a home for the homeless, an industrial institution for those to whom ordinary avenues of trade are shut, a hospital where cure or some alleviation shall be possible, and an educational centre for the training of the young, thus creating a prosperous, industrious, and thriving community to serve as a model for many other such yet to be founded in this country. The word "home," or "colony," is suggested as being free from the repulsiveness which might attach to the name "asylum," which would be somewhat of a misnomer.

In discussing this matter the subject will be divided into (a) epileptic insane, acute and chronic; (b) epileptic *not* insane; and (c) epileptic children.

(a) *Epileptic Insane, Acute and Chronic.*—In the first place the founding of epileptic homes would be recommended as the best plan whereby the overcrowding of asylums may, to a great extent, be relieved. Patients are accumulating fast, and the legitimate work of an asylum is hampered by a large number of chronic cases whose care involves a great amount of work, non-professional in character. With plainer homes, familiar occupations, and greater freedom they would not only be happier, but be a less expense to the ratepayers. Could they not be equally well looked after in homes specially built, and would there not be greater probabilities of a higher recovery rate? Instead of erecting mammoth asylums, a blot on the intelligence of the age, to which year after year wings are added, creating a "wilderness of lunatics," in which no man can possibly have a just conception of the pathological condition of his patients, why not place them in simple and inexpensive cottages, where they could under medical and State supervision be well and kindly looked after? Boarding out is becoming less attainable now, as there are fewer persons willing to receive patients, and should they even come forward and be found trustworthy, and with suitable rooms, probably not a third

of the patients could be safely bestowed in this manner, neither could they be sent to the insane wards of the workhouse, for this would not solve the difficulty, as it would merely mean that these, to meet the growing numbers, would have to be enlarged.

All experience goes to prove that every country should have two types of asylums for its insane; one should be distinctly a hospital, and the other distinctly a home, situated in a country district, and surrounded by ample lands. The following remarks occur in the Presidential Address delivered by Dr. Yellowlees, in July, 1890:—"The accumulation of incurable cases is perhaps the greatest defect of all, for it causes or aggravates all the others. It increases administrative worries, adds to the routine medical work, covers up from observation the new and curable cases, and tends to make the institution a place of residence instead of a place of recovery; a shelter for wrecks instead of a place where vessels are refitted for service. . . . The history and circumstances of many of our increasing counties or districts, as regards provision for their pauper insane, are unfortunately similar. An asylum is built which seems more than sufficient for all the needs of the district, and for a time it can receive patients from other districts also. Gradually, as each year adds to its quota, the incurable cases accumulate, then the out-district patients are expelled, then a wing is added here, and another there . . . until it grows to twice or thrice its original size . . . and is less efficient as a place of cure, since individual treatment has become increasingly difficult, and the new cases are easily overlooked amid a multitude of incurables." The influence of a great mass of insane persons one upon the other is baneful, and can only be overcome by their association with those of sane mind, and the more healthful influences surrounding them in detached cottages, scattered over a large acreage, whereby also a classification upon a medical basis, almost unlimited in its sub-divisions, becomes possible, thus giving to medical superintendents the long-desired opportunity—practicable only when few patients are under one and the same roof—of *individualising* the treatment.

(b) *Epileptic, not Insane.*—For the deaf, the blind, the dumb, the crippled, the idiots, the insane, for almost every other unfortunate class something has been done; alone, however, has the sufferer from epilepsy been left to work out his salvation for himself, often an outcast from his

family, thrust out from the schools, shunned by his fellows, refused industrial employment, left to idleness and ignorance, friendless, and drifting at last most likely to the workhouse or insane asylum, they are "not so much born into this world as damned into it." What is to be done with them? The civilized world would cry out if it were proposed to place them in a lethal chamber, but after all would it not be more merciful to kill them thus, instead of allowing them to live from day to day a life of misery and despair?

"A wretched soul, bruised with adversity,
We bid be quiet when we hear it cry;
But were we burden'd with like weight of pain,
As much, or more, we should ourselves complain."

Comedy of Errors.

It would be a noble action on the part of the London County Council—the most wealthy of all such bodies—to take the first steps in the establishment of these homes.

When we remember that a good many of these unfortunates are as brightly intelligent, as capable of being educated, as well adapted for industrial pursuits as the ordinary human being, the injustice done to the epileptic, whom we lock up with the insane, becomes apparent. What they require is industrial training, combined with medical supervision.

