

and unsatisfactory state of our law in these cases. Undoubtedly, most of the law Lords, if not all of them, are impressed with the extremely unsatisfactory state of the law, and I think that it would not require a great deal of pressure from this Association to have the matter again brought before the judges, and in that way the law could be altered without the tedious process of passing a new statute—a process which, in the present state of business in the House of Commons, is not to be hoped for. I venture to put this suggestion before the meeting, and hope that it may have some practical result.

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*The Insane in Workhouses.* By Dr. M. J. NOLAN, Medical Superintendent, District Asylum, Downpatrick.

(*Abstract.*)

Some time since, when moved to speak on behalf of the insane population of Irish Workhouses, I did not fully contemplate the many difficulties of the task before me; and now, when we are on the eve of promised legislative measures, it may seem unnecessary to enlarge on this subject, as it is to be presumed that the philanthropy which has urged the Executive to take up the cause of pauper lunatics in our Workhouses, has formulated a Bill embracing all that the heads of the Lunacy and Poor-Law Departments can suggest. Nevertheless, it may not be without effect to elicit from those present to-day, representing as they do the special knowledge of insanity in this kingdom—I may indeed say in Europe—some expressions of opinion on a subject which in one shape or another must have been presented to their observation in the course of their experience. In asking your attention I feel that the subject commands your sympathetic interest, as, of all others, you can fully realize the extent and malignity of the disease, and the urgency for suitable remedies.

*The Insane in Workhouses.*—Is there not something paradoxical in the phrase? Scarcely were the Unions established when the lunatic poor were drawn from the various parishes and congregated within the workhouse wards. To this shelter came the dregs of society; they embraced every social and moral grade: the virtuous, the dissipated, the idle, the industrious, the educated, the illiterate, all levelled by poverty and disease—all met at a common goal. There has been no barrier in this descent; in this journey from “home” to “the lunatic ward” the road is clear of all forms—not even “red tape” stops the way. It is strange to reflect that, throughout the many years in which the insane

in public and private asylums found many and powerful champions, no one outside official ranks has spoken on behalf of the insane in workhouses. Yet with the latter there is no question of difficulty of access, proprietary interest, and such assigned injustices. The workhouse lunatic is housed in the most public of public institutions, uncertified, a burden on the ratepayer, who elects the "Guardian of the Poor" to manage the establishment. But the fault lies not so much in the Guardians as in the system, which permits the transmission from the ward to the lunatic department without certificate or official notification; which has no suitable accommodation, or skilled care for those so transferred; which permits of the battledore and shuttlecock system of transfer from union to asylum. The evil of lack of certification is radical, depriving the helpless insane of the benefit of legal recognition such as are enjoyed by the asylum patient, whose comfort is thereby secured by a yearly subsidy from the Treasury. From this want of certification arises the scarcely less evil—the want of classification. Here and there the strong light of publicity has been brought to bear, and laudable efforts have been made to treat the afflicted as unfortunate human beings, but the efforts so made are few and far between, and the most successful fall far short of what is required. Nor is this to be wondered at, as we know full well the difficulties in treating the insane in institutions specially erected and equipped for their treatment. Can it, then, be possible to treat the insane in places devoid of every necessary adjunct to care, comfort, and cure? Wards overcrowded, ill-ventilated, and cheerless; diet inadequate in quality, if not quantity; courts cramped and sunless; wardmasters and custodians drawn sometimes, nay, often, from the ranks of the insane themselves. No, not all the support of inspectors given to a humane managing body and a kind-hearted staff can cope with the evils of a system which is responsible for the creation of such a state of things—a system conceived in ignorance, matured in poverty, worked out in demoralization. Truly it is not too soon to institute a new and better order of things.

What is the remedy? Opinions have long been, and are still divided on the question. There is no doubt that circumstances differ so widely in the different countries—Ireland, England, and Scotland—that the same remarks and conditions do not apply to all. In this country, the Inspectors of Lunatics consider the condition of the insane in work-

