

The Trials and Troubles and Grievances of a Private Asylum Superintendent. By LIONEL A. WEATHERLY, M.D.

When our worthy Secretary asked me to read a paper, my difficulty in giving a direct affirmative answer was not so much the trouble and time the writing of such a paper would involve, but rather the choice of a subject. To give the outlines of some special case, to make a few remarks, and to hear the President, after thanking me, and waiting in solemn silence for the spirit to move some member to start a discussion, call upon the reader of the next paper, did not strike me as worth the trouble; besides, one cannot always have a "special case" on tap in a small private asylum.

To anticipate my taking up any point of pathological or physiological interest would, I fear, be akin to expecting an omnibus-driver to be capable of steering an ironclad.

What, then, was I to write about?

Being worried one day with a discontented patient to the right of me, with worrying relatives of an inmate to the left of me, with a lazy and careless attendant behind me, and a nasty leak in a newly-made roof in front of me, the idea suddenly started from my irritated brain that I had never heard anyone declaim before an audience of sympathisers concerning the trials, the troubles, and grievances of an asylum superintendent.

I know full well that the worries of a private asylum manager can be but infinitesimal when compared with those of the superintendent who, possibly by some economical members of his County Council, is considered over-paid, for work involving the administration of a small town, and the looking after the mental and physical health of several hundred lunatics. Still, our life is not exactly what I in my ignorance described it when, after giving up private practice and blossoming into a full-blown asylum proprietor, I called my new departure "Retirement into private life with a hobby." Would it were so!

Public Opinion.—Do your duty and hang public opinion may be very well theoretically, but, I fear, practically, as Perkyn Middlewick would say, "It don't wash."

Unfortunately the *vox populi* when raised against private asylums is a voice profoundly ignorant of what it is shouting about.

Those who know anything about the manner in which these homes for the insane are conducted know and realize perfectly well that if the proprietor does not do his duty by those entrusted to his care, if he does not study carefully the individual idiosyncrasies of his unfortunate household, he soon, metaphorically speaking, "cuts his own throat," and makes a horrid mess in doing it.

This ignorant public is for ever hinting that we keep patients who ought to be at large, simply and solely for the £ s. d. we get from them; that it is only natural we should do so; that it must always be the case; and, consequently, that private asylums should be abolished.

We are all, I am afraid, in this world inclined to look after self-interest. Self-interest and ambition, to a certain extent, go hand in hand. Do away with either and progress is at a standstill.

Granted, then, that we are the self-interested individuals some would make us out to be; I maintain that this self-interest compels us to do all we can to give our asylums a good name; a name for kindness to our patients; a name for a good percentage of recoveries; a name for freedom of complaints from our patients; but certainly *not* a name for detaining patients who are sane.

With the constant supervision and inspection of our houses, with the freedom of communication with the outer world enjoyed by our patients, our self-interest, our ambition must be to have our institutions spoken well of. It is the only hope we have of succeeding in our branch of the profession.

The man who cries out the loudest for lunacy reform, for greater safeguards against illegal incarceration and detention, is almost invariably found to be without the slightest practical experience of the subject.

He it is who declaims from public platforms, who writes to newspapers about the iniquities and the inadequacy of the lunacy laws, and who, if his wife, his sister, his cousin, or his aunt become insane, will knock the loudest at your front door and demand immediate admittance for his mentally afflicted relative; and when you inform him that there are certain formalities to be gone through, such as a petition to sign, a magistrate's order to procure, and medical certificates to be duly filled up, he it is who stares at you aghast, and wants to know what is the meaning of all these obstructions to that immediate treatment, which he now recognizes not only as best for the patient, but best for him too.

Our Patients.—In ordinary medical practice the patient knows and feels that his doctor is doing his utmost for his benefit, whether that be by helping on his recovery or by alleviating his hopeless disease.

How different is it with many of those whom we have to treat. Not realizing that they need either medical care or moral control they resent all we wish to do for them. I don't say they are all obstructive to our efforts to treat them either morally or medically, but that this resentment, and consequent resistance to an attempt to do our best for them, are not the least of our trials must, I think, be admitted.

Then we have that *bête noir*, the discontented and complaining patient. The complaints are so sane, so plausibly worded, and so very possible; the discontent seems so reasonable to those unacquainted with the patient's mental peculiarities, that the distortion of facts, the gross exaggeration of grievances, cannot be readily seen; and even our clear explanation of them may not always be believed in by those to whom they are made.

I do not know anything which would have been more likely to have lost Job the gold medal for patience than to have had to live for a few weeks with a circle of discontented lunatics under his immediate care.

