

ASYLUM REPORTS.

Some English County and Borough Asylums.

Berkshire County.—Speaking about the causation of insanity, Dr. Murdoch thinks that while legal restrictions are not to be expected for the prevention of the marriage of tainted people, a great deal might be done by “judicious and systematic education of our villages where this evil is chiefly propagated.” He also regards alcohol as a less prolific cause directly than it is indirectly, that is to say the drunkard’s children help to fill the asylum more than the drunkard himself.

An unfortunate epidemic of typhoid demonstrated the immense value of the new infectious hospital. The exact source of the mischief was unascertained at the date of the report, the analysts not agreeing as to the potability of the water on which suspicion had been thrown.

Birmingham City Asylum, Winson Green.—Mr. Whitcombe supplies some interesting statistics in his own report. While the proportion of males in the Birmingham population is slightly less than the proportion of England and Wales, the male asylum population is both relatively and absolutely greater than the female. On looking up the number of lunatics in the Birmingham City and other union workhouses we find that this reversal of the usual state of affairs is slightly discounted, but the fact remains that lunacy in males is more prevalent than in the other sex. The admissions in 1895 show this strikingly, being males 215; females 178.

Dealing with the question of the alleged increase in lunacy, Mr. Whitcombe claims that the right way to approach the study of the subject is from the proportional number of *first admissions*. From elaborate tables he shows that in Birmingham during the three decades 1861—91, while the total admissions have increased from 4·7 per 10,000 to 6·5, the first admissions have increased from 4·0 to 5·4. The corresponding increases for the last eight years are 6·4 to 7·9 and 5·2 to 6·1. This clearly shows the influence of relapses in swelling total admissions. But in comparing the proportion of first to not first admissions in Birmingham on the one hand and to England and Wales (Table XX., Commissioners’ Reports), we find that it is very much smaller in the former. The increase of the boundaries of Birmingham, and the consequent influx of a considerable quantity of fresh patients did not seem to lead to any appreciable difference in the ratio of relapses.

Rubery Hill.—The disproportion of males to females is noted here also, the admissions of the former being 75 as against 33. Of the 32 deaths no less than 13 resulted from cardiac disease.

Bristol City Asylum.—No sooner has Dr. Benham got through

with all the extensive alterations and reorganisation (his energy and success therein being warmly commended in the Commissioners' Report), than he is forced to call for a large increase in female accommodation. The electrical arrangements allow of registration on the record sheet of epileptic fits during the night.

Carmarthen.—Dr. Goodall has applied himself to the study of Welsh, and with success, for he is enabled to present his readers with his report in the vernacular as well as in his mother tongue. It is a comfort to think that when the English language follows the Church to disestablishment in Wales, the editors of the Journal will not have to go outside their own body for competence to render a Welsh Retrospect. It is a notable achievement to conquer a totally new language in the short time that a recently appointed Superintendent can spare from his duties.

Dr. Goodall urges the institution of a Psychiatric service in prisons similar to that which is found in Belgium. The prisons would be under the regular supervision of medical (alienistic?) experts. He thinks that this would lead to the "segregation for special education of those offenders who are neither insane nor responsible."

He thinks that an idiot establishment for Wales should be built to contain from 400 to 500 beds. This would put a stop to the crying evil of having idiot children in asylum wards, which exists here as elsewhere.

Cheshire County Asylum, Parkside.—Pressure on space has been somewhat relieved by the willingness (rare indeed) of various union authorities to receive back harmless cases in exchange for acute ones. If this can be done satisfactorily in one county it seems difficult to find a reason for its not being done generally. No doubt progress will be hastened by the extension of the 4s. grant on the lines of the resolution passed by the Association, which we are glad to see has been endorsed by the Commissioners.

Here also the immense value of the new isolation hospital has been demonstrated in an epidemic of typhoid fever, due probably to old and inefficient drainage.

We are glad to see that the salaries of the Assistant Medical Officers have been materially increased. Dr. Sheldon's system of training attendants is very catholic and much to be commended.

The training of attendants and nurses has been steadily pursued with very encouraging results: last year I reported the success of 27 attendants and 34 nurses at the First Aid Examination of the St. John's Ambulance Association; since then 12 other nurses have passed the same examination, at the end of a year's training, and after undergoing two years' training, 24 attendants and 25 nurses have passed the Nursing Examination also conducted by the St. John's Association. Up to the present, no candidate has failed, which is ample testimony to the hard work done by my colleagues Drs. Cooke and Laing. The next step is to take the Certificate of the Medico-Psychological Association after an additional year's work; it may then be claimed that we give in this institution an education in Mental Nursing fully equal to that afforded by General Hospitals for Sick Nursing.

