PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Asylum Reports for 1889.*

Up to the time of writing, comparatively few reports from English asylums have come to hand. This is, no doubt, due to the requirements of the Local Government Act in regard to the preparation, auditing, and publication of accounts. As might have been expected, no uniform arrangement has been adopted. Some asylums have printed their report as in years past; others will publish their accounts up till 31st March, but without auditing; and others will defer publication till the Government Auditor has examined them. When these will appear is a matter of speculation.

Aberdeen Royal Asylum. — The mansion house at Daviot, purchased in 1888, is being rapidly prepared for the accommodation of patients, forty of whom have been already transferred there. It is Dr. Reid's intention to use this branch asylum for the treatment of dipsomaniacs and drunkards, for which purpose it appears to be admirably suited.

Twelve deaths were due to general paralysis. No fewer than six of these occurred in women.

Argyll and Bute.—The numbers resident have been reduced by the discharge of 40 out-county and private patients, and by the boarding-out of 21 pauper cases.

Dr. Cameron reports that an unusual amount of sickness prevailed during the summer. Eight cases of erysipelas occurred. The origin of the outbreak was not discovered. In only eight of the 23 deaths was the cause verified by post-mortem examination.

Barnwood House.—It is reported that this hospital has been full during the year, and that many applications for admission had to be declined. The structural improvements are now completed, and the result is stated to be extremely satisfactory.

The following paragraphs from Dr. Needham's report, throwing cold water on the Brudenell Carter Committee, will be read with interest:—

> Much discussion has of late been maintained upon the question of the establishment by the London County Council of a hospital for the investigation and treatment of mental diseases, such hospital to be conducted upon principles similar to those which regulate general hospitals; to have a body of visiting physicians and surgeons as well as the usual resident staff; and to be equipped with every conceivable appliance for pathological investigation and the treatment of disease.
>
> The scheme may be good or bad; capable of leading to useful practical results, or destined to end only in failure or disappointment. But it was surely unnecessary to support its claims to a tentative existence, by the assertion by some of its advocates that the hospital or asylum of to-day is a mere place of

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

detention, in which no good work is being done, no successful efforts made to treat mental disease in the light of modern scientific medicine.

The results of treatment in this, as in most other asylums throughout the country, are a sufficient reply to such an assertion. It must be remembered, also, that the *medical* treatment of insanity forms but a small part of those general curative influences which are brought to bear on the treatment of a disorder which embraces all the functions of a complex organization. Its successful treatment requires the co-operation of all those moral and material influences which can be secured only in an establishment in which every department is organized and worked around a common focus which centres in this object.

An outbreak of scarlet fever occurred, affecting 11 attendants and 13 patients. The disease was of mild character and in no case did death occur.

An additional special out-door attendant has been engaged in promoting the employment of patients in the garden and grounds, and an increased number of them have been induced to take advantage of it.

There are abundant evidences in this report of the enterprise displayed in, and the success attending, the administration of this hospital.

Bethlem Hospital.—When Dr. Percy Smith reports that the past year has been a very quiet one when compared with 1888, during which there was such a mighty and quite unjustifiable uproar about restraint, we feel perfectly sure that he has not been tempted to abandon a most valuable form of treatment when not abused, because of the attacks made on him and his predecessor.

May brain-surgery *cause* insanity? A few paragraphs in Dr. Smith's report bear on this burning question.

One male patient was admitted from the National Hospital for Epilepsy and Paralysis with some excitement and exalted delusions, which had appeared subsequently to the operations of trephining the skull and ligature of the common carotid arteries for supposed tumour of the brain, associated with severe headache. The headache had been greatly relieved by the operation before admission, and he recovered from his insanity in this hospital, but he subsequently died of phthisis on his return to his home in America. This case of insanity supervening after operation on the skull is interesting, in relation to the fact that quite recently the same operation has been performed with the object of giving relief to some of the symptoms of general paralysis of the insane. It would seem to be very doubtful whether this operation is of any advantage or is justifiable in this grave disease, and at present I have not felt inclined to adopt the practice here.

One female patient, who had before admission cut off her right hand in obedience to the biblical command as to an offending member, succeeded in getting her only hand out of a padded and locked canvas glove, and in a very short space of time completely removed her right eye. The accident is, of course, most lamentable, but for a time her mental condition seemed to improve, as she felt most thankful she had fully completed her duty. Her perfect mental recovery is, however, unlikely.

During the year considerable use has been made of the new drug sulphonal, for the production of sleep and control of excitement, and, on the whole, with very satisfactory results. It has appeared to be very valuable for senile cases with excitement, and several such cases owed their recovery, I think, to its use.