Often does such a case tax our forbearance to its uttermost, often must we feel inclined to answer back sharply, and words which would afterwards have been regretted are almost spoken; but our knowledge of our poor patient's state of mind is ever present with us, and "the kindly heart sends a telegram to arrest them on the very lips."

It is the thousand and one such grievances and such complaints which, though at first, may be, are as water on a duck's back, still gradually leave their mark, and like the drip, drip, drip on the hardest stone, after a few years the effect can be but too plainly seen. We do all we can to please them, we go out of our way to almost anticipate their wishes, or to prevent what we fancy may be annoyances, only to find that our attempts are futile and the "discontent still reigns supreme."

The anxieties which the suicidal patient brings upon us are impossible to adequately describe. We give our definite instructions, but we cannot be ever present to see that they are faithfully carried out; and if the artfulness and cunning of such a patient can, and often does, deceive us, surely we

must not be too harsh upon the attendant, whose gradually gained confidence in his patient is suddenly betrayed.

Then again what a tax upon our peace of mind is the presence of the patient, who is always planning an escape, and whose attempts, if successful, may give us hours of anxiety, which seem to take years off our life.

I have just recently had such an one transferred from our care, and the relief felt is only proof of the amount of anxiety now happily gone.

Another trial which we all have to undergo is the medical treatment of many of our patients when physically ill.

To begin with, how often have we solely and wholly to depend upon objective symptoms for our diagnosis? The ordinary medical man would be greatly nonplussed if he got the answers we often have to hear to questions put to a patient. I have under my care an old gentleman whose physical condition has required for a long time a great amount of looking after, and I can honestly say that, though mentally capable of giving a correct answer as to his feelings, I have never yet succeeded in getting one. Generally he has at once consigned me to the hottest place on record, or threatened to knock me base over apex if I dared attempt to feel his pulse. All this is not productive of definite diagnosis.

The Patient's Relatives.—Our first introduction to the relatives of those to be placed under our care brings us, many times and oft, face to face with the question as to what constitutes the code of morality, with regard to the truthful answering of questions concerning family history. I do not for one moment mean to insinuate that all relatives come to us fully having made up their minds to either evade these questions, or to prevaricate, or to tell absolute falsehoods; but I do say that to gain an accurate and straightforward family history of many of those who are to be treated by us is no easy matter.

Why the fact of insanity being in a family should be looked upon by the public as tantamount to an acknowledgment of criminality I for the life of me cannot see. That it is so, is, I maintain, a fact. I well remember a lady, known for her Christian principles and unswerving truthfulness, coming to ask me to receive her sister into my asylum. A prognosis of the case was important, and I was desired to give as definite a one as I could. Naturally I at once questioned her as to any possible hereditary taint. My lady

was firmness itself in her negative answers. In the course of further conversation, however, she happened to mention that her mother was ill in bed, and added, "Perhaps it is after all the safest place for her." I do not know why I should have thought there was something behind this last expression of opinion, but I did, and my question, "Why is it the safest place for her?" elicited the answer, "Well, doctor, you see the last time my dear mother was up she kept trying to sit on the fire, thinking it was an arm-chair." No more questions were asked, and the entry in the register had a definite cause marked down as a predisposing factor in the case.

I now come to one of the most difficult and worrying tasks which, to my mind, is placed upon us in dealing with the relatives of some of our patients. It may be that I have unfortunately in my short experience had more of this difficulty than others, but I cannot help fancying that it has always existed, and must always be one of our trials and anxieties. I allude to the distinct differences of opinion among the relatives of some patients. More often, I think, it exists between the wife and her relations and the immediate relatives of the insane husband; and the class of case more likely to give rise to this difficulty than any other is general paralysis of the insane. The husband's relations, not allowing for a moment that anything in their family history could have at all predisposed to the insanity, are inclined to blame the wife, and hold her responsible for a great deal of her husband's condition; and why this is so, is, I think, not very difficult to understand. As we know, in many cases of general paralysis, suspicion, irritability of temper, and jealousy are often the only early symptoms of the disease, and these are especially shown to the wife, whilst to his own relatives, for a very long time, he may appear much in his usual condition of mind.