About 24 years ago Pastor von Bodelschwingh, a Lutheran clergyman, believed it was possible to create a refuge where these sufferers might be cured if curable, where they might have a comfortable home if recovery was impossible, where they could develop their mental faculties in the highest degree by acquiring trades or taking part in whatever occupations they might select, finally developing into a community of educated, industrious, and contented citizens. Actuated by these high motives he purchased a farm near Bielefeld (Westphalia), and, with 4 epileptics as a beginning, established a colony which gradually expanded, for in 1878 it contained 250 epileptics; in 1882, 556, and at the present time considerably over 1,100. During this period 2,407 have been received, and of these 156, or 6½ per cent., were discharged recovered, and 450 improved. The colony, with its gardens, farms, and cottages, is scattered over 320 acres of beautiful woodland and meadow. The chief features in the management are the system of decentralization, the division of the patients as much as is possible into small families residing in cottages, the separation of the sexes and of the feeble-minded from those whose mental faculties

are more or less normal. To secure a sufficient number of male and female nurses training schools have been established, and the authorities not only have a supply for their own use, but are enabled to send them to distant places on their errands of mercy.

Making and repairing wearing apparel, knitting, fancy work, the laundry, etc., furnish employment for the females, who are also to be seen attending to the gardens. The men have a still greater variety of occupations—the printing establishment, book-binding, illuminating picture cards, leather work, floriculture, agriculture, fruit raising, a bakery, joinery, foundry, tailor and boot shops, dairy, brickyard; in all there are over 30 different callings. All these employ many hands. An orchestra made up from their own ranks, a museum for the collection of stamps, coins, autographs, and specimens from the animal, vegetable, and mineral kingdoms; in fact there is everything to distract the minds of the patients from their unfortunate mental condition. Every workshop has its mattress ready for use, and there are plenty of willing hands always about to help those who may happen to have an epileptic seizure. The colony is a hospital for the cure of epileptics, a school for the education of epileptic children, an industrial institute for the adults, and an asylum for those who become demented. In the “*Quiver*” of September the Countess of Meath, in giving an interesting account of a visit she paid to this colony, says: “Though the men do occasionally hurt themselves in falling, they do not seem to suffer more serious injuries in these workshops, where dangerous tools are about, than if they were employed in an occupation not necessitating their use. And what a blessing must employment be to these poor fellows, giving them the means of forgetting their affliction, and making them realize that they too are able to take their part in the work going on in the world.” Since the successful establishment of this colony several similar institutions for epileptics have sprung into existence on the Continent. Among these are Rotenburg in Hanover, Maria-hilf, near Munster, and Olpe in Westphalia, Alexandra-Kloster at Aix-la-Chapelle, and Rath, near Düsseldorf for the Rhinish Province, Neinstedt-Thale for Saxony, Tabor, near Stettin, for Pomerania and Posen, Karlshof, near Rastenburg, for East and West Prussia, Potsdam for Brandenburg, Haarlem in Holland, Zürich in Switzerland.

The rapidity with which such a number of institutions

have been founded proves without a doubt that the demand for them is great, but so far as can be gathered there is no place of this nature in Great Britain, although probably there is not a workhouse or asylum but has a few or more epileptics in its wards.

(c) *Epileptic Children.*—Counties and boroughs are compelled by law to admit cases of idiocy and imbecility into workhouses and asylums, in the same way as lunatics. It is hardly, however, necessary to say that it is highly undesirable to mix this class with the insane in county asylums, or retain them in workhouse infirmaries. The Commissioners in Lunacy remark in their report for 1865:—"It has long been our opinion, as the result of extended experience and observation, that the association of idiot children with lunatics is very objectionable and injurious to them, and upon our visits to county asylums we have frequently suggested arrangements for their separate treatment and instruction. It is always to us a painful thing to see idiot children, whose mental faculties, physical powers, and habits are capable of much development and improvement, wandering about the wards of a lunatic asylum. The benefits to be derived, even in idiot cases apparently hopeless, from a distinctive system, and from persevering endeavours to develop the dormant powers, physical and intellectual, are now so carefully established that any argument upon the subject would be superfluous."

In the London district steps have been taken to remedy this sad state of affairs, and the result has been the erection of the fine asylum at Darenth, but chaos still exists in most of the counties. It seems a fact that idiots are considerably prone to the development of epilepsy, inasmuch as epilepsy so frequently appears in conjunction with idiocy, and as the latter is a primary affection one must suppose some bond to exist between these two maladies. In the case of the unteachable and adult epileptic idiots it would be wiser to have separate custodial institutions, but for the ordinary epileptic child there should be a school, where from the earliest age he would receive a technical and elementary education.