Cumberland and Westmoreland County Asylum.—In remarking on the abnormally high number of admissions during the year, Dr. Campbell can assign no reason unless it be “the hot weather of last summer, for in the specially hot weather which was experienced in 1893 both in this and another asylum in the north of England there was an unusual run of admissions.” In June there were 28 as against an evenly-distributed monthly average of 16. Thirty-two cases had attempted suicide and four came in with severe throat wounds. Dr. Campbell notes the great difference in behaviour of the patients in the excessive cold at the beginning of the year, and the great heat later on, the difference of course being much in favour of the former.

With the opportunity of getting private patients under care here, and with the even greater facilities which will be available when the house at present building is completed and opened, it is to be hoped that people who are able to pay for the maintenance of their relatives will do so and not think that by refunding the outlay for maintenance to Boards of Guardians that they are paying for their relatives, as some do at present.

Derby County Asylum.—Dr. Murray Lindsay, in the face of an admitted increase in numbers, considers that the only safe conclusion to come to is that there has been an increasing accumulation for some years, and not a positive increase more than can be accounted for by increase in population. In spite of the opinion of some others we must confess to attaching great weight to the conclusion of an observer with such long experience as Dr. Lindsay has, and we think after looking over many reports for the year that the balance of valuable opinion is still in favour of caution in accepting the popular belief in the spread of the disease.

We note the reported recovery of a female general paralytic.

Derby Borough Asylum.—A case of small-pox was admitted not showing symptoms of the disease. The use of the thermometer led to the detection of the disease, and the patient was at once removed. General vaccination obviated further spread. The Committee allow the handsome yearly addition of £4 for the possession of the Association's certificate. The large proportion of 7 out of 17 cases of general paralysis remaining at the end of the year were females.

The general health was extremely unsatisfactory, and over two-thirds of the admissions (68) suffered from recognisable physical disease. This is a large proportion, and suggests the obvious conclusion that in many cases mental symptoms appear in the course of intercurrent bodily disease, and necessitate the patient being sent to an asylum.

Dorset County Asylum.—At the date of report Dr. Macdonald had got all the female patients into the new buildings, and the old asylum at Foston was finally relinquished. The abolition of open fires and substitution of means of general heating has been found to conduce to complete health. Dr. Macdonald can add cheapness to the other advantages of the electric light, for after prolonged

and careful investigation of the cost he finds that its cost is equivalent to gas at ls. 4½d. per 1,000 cubic feet. To this might have to be added a small sum to represent the extra cost of plant. Melancholia occurred among female admissions in only one case in four. Alcohol showed a considerably less frequent causation, *i.e.*, 5 per cent. An unusual number of cases of simple confusional insanity among women were observed, and almost invariably attributed to influenza. There now are no locked doors between any of the wards or rooms or between the wards or recreation gardens. Dr. Macdonald's services are warmly commended by the Visitors, which is as it should be, looking to the enormous worry and responsibility thrown on a Superintendent by the reconstruction and reorganisation of a large asylum.

Glamorgan County Asylum.—The statistics of this asylum undoubtedly show a huge increase of admissions for the year—there being 406 as against 291, 287, 278, 308, and 249 in the preceding years. The recoveries and deaths were below the average, and in consequence the population, which on January 1st was 1,162, leapt to 1,316 by December 31st. Fifty-seven cases were paralytics, and out of the 309 cases in which a causation was assignable 92 were stated to be due to drink, 16 to sexual excess, and 13 to venereal disease.

In his report Dr. Pringle writes:—

From these (the judicial statistics of England and Wales) it will be found that whilst Wales generally is comparatively free from crime and vice, Glamorgan and Monmouth are the worst counties in the kingdom, and attention is called to the fact that their populations are largely concentrated in towns and urban districts—in Glamorgan two-thirds are so placed—and also the fact of both the counties having large seaports is not counted to them for righteousness, and the inference is drawn that “Their case would seem to bear out the theory that a race which is most innocent in an agricultural state becomes the most corrupt and criminal when concentrated in cities.” With this theory, as applied to Glamorgan, I do not altogether agree, since its population is probably a more mixed one than that of any county in the kingdom, and to speak of it as a race once innocent, now corrupt, is misleading in the highest degree. Now whilst the above refer only to crime and drunkenness, the same causes operate largely in promoting disease, mental as well as bodily. Although the stimulus of city life develops the highest intellectual and moral faculties, it also tends to physical degeneration, lowering of the vital functions, craving for alcoholics, and susceptibility to nervous maladies, so that the more rapidly a population becomes aggregated into large centres the more surely do the injurious influences of town life operate in weeding out its weakest members by insanitary or other diseases. I have in previous reports called your attention to the fact that the ratio of insane to sane in this county has hitherto been lower than in almost all other counties of England and Wales, and I have also pointed out that this was due to the large influx of healthy people who were constantly pouring into the district to seek work, and that in time, when the population became more stationary, this element of healthfulness would cease, and the question arises has that time arrived that there should be such a marked increase of insanity? Upon this point, I fear, no definite answer can be given until the next census supplies the necessary statistics.