houses in the main "to be far from satisfactory." In the course of their inspections they have noted the existence of dirt, over-crowding, fleas, other "disgusting vermin," filthy straw ticks, the use of "condemned" idiot cells, improper class association; and they have commented on the absence of sanitary and lavatory accommodation, of classification, of nursing, not to speak of ordinary care. One man is found who has not had a bath for five years, and a woman unwashed for ten. In all there is an utter disregard of the procedure adopted in asylums—no returns of admissions, discharges, or deaths; no diary of restraint or seclusion, bad supervision, little employment, no amusement. Over a year since they reported that in one establishment "it was quite impossible to visit the lunacy department without being struck with the evident desire of the Guardians to act liberally and benevolently towards the insane poor committed to their charge. They had provided a separate and large building for their accommodation; they had allowed a liberal dietary; they had appointed a medical officer to take special charge of the lunatic wards, in addition to the ordinary workhouse medical staff, and yet the results attained were not, for stated reasons, "entirely satisfactory." The past year has shown how far from satisfactory this establishment is, where the most laudable efforts have been made to treat the insane in a suitable manner, and confirms the truth of the proposition that lunatics cannot be treated properly in Irish workhouses. "The entire facts," says the "Evening Telegraph" in a recent issue, "which have been disclosed before the Belfast Coroner and in the House of Commons, reflect, not upon the management of the lunatic department of the workhouse, but upon the general system that prevails in Ireland of keeping lunatics in establishments where it was never intended they should be. . . . Sooner or later the whole question will have to be dealt with in a broad, comprehensive, and philanthropic spirit."

In their forty-seventh Report the English Commissioners in Lunacy declare that the condition and the provisions for the care and treatment of their insane inmates "remain satisfactory," and then go on to say:—"This may be also said with reference to most of the larger town workhouses and many of the smaller country ones. But some of the latter especially are still very defective. The accommodation afforded in them is of the poorest kind, and there is in many instances an entire absence of anything beyond

the barest necessities either for comfort, convenience, or health."

The General Board of Commissioners in Lunacy for Scotland give a brighter report. In the lunatic wards of the poorhouses one reads of "healthy and useful work," "kindly and judicious treatment," "wards in excellent order," "patients quite free from complaint," "all the requirements of the inmates are reported to be well supplied." Yet even here, we find recommended "the removal of several of the inmates of the lunatic wards of the Edinburgh City Poorhouse on the ground of their being unfitted for treatment in such wards; and this recommendation has received effect."

From this consensus of the highest opinion it is plainly evident and indisputable that lunatics cannot receive proper treatment in workhouses; that no matter what may be done to adapt these establishments to their wants, the asylum and the asylum alone can meet the necessity of the case. The "Lunatic Department" can never replace the District Hospital for Mental Disease. Nor is this to be wondered at. Mr. T. Lloyd Murray Browne, Local Government Board Inspector for an extensive English district (whose report is embodied in the twenty-second annual report of the Local Government Board for 1892-93), writes of the accommodation provided for the *sane pauper*:—"Very great improvements have been effected of late years in the infirmaries and sick wards belonging to workhouses and other poor-law establishments. This is true both as regards the buildings themselves and the character of the nursing. There are, of course, varieties. There must obviously be a difference between a little country union and an immense and elaborate establishment like the Birmingham Workhouse Infirmary. On this last neither expense nor trouble has been spared, and the results are certainly satisfactory. Nothing is perfect. But it is strictly true that it is hardly possible for the rich in illness to surround themselves with the same appliances and comforts as are here provided for the sick paupers of the parish of Birmingham. Nor are the rich better nursed or better doctored. . . . But though all this has been done, it yet remains impossible, unless in the very largest unions, to do all which can be desired for *all* the varying kinds and classes of sane and insane sufferers to be found under the care of the poor-law." In the same volume Mr. Fleming, another Inspector, reports:—"The requirements of a country workhouse can

scarcely be compared with those of a general hospital; the cases to be treated are different in character." How much stronger is the force of this remark when applied to the different requirements of a workhouse idiot ward, and the hospital of the county asylum. Much more of a similar character could be quoted in support of the view that the lunatics now in workhouse wards should be duly certified, and sent to asylums for treatment. As far as this country is concerned, the movement would not be one of any very great magnitude. From the annual report of the Local Government Board (Ireland) we find that but some 2,138 "simple lunatics" and "epileptic lunatics" stand in need of removal to our county asylums. For the "simple idiots" and "epileptic idiots" we hope to see some day a National Institution, "one of the greatest requirements," say the Inspectors of Lunatics, "in connection with lunacy in Ireland." From this number, 2,138, we may deduct those from Belfast and Dublin Unions, as provision for the insane of those districts has already been undertaken by the proposed erection of two new asylums. Deducting the number so disposed of—1,018—there remain but 1,120 to find room in the existing district asylums. The majority of these institutions are, however, standing in urgent need of increased accommodation; but surely any projected additions could be based on the reception of all suitable cases from workhouses.