At Gheel, in Belgium, there is a colony of the insane, but it is not exclusively confined to epileptics. The district is about seven miles square, and 30 in circumference, containing a population of 11,000 sane and 1,760 insane, 200 of the latter being epileptics. There are nine villages, Gheel itself being the centre, with a population of 5,000 sane and 700

insane. A committee, consisting of five members, exercise a general supervision, and there are five physicians, two superintendents, each with an assistant medical officer, and a resident physician in the infirmary; also six attendants whose duty it is to visit each patient daily. The assistant medical officers visit each lunatic once a month, and the superintendents visit every case half-yearly. The cottagers either own or rent their houses, no family being allowed to receive more than two patients, and these are placed according to their social position and occupation. Every inhabitant of the commune exercises a general watchfulness, and notwithstanding the great liberty allowed, very few escapes take place, and there are hardly any accidents.

The influence of the insane population on the sane is said to be harmless. This probably, however, cannot be estimated correctly by statistics, just as the evils resulting from overcrowding in asylums cannot find expression in figures, but there can be no doubt that great benefit must be derived by the insane from the sanity which exists around them. Gheel is not perfect, and many improvements might be introduced. More attendants are required, more careful supervision needed, and the dual authority should be done away with. The Belgians have been so satisfied with the success of the place that they have planted another colony near Liège, which, although cordially disliked by the inhabitants at first, is now welcomed.

Great progress is also being made in America, and the writer is greatly indebted to Dr. Frederic Peterson, of the New York Hospital for the Nervous and Epileptic, for having so kindly furnished him with information as to the steps being taken there. In the report presented by the architect to the Commission appointed by the State of Ohio to prepare plans for the accommodation of the epileptic and epileptic insane many valuable suggestions are to be found. The site finally selected was within the corporate limits of the City of Gallipolis. The problem was to provide for all grades and ages of persons afflicted with epilepsy, and to erect buildings suitable to the wants of the different classes of its inmates. That the patients might enjoy as much fresh air and sunshine as possible the buildings have been so arranged that all rooms to be occupied will receive sunlight at some time on each day, and commodious verandahs and pavilions, where they may remain in the open air, but under cover, have been provided. General and special dining-rooms have been erected,

the whole arrangements being such as to give to the institution the home-like effect which is so desirable, and it is to be fire-proof throughout. As a great number of the patients would be in comparatively good health, it is suggested that only such buildings be erected at first as would be necessary to begin the work of the colony. Any additional buildings that may be required later could be erected by the patients at very little cost, and there would be no need to expend a large sum of money.

The complete asylum would contain 1,006 patients. To start on a good working basis it is recommended as necessary to erect

Two cottages, 46 patients each	...	...	92
Four " 64 " "	...	...	256
" " 50 " "	...	...	200
" " 50 " "	...	...	200
Two " 47 each (children)	...	...	94
" " 29 " (excited cases)	...	...	58
" " 32 " (infirm wards)	...	...	64
" " 21 " (hospital ward)	...	...	42
Total			... 1,006

The kitchen, bakery, and a temporary laundry, with proper provisions to answer for heating, ventilating, sewerage, etc.; all of these would accommodate more than 200 patients. The work of the patients, who would represent all callings and trades, could be utilized and methods of construction adopted, which, in a few years, would complete all the buildings. The administration would, for a time, be accommodated in one of the employés' buildings. A system of warming would be adopted, which, at first, would not require an extensive heating plant. The cottages first erected are each to be provided with a dining-room, so that it would not be necessary to build congregate dining-rooms. Lighting could be temporarily accomplished by using gas from the neighbouring city. Thus, the establishment of the institution could be completed at less than half the cost of any other building capable of containing an equal number of patients.

To summarize the main principles to be observed in the organization of such a colony :—

(1.) Land: To consist of at least 500 acres of farm and woodland, well adapted to agricultural and horticultural

pursuits. This land should be within easy access of a large city as giving a ready market for produce.

(2.) Small buildings: These to be arranged into separate divisions for the male and female patients; each of these divisions to make provision in separate cottages for the demented, the convalescents, the school children, the workers, and private patients of the higher classes.

(3.) Every patient, without exception, should be under medical care, and there should be a medical man for every 200 patients.

(4.) An educational building for epileptic children.

(5.) Workshops for adult epileptics, farm buildings, dairy, etc.

(6.) A special laboratory for the study of epilepsy by a skilled pathologist.

Two arguments have been advanced against having two types of asylums. The first is that "there would be a sameness of occupation, a want of hope, and an absence of object," which would drive a sane man into insanity in a very short time. This argument would not be tenable if the scheme advocated was adopted, for in the epileptic colony there would neither be lack of occupation nor absence of hope.