Gloucester County Asylum.—We have frequently in former years

expressed a hope that Mr. Craddock would be able to see his way to adopt the Association tables in their entirety. It is very disappointing that the statistics of an important asylum—though copious, too copious in some directions—should be so utterly useless as these are for purposes of comparison with others. We again urge that the chief value of these tables is the formation of a large bulk of information which, being gathered together, is of far more value than the observations of one locality only. There is no table of forms of insanity on admission, the table of assigned causes is hopelessly elaborated, and the heads are arranged alphabetically. The table of causes of death is particularly open to criticism, not only for its departure from accepted pattern but for its unsatisfactory arrangement. For instance, it is split up into three main divisions, which are:—1. Cerebral and spinal diseases. 2. Thoracic diseases. 3. Special diseases. Under the first we find deaths from exhaustion from general paralysis, 18; from exhaustion from general paralysis and pneumonia, 4; and under the second from pneumonia and general paralysis, 1.

Hants County.—Dr. Worthington reports there have been four cases of very mild typhoid fever, one female patient recovering sanity when she became convalescent. The block for 50 idiots is occupied; a large play-room as well as a school and dining-room have been provided for the children, together with a considerable portion of land, planted and railed off from the other portion of the estate. We find that the total of recoveries is given as 88 in most of the tables; it is given as 96 in the analysis (Table II.). We mention this fact only because the discrepancy may account for six recoveries from general paralysis, and others from congenital deficiency being entered, possibly by inadvertence.

Kent County. Barming Heath.—A very interesting case is reported bearing on the known difference between the sane and the insane in the manifestation of symptoms.

G. E. Under treatment for sub-acute tonsillitis, sat up in bed, suddenly fainted, fell backwards and died shortly afterwards. Upon post-mortem examination, ulceration and perforation of the intestines were found. He had suffered and died from enteric fever, yet not one symptom of the disease had been observed during life.

The training of the attendants is well established, and Dr. Davies considers the prospect of success to be encouraging.

Kent County. Chartham.—Additions for 300 more patients are contemplated.

Lancashire. Prestwich.—In this, the only report from the county which has reached us, there is as usual ample evidence of the pressure on space which has existed for years past, and which will, we believe, be relieved for a short time only by the opening of the fifth county asylum. The Visitors report that the arrangement with the Rochdale Union (under sect. 26) continues to work well. The erection of a new sewing-room, 150 feet by 25 feet, betokens

the immense mass of patients to be dealt with here. Twenty-five per cent. of the male, and 5 per cent. of the female admissions were general paralytics. In the 536 admissions only two were congenital and seven demented.

Monmouth, Brecon, and Radnor.—A dissolution of union has been ordered by arbitration, the latter two authorities going out. There were 62 private patients whose removal would at first sight have been an obvious step towards relieving existing pressure, but it was pointed out that such removal would have been followed in the great majority of cases by readmission as paupers.

Newcastle Borough Asylum.—Considerable additions are being made here, accommodation being quite inadequate. Fifty out of 134 admissions were hopelessly incurable, from general paralysis, organic brain disease, epilepsy, etc.

Northampton County Asylum.—As has been the case since its opening this institution continues to offer its hospitality to the homeless patients of many other authorities. Out of 827 patients on the books at the time of the Commissioners' visit no less than 346 were out-county or private. Of the latter there were 37, while of the former, after deducting 136 from Northampton borough and 66 from Peterborough, the remaining patients came from Durham, West Sussex, Stafford, Derby, London Unions, single cases from Chesterfield, Gloucester, Sheppey, Dorking, etc. Apart from the question of hardship to patients arising from expatriation, undoubtedly in many cases unavoidable, a good deal can be said from a financial point of view as to the benefits conferred on the ratepayers of the county itself. The Committee state that they have met all repairs out of the extra charge made. The latter turned up a profit of £5,300. This is a large sum, and though large is justified no doubt by non-contribution to capital expenditure, and by wear and tear. Still, the maintenance rate, 7s. 6d. per week, is nearly the lowest in England, and might, we should think, bear a little increase in all-round comforts in view of the large profit. The private patients have a distinct grievance in our opinion, as from £1,636 paid for them no less than £812 was paid over to the County Council, this being the excess over weekly charge. The average yearly payment of each, say at least £40, would in Scotland procure really private-patient treatment. One of the few great benefits conferred by the Lunacy Act, 1890, was the power given to Visiting Committees of affording something like a *quid pro quo* for increased charge for private patients.

(To be continued.)