The poor wife, not realizing that these are symptoms of a disease, at first, maybe, gives way to them, and then resents them, whilst keeping all strictly to herself. Letters she is writing, visits she is going to pay, reasons why she is late that evening, or why she refuses to go out with her husband, all these are not explained to him. If he is suspicious, let him be; she has nothing to hide from him, but she will no longer give way to his absurd whims and fancies. Time goes on, he gets worse, and at last the terrible truth dawns upon her that he must be going out of his mind. She con-

sults her doctor, she speaks to her own relatives, and finally to his. The former confirm her suspicions, the latter regard them as impossible. At last definite delusions and insane actions take place, and an asylum is his future home. Now mark what happens. His delusions of jealousy and suspicion are exaggerated. They have become systematized concrete delusions, and are very definitely and plausibly told and written to all who come in contact with him. And they have just a vestige of truth about them. The wife cannot deny that she did write letters he did not see, though he demanded to do so; that she did stay out later than usual on more than one occasion, and gave him no explanation, etc.

In some cases, to my knowledge, the husband's relations have believed (on the principle of no smoke without fire) that something has been wrong, and are firmly persuaded that it has been the wife's conduct alone which has brought her unfortunate husband to this sad condition. And this direful friction and constant family feud continues till the grave closes over our patient; and, maybe, long after too.

Some of you may say I have overdrawn my picture. I can only state that in no less than three cases of general paralysis which have come under my care during the past eight or nine years what has happened has far exceeded what I have here only touched upon, and that my attempts to explain matters and to keep the peace have not only severely tried my temper, but in two of the cases were absolutely futile.

In one case I myself walked with the poor wife to the graveside, whilst her husband's relatives only put in an appearance at the cemetery, and did not even deign to notice the one who should have been the object of their pity and sympathy.

The Powers that be.—The trouble, the toil, and irritation which the new Lunacy Act has caused us need not be dilated upon here. No Bill of modern times has been so heartily damned by all who have any practical experience of the treatment of the insane. There is one part of this Bill which, however, I must just touch upon, as I cannot but think it might readily be amended without in any way altering the spirit of the Act.

It is the clause relating to the renewal orders. At present, I am sure, this clause must be a positive curse in the large asylums, and I should be interested to know how many patients have during the past two years had to be recertified

in consequence of it. Why on earth the maker of this wonderful Bill could not have arranged for all renewal orders to come due at certain specific times of the year—quarterly or half-yearly—I quite fail to see. It would mean nothing to the patient's detriment, and would be an immense boon to the already red-tape-driven asylum superintendent.

I believe I am right in saying that when this Act was first drafted it was intended that only a few cases of insanity should be eligible for single care, and great restrictions were consequently placed upon this mode of treatment.

As some of you may be aware, I have always been an advocate for this plan of dealing with many cases of insanity, and I was glad, therefore, to see the mooted restrictions were removed. But although I have in the past, and do still, often advise single care, I have always considered that it should have more supervision devoted to it, and that only suitable persons should be allowed to carry it out.

What do we now find, however? In spite of the law, in spite of the penalties and punishments to be inflicted on those who break it, there are at this present moment more uncertified lunatics living in private houses than ever, and in many cases several living under one roof, in utter defiance of the law, whose reading is so clear, so plain.

I am told, by a person well qualified to know, that when the last census is published it will tell this tale to an extent few would credit.

Why do not prosecutions follow? Why is this breaking of a wise law allowed to go on openly in our midst? To us, with our every action hemmed in by Act of Parliament, it does seem hard that this open defiance of the law should go on without let or hindrance. The Commissioners, I am sure, would be only too ready to institute prosecutions in cases brought to their notice if they thought that their trouble and the expense therein involved would be repaid by some adequate and deterrent punishment.

To start a criminal prosecution, and after heavy expenditure and weeks and hours of labour to find the accused person mulcted in some trifling fine, or only bound over to come up for judgment if called upon, is so disheartening that I do not wonder at the apparent apathy of the only persons who can start a prosecution for the breaking of what I consider a very wise and useful law.

That this state of things is manifestly unfair to all private asylum proprietors cannot be gainsaid.

With regard to the Commissioners in Lunacy and the visitors appointed to provincial licensed houses, I feel sure they all do their duty in as kind and as pleasant a manner as possible; and I myself always look forward to these official visits, feeling that they are bearing, at least to a slight extent, some of the weighty responsibilities attached to our branch of the profession.

If there is anything that a possible captious critic might carp at, it is, I think, that the Commissioners are a little apt to try and discover some cause for fault-finding and a little too chary in encouraging the asylum proprietor to further improvements by giving praise where praise is due. It is a little trying when at one visit of the Board some alteration is advised, and is promptly carried out, and possibly the suggestion considerably added to, to find when the next visit is made no attention whatever is paid to what has been done, no notice taken of your ready carrying out of their wishes. Complaining may and often does do good, no doubt, but for my own part I believe encouragement does far more.