Any attempt to suitably provide in our workhouses for the isolated groups of lunatics scattered over our workhouse wards would be of necessity a costly, and, from experience elsewhere, it may be assumed a very unsatisfactory experiment. The exact annual sum spent on the insane in workhouses cannot be readily ascertained. I find, however, on investigation, that on taking the average weekly cost per head of the aggregate union workhouses, the expenditure for provisions, necessaries, and clothing for the 1,120 is some £9,903 16s. 8d. The same number of lunatics maintained in district asylums would, at the annual average, *cost the counties* £13,272—the Treasury contributing the capitation grant of 4s. per week per head to make up the gross cost, £24,920. Thus, for less than the difference, £3,368 3s. 4d., the insane in all workhouses other than those of the Belfast and Dublin districts might be under care in the district asylums, for the whole cost of insane inmates of union workhouses has not been given. Were we in full possession of

the facts, the slight difference between the average weekly cost on the counties of the insane in workhouses (3s. 4d. 13-16ths) and the weekly cost of asylum patients (4s. 6d. 11-16ths) would be very considerably reduced. As it is, the £3,368 3s. 4d. may be further reduced by £273, leaving £3,095 3s. 4d. cost at the weekly average in the unions, 3s. 5d. 15-16ths of the twenty asylum districts, exclusive of Belfast and Dublin. This in the valuation of the districts would be represented by 1-16th of one penny in the pound.

In conclusion, I submit that (*a*) the idiots and epileptic idiots should be provided for in one or more suitable establishments; (*b*) that the "simple lunatics" and "epileptic lunatics" should be removed to district asylums, and thereby receive from the State the consideration and support of which they have hitherto been so unjustly deprived.

Dr. EUSTACE—As regards this matter, which has been so ably brought before us, every line is of extreme importance. I emphasize all that my friend Dr. Nolan has said. In this country there are no more miserable and distressed people than those we are speaking about. As an *ex-officio* member of a Board of Guardians, I have had the sad experience of witnessing their condition. I am not going to speak against the workhouse to which I am attached. But there are in it some hundreds of insane paupers, and the mode of caring for them is this: There is a paid officer, who is in charge of about a hundred. There is a female warder in charge of the females. Who are the assistants? Why, it is a case of the blind leading the blind. It is absolutely wrong that these people should be in the workhouse. They are lunatics, and are entitled to be taken care of as such. When they are not deemed quiet, chronic lunatics, we send them to the Richmond Asylum, and after being treated there we get them back should they become quiet demented. Well, I brought the matter before the Board of Guardians, and, by deputation, before the Chief Secretary for Ireland (Mr. Morley), and the result of that interview was, that Mr. Morley told us he was fully aware of the evils of the system, but that the treasury was the difficulty—how to get the money. In fact, the English purse is rather empty at the present time. These are not his exact words, but they are the spirit of his reply. However, the upshot of it all was that he promised to bring a Bill into Parliament, and led us to expect that it would be supported by himself. I understand that Bill is in preparation. Since that time Mr. T. W. Russell, M.P., has asked a question about the matter in Parliament, and it seems that the subject is receiving the consideration of her Majesty's Government.

Dr. OSCAR WOODS—The point which I wish to bring before you is that there are about 4,000 lunatics in the workhouses of Ireland. Asylums are practically overcrowded, and it would require about £400,000 to build sufficient for their accommodation. I am afraid you would need to agitate for a long time to get such a sum. There is at present throughout the country, however, a large number of buildings in which, if renovated and a little ground provided round about them, provision could be made for a great number of the harmless lunatics. I think in that way we might get them nearly as well looked after as in the district asylums. In most of our asylums we get too much of the chronic element. At the present time, too, lunatics in the workhouses are maintained by the Poor Rate, and that rate is paid equally by landlord and tenant. Now, if they are sent into the asylums, they are paid for almost entirely by the tenant out of the county cess. It is not, therefore, the same here as in

England and Scotland; for in those countries they are paid for by the Poor-Law authorities out of the poor rates. In no case is the Government grant given for patients in Irish workhouses.