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

Birmingham. Winson Green.—Dr. Whitcombe delivered a course of lectures and instruction to the nurses and attendants during the year with, he believes, good results.

We reproduce the following paragraphs from his report, and though tempted to add some criticism as to the appointment of consulting (non-mental) physicians, we abstain from doing so except to remark that we suppose he has the power enjoyed by all asylum physicians of calling in professional assistance whenever he thinks it required. However, the intention is laudable, and we shall watch the future recovery rate as anxiously as the Egyptians that of the Nile in summer.

Post-mortem examinations were made in 81 out of the 92 deaths which occurred. In making this statement an oft-repeated thought again occurs, as to the waste of much important pathological material from the want of more time on the part of your Medical Officers to devote to it. There is a field here for considerable useful and scientific work, and although I have not ventured hitherto to suggest the desirability of appointing an officer here as pathologist, I think the time has arrived (especially looking to the large amount of additional work which the new Lunacy Act will place upon the superintendents of asylums) when I should recommend the appointment of a second salaried assistant medical officer, who should be a pathologist. Such an appointment would be advantageous to your institution, and may probably in a few months become a necessity.

With a view to carry out more efficiently hospital treatment of the insane, I propose, with your sanction, to convert one of the large wards on each side of the house into a hospital ward for the reception of acute cases, instead of the smaller wards now in use for that purpose.

To make our efforts more complete in this respect, I beg to suggest the appointment of two honorary consulting physicians to the asylum, who should visit the asylum in order to see all recent cases and consult with your resident medical officers as to the physical condition of such cases, and their treatment.

The mental weakness of the insane is often closely connected with their bodily condition, and although asylum officers may usually be credited with a larger knowledge of the developments of insanity than is possessed by the physician in ordinary practice, it may be that the wider experience of the latter in bodily diseases may sometimes throw light upon the hidden causes of the mental disturbance, and consequently upon the best line of curative treatment in the individual case. I do not suggest that these honorary physicians should be regarded as official asylum visitors, or should take any part in the general management of the institution. Whatever is done in this respect can be experimental only, but if it should be adopted, and should succeed so far as to improve the rate of recovery, it will rank as one of those advances in the treatment of insanity which reflect credit on all connected therewith.

Birmingham. Rubery Hill.—Dr. Lyle records a remarkable example of criminal folly on the part of a patient's relatives:—

One patient made a very determined attempt upon his own life by swallowing the contents of a small bottle of hydrochloric acid and zinc, used in the jewellers' trade. This patient had been supplied from the outside by his friends with this poisonous liquid a few days before, and it was not until he had made the attempt on his life that we were aware it was in his possession. The bottle being very small he concealed it in his tobacco box, underneath his allowance of tobacco. Fortunately it was found out immediately he had taken it, and by prompt medical treatment he was brought round, although at one time he was considered to be in a dangerous state.

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

In Table III., in the column of Percentages of Recoveries on admissions, there are some obvious errors which demand correction next year.

Bristol.—The administrative and residential portion of this asylum is to be rebuilt at an estimated cost of £36,000.

Broadmoor Criminal Asylum.—Concerning mechanical restraint, Dr. Nicolson says:—

> The question as to the employment in lunatic asylums of what is known as mechanical restraint occupied a considerable amount of public attention last year.
>
> The legitimate or justifiable use of mechanical restraint is one thing, the authorized abuse of it is another.
>
> The sanction of modern times in this country is clearly against the use of mechanical restraint; and very properly so, in recollection of the extent to which it was carried in days gone by. The existing practice is, as a matter of fact, in accordance with this sanction; and the exceptions, where this form of restraint is used for other than surgical reasons, are sufficiently few to afford the best proof of the rule. Besides sanction and practice, an element of sentiment has crept into the matter which would fain make it of the nature of a crime to use mechanical restraint at all, unless, perhaps, in surgical cases.
>
> Mechanical restraint is practically unknown at Broadmoor. It was, I believe, used on a few occasions in the early days, but for over 20 years it has been found possible to do without it. The comparatively numerous staff of attendants at this asylum enables exceptional strength to be brought to bear when occasion requires it; but my own feeling in the matter is that in a case of continuous and long-sustained maniacal violence, with an activity avowedly and determinedly homicidal, it is possible to carry the non-restraint principle (so called) too far and at too great a cost. Few people who have not been engaged in it are able to estimate the wear and tear of nerve and heart which a tussle with a desperate lunatic of this