There is one item in all balance-sheets under the head of "Renewals and repairs," the total amount of which might astonish some of those who may complain because a piece of carpet is somewhat faded, the leather-stuffed chairs beginning to show signs of wear, or a little of the paint rubbed off the skirting. It might be news to them to hear that it is only by very carefully attending to expenditure in this direction that our profits can be at all made commensurate with our capital sunk, our individual work, our worries and anxieties.

I often wonder when a Commissioner points out some trifling defect in the binding of a sofa whether the patient lying upon it with his dirty boots on has at his own home all his furniture spic and span, as if just arrived from an upholsterer's shop.

We private asylum proprietors have not the large surplus over and above our yearly expenditure which the balance-sheets of some of the hospitals for the insane are able to show, a surplus which allows them, no doubt, to be kept in the very pink of perfection, and which should enable them to do far more of those charitable works for which I always understood they were instituted; nor have we at our backs that wonderful and long-suffering beast of burden, with hardly a kick in him, the British ratepayer.

I have one little grievance against the way in which the visitors' reports in many licensed houses are made. It is quite right and only reasonable that the clerk should write the first part of the report, dealing with the number of patients resident, the number of admissions, discharges, and deaths, but I do think the remainder of the entry in the visitors' book should be dictated by the visitor himself, if only to prevent the monotonous repetition of the stereotyped sentences: "All the patients were seen. There were no complaints. The house was in good order."

I have heard, but I cannot vouch for the truth of the statement, that in some asylums the clerk is busily engaged in writing the report while the visitors are going round.

Attendants.—The man who expects perfection in anything in this world is doomed to bitter disappointment. The superintendent who looks for it in his attendants is, to my mind, fast qualifying himself for a situation as an inmate of his own establishment.

I may at once state that I am not one of those who look upon attendants and nurses as the cause of the greatest of all our worries and anxieties. "Judge others by yourself" may be a rule not always safe to go upon, but if we prelude that rule by the words, "First puty ourself in their place," we shall, I think, be able to look at the difficulties of our attendants' position in a truer and fairer spirit.

Do we rightly recognize these difficulties, more especially in private asylums? It must be embarrassing to the attendant with the most reasonable mind to have to act the part of servant at one moment to the patient entrusted to his care, and then by having to see that the general rules of the house and the instructions we give with regard to this individual patient are carried out, to pose, as it were, as his master.

Give me attendants and nurses who feel an interest in their work, who have kindly hearts, and are liked by the patients, and I can, and do, overlook many, what I then call, minor faults. Only let those faults be known, so that they may be guarded against. The dangerous attendant, to my mind, is your plausible individual, who is always doing right, who can never, no never, do what is wrong. This is a veritable wolf in sheep's clothing, and one to be avoided, and the sooner out of your house the better for your future peace of mind. I think, perhaps, we are a little too apt, in our endeavour to try and get a "perfect staff," to make a

first offence the last offence, and not to give that chance to the erring attendants which often means the turning over of a new page in their life's history.

I am, then, still ready to allow that the procuring and looking after an adequate staff is no light work, and carries with it many trials, many worries, and costs us many an anxious hour; nevertheless inclined to believe that it is *not* the greatest of the burdens we have to bear, and that on the whole we should be contented that we are able to get fairly competent persons to carry out some of the most trying and harassing duties falling to the lot of those who have to earn their own living.

To at all adequately give a fair summary of our trials and troubles in the short time allotted to a paper would be impossible, and I have not attempted it. I have only lightly touched upon a few of them, and in doing so I trust you will admit that I have not in any way taken too pessimistic a view of what we have to bear.

This paper has been written in no complaining spirit, but simply with the object of ventilating and discussing some possibly not altogether insurmountable difficulties in the pathway of our individual work. I can only end by saying, —would it had been better done!

On Affections of the Musical Faculty in Cerebral Diseases. By
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A modern philosopher has revived the theory that music has been evolved out of speech; but even adopting the leading views of the evolutionists, this theory seems little in accordance with their own methods. The harmony of sound appears very low in the animated kingdom, whereas the faculty of speech is the last and highest endowment. Some insects and spiders have the power of producing sounds. This is generally effected by the aid of beautifully-constructed stridulating organs. "The sounds thus produced," Darwin tells us, "consist in all cases of the same note repeated rhythmically, and this is sometimes pleasing even to the ear of man. Their chief, and in some cases exclusive use, appears to be either to call or to charm the opposite sex."

The lowest form of air-breathing vertebrate animals, frogs and tortoises, emit musical notes at the period of