Dr. KENNY, M.P.—At one time not very long past I was Medical Officer of one of our largest Unions—the North Dublin Union. Most of the insane there belong to either the imbecile or epileptic lunatic class. Now most of us are well aware that structurally our workhouses are unsuited for the care, not alone of lunatics, but even of the ordinary sick poor. The older Unions would have to be entirely reconstructed in order to be made suitable for the reception of the sick poor, not to speak of lunatics. Before I was appointed to the North Dublin Union there was no attempt whatever made for separation between the insane and the other side, or even casual inmates, and in my opinion it was not possible to conceive any more undesirable condition of things than there existed. I had not the advantage of hearing Dr. Nolan's paper read, but I believe his proposition is that the insane in the workhouses throughout Ireland might well be divided into two classes, one of which might be retained in the Union, and the other be removed to asylums. There is much to recommend such a division, but I cannot quite agree that such a mode of dealing with this matter is the best that could be devised, though it would be an immense improvement on the present wretched system, and should be adopted if nothing better can be done. I agree, however, with Dr. Eustace that no insane ought to be housed in our Unions. Dr. Wood's suggestion of utilizing certain buildings is, I think, sound. With regard to suggestions of economy, whilst I agree that true economy should be practised, I don't think in dealing with a matter so important we ought to lay too much stress on economy, in the sense in which that word is too generally used. There can be no true economy where you have not efficiency, and unless economy secures efficiency it ceases to be economy, and becomes waste. Free and generous expenditure which at one stroke accomplishes the object in view is most frequently the truest economy, whilst partial and imperfect treatment is only tinkering and useless. Let us find out what is the best method, and having done that, let the best method be adopted, no matter what the cost. I am of opinion that all insane persons are better out of the Union altogether. I have seen very grave accidents occur in the North Dublin Union arising out of the want of proper arrangements for the care of lunatics there, arrangements which under the existing circumstances it is impossible to carry out properly. As to the question which Dr. Woods has raised, viz., that we should have rates for the support of the insane, divided as between landlord and tenant, if no better plan could be suggested I would agree that the rates, if local, should be so divided; and as to the general question as to the incidence of rates, whether local or general, I think the proposition is sound, but I wish to go much farther in reference to the question of expenses attendant on the care of the insane poor. In my opinion their care rests upon our shoulders as a matter of national importance, and for that reason the payment for them ought to be at the cost of the nation at large. It is too wide and too vital a subject to be treated from a local standpoint. I think we should try to secure such a reform in the law as would make the housing and treatment of lunatics a matter of national importance and national payment. With regard to the question of increase in lunacy, if I am in order in referring to it now, I should like to say just a word. Some authorities hold that the increase in lunacy is an actual and absolute fact, whilst others hold that the increase shown by the annual returns is only apparent, and may be accounted for by a variety of circumstances more or less of an accidental and transitory character. Without expressing any opinion as to which of these views is the correct one, though I hold strong opinions on the subject, I regard the decision of this question as of vital importance. If it were alleged that any other form of grave disease were on the increase at such a rate as this most terrible of all maladies is increasing, such alleged increase would naturally be the subject of very deep and

anxious consideration by those who have to legislate upon the subject. I have on the paper in the House of Commons at present a notice calling attention to this matter; and it was my intention to suggest to the Government that the question was of such vast importance, not alone nationally, but also internationally, that they would do well if they could see their way to invite the co-operation of foreign Governments with a view to the formation of an international commission to inquire into the whole subject. I think if this were done we should have a great deal of useful information which would help to elucidate the subject, and enable us to decide whether lunacy is really on the increase or not. Many most important questions might be decided by such a commission, which might suggest the best methods of dealing with the entire subject. The question also whether unmixed races were more prone to be afflicted with insanity than mixed or composite ones might be decided, and above all we might get an authoritative pronouncement on the all-important questions of heredity, and the pressure of modern civilization as factors in the production of insanity. A resolution emanating from a Society of such weight and authority as the Medico-Psychological Society of Great Britain and Ireland recommending that the questions should be dealt with from an international standpoint could not fail to impress any Government, and could not be lightly passed over. Such a resolution from this Association would without doubt and most obviously tend greatly to strengthen the hands of anyone in Parliament who might take action in the matter.