The second argument is chiefly a financial one, viz., that by drafting off the chronic cases it would be necessary to introduce a larger number of sane workmen and workwomen. This is true, but the first duty of a committee is the welfare of the patients, not the saving of money, and the idea that the chronic are incurable must be protested against. By separating the acute from the chronic, each class has a better chance of recovering more rapidly, and the time of lodgment being shorter, there would be a much lessened cost, which would go far towards paying for the extra work-people. Our attention should be steadily directed to the patients whose mind appears almost gone, for among this class there is a wide sphere of labour, from which results will occasionally flow that will amply reward anyone who engages in the work.

The outdoor work which has been recommended would neither be a novelty nor a hardship, and through it each patient would not only help to pay for his care and treatment, but would work out his own cure, for manual labour has long been recognized as a therapeutic agent of the highest efficiency. The want of sleep, from which so many patients suffer and which drugs fail to influence, soon yields

to healthy fatigue; gloomy thoughts and brooding cares are dismissed by its genial working. As to the risks incidental to the above scheme, there is no great chance of any serious casualty occurring if there is a sufficient staff of trustworthy attendants specially trained for their work and under the strictest medical supervision.

It has also been said that, as those afflicted with epilepsy deteriorate so rapidly mentally, it is hardly worth while taking steps to ameliorate their condition. The frequent recurrence of epileptic fits for many years certainly tends in some degree to impair the mental faculties, and most epileptics do become demented if they live long enough, but this may be said of any form of insanity. That epilepsy is compatible with great mental power we see proved in the lives of Julius Cæsar and Mahomet, who were both said to suffer from this affliction. Epileptic fits may continue for years with scarcely any appreciable mental change, and in asylums a large number may remain for very many years with the intellect but little impaired, and then only at those periods when they have epileptic attacks; in the interval they are rational, coherent, intelligent, bright, and cheerful. Dr. Bevan Lewis, medical superintendent of the West Riding Asylum, Wakefield, says:—"No emotional or intellectual disturbance can be traced by the strictest scrutiny, and their conduct, consistent in every respect, enables them to take up any employment for which they are fitted and carry on responsible functions in various departments. Why are they then inmates of an asylum? Because their epileptic seizures are preceded or followed by such transient mental aberration, or by such reductions as render them at these times a risk to themselves or others. . . . It is a well recognized fact, which the student must bear carefully in mind, that certain forms of epilepsy, with frequent fits, may last for many years, and yet the mental faculties remain, in the interval between the successive seizures, intact." It must be confessed that some do deteriorate rapidly mentally, causing enfeebled intellectual operations, with an increase of the lower animal instincts, while there are others who are violent, passionate, and uncontrollable. This impulsive temperament produces a large crop of criminals; the individual, at the moment of the evil impulse, being incapable of bringing into action the contrary impulse with sufficient force to neutralize the anterior one, the antagonistic states of consciousness are developed *successively* instead of simultaneously.

During recent years the close connection between epilepsy and crime has frequently been shown, and, in dealing with this criminality, we have to remember that, so long as the conditions of life render the prison a desirable and welcome shelter, so long shall we have criminals. Many an epileptic is on the borders of vagabondage, and the vagabond is on the borders of crime.

The school of the colony should be founded on the type of our public schools, Harrow, for instance. A main building containing the class-rooms, around this different houses tenanted by the masters and their pupils, with wide stretches of ground for tennis, cricket, football, etc., the boys having their meals with the master and the female members of his family, thus finding, to some extent, that home-life, the value of which is so inestimable that Renan says:—"The professor cannot teach that purity and refinement of conscience which is the basis of all solid morality, that bloom of sentiment which some day will be the great charm of the man, that mental subtlety with its almost imperceptible shades—where, then, can the child and young man learn all these? In books, in lessons, if due attention be paid to them, in texts learned by heart? Not at all. These things are learned in the atmosphere in which we live, from our social environment; they are learned in domestic life and nowhere else." By this method, I believe we should get much better results than by the boarding system of massing together in one building a number of children, a plan unhealthy alike for mind and body. M. Sainte-Claire Deville, in calling the attention of the Académie des Sciences Morales et Politiques, shows that whenever you bring into domestic restraint animals of the same sex, especially the male, there is a great perversion of the reproductive instincts; when, however, they are kept in separate flocks, the normal characteristics of the animal dominate. What happens in a flock happens also in a collection of male epileptic children. I cannot believe in the theory that education is powerless to modify the character of the individual; rather do I believe that, by showing a child how to live a good life, you will persuade him that he not only *can*, but that he *ought*. Education, although it would not prevent some epileptic children from becoming criminals, would, if it was an education as much physical and moral as intellectual, give them a better chance of taking a good part in social life. "The proportion of criminals who are acquainted with any