The PRESIDENT—Dr. Clouston has intimated his intention of moving a resolution on this subject, and I have directed the Secretary to call a meeting of the Council to-morrow morning at 9.30 to consider the question before laying it before the meeting. By the rules which regulate our proceedings we cannot consider the matter to-day. We can only consider a matter of which previous notice has not been given when Council has ordered that it shall be considered.\*

Dr. ATKINS—The insane in our workhouses in Ireland do not receive the benefit of the Treasury grant. Their accommodation is a kind of Augean stable, which should be cleared out as soon as possible. I thoroughly endorse Dr. Woods' idea of allocating many buildings through the country to the insane poor. But then I think they should become an Imperial charge. Now when the attention of the Guardians is called to these poor people they simply say, "We have no means of supporting them, and we cannot treat them better than ordinary paupers. Give us 4s. a week and we will treat them as well as asylum patients." I am perfectly well aware that the Government grant is assuming vast proportions, but I do think if they cannot see their way to fully adopt the recommendations of the Lunacy Inquiry Commission, they should give a certain sum to the Boards of Guardians of the various Unions to support the poor in those districts. If this were done, the condition of the insane in workhouses could be very quickly ameliorated. That condition is worse in large workhouses than in small ones; and I know, speaking for the provinces, that there are workhouses where the state of matters is not so very bad. Dr. Kenny has spoken of the North Dublin Union Workhouse, where the insane were mixed up with the casual inmates, but in the workhouse of which I have cognizance the female patients are kept altogether separate.

Dr. O'NEILL—I think that the question is not a matter of increasing the number of asylums, but a matter of ridding us of quiet and harmless patients.

Dr. HACK TUKE—I have no knowledge of the management of workhouses in Ireland, but I have visited a large number in England to consider how far they could be utilized so as to prevent the overcrowding of asylums. And my experience is this, that there are many of the workhouses in England that are utterly unsuitable to take charge of the insane. But I believe that in many others it would be quite justifiable to have chronic lunatics. With regard to

\* By decision of the Council Dr. Clouston's resolution was postponed until the next General Meeting.

economy and efficiency, I think Dr. Kenny will admit that if we have to choose between a palatial asylum and one which is plain but efficient, we should choose the latter. I think there are many institutions suitable for chronic cases which are not suitable for acute cases. I feel that Dr. Kenny's remarks on having an international commission in regard to the great question of the increase of insanity are very important.

Dr. CLOUSTON—You are aware, sir, that in Scotland we have so-called lunatic wards in our poorhouses properly organized for the purpose of receiving the mildly insane, with a better dietary than the rest of the house, and under the control of the Commissioners—each patient receiving a certain proportion of the Imperial grant, just the same as in asylums. And our experience is that where these wards are well-managed they can accommodate something like one-fourth or one-fifth of the total number of lunatics, imbeciles, and idiots in the district, and in some cases more. The way the patients are selected is this—The Inspector of the Poor, who is the chief parochial administrative officer, writes to me to say that he has so many vacancies in the lunatic wards of his poorhouse, and we select such cases as are quiet and manageable, and can derive no further benefit from asylum treatment. I send these cases to the poorhouse, and, if they fail, there is no difficulty whatever in returning them to the asylum. I let that be understood. And the result is this—The poorhouse exists already; and the expenditure on its wards and grounds has already been made. In Scotland I am glad to say that nearly all our poorhouses are not full, so that there are usually spare wards available for the purpose. The Commissioners dictate the kind of diet, and visit once a year. In addition, when certain of these cases are found particularly quiet and easily managed, the Inspector of Poor boards them out in the country. Taking the 900 patients belonging to our Edinburgh parishes, 90 of these are in the poorhouses, 330 are boarded out, and 480 are in the asylum. This represents a saving of the capital sum of £80,000 that would have been required for buildings if these chronic patients had been in a regularly-equipped asylum. We keep all the dangerous cases, the worst epileptics, and those that give trouble; and we treat all the recent insanity, acute or not. But when patients have passed through such a stage (and we all know that they do pass through it by the hundred) by our Scottish system we get rid of this quiet dementia. The patients are about as well off, often being more happy boarded out, and the saving to the country is very great indeed. The asylums do not require to be enlarged by those enormous "annexes" that are killing the very medical life of the English asylums. And we can undertake the medical work of caring for our patients, for these have not exceeded 500 in the 21 years during which I have occupied my present position. This is the best certificate of success to any properly-organized system of workhouse-lunatic wards and boarding-out.

Dr. URQUHART—If I would emphasize anything that Dr. Clouston has said it would be a matter of the greatest importance in Scotland, and that is that the Commissioners in Lunacy are satisfied as to the state of those patients who are committed to the workhouse. The patients do not filter through workhouses into the asylums; but, on the contrary, they are passed through the asylums, and such as are fit for it are drafted into the workhouse. This is the key to the whole position. In Ireland, I think that the inspectors should have power not only to say that the workhouses are faulty, but actually to ameliorate the condition of them. I am sure that we all sympathize with Dr. Nolan in his endeavour to bring about a better state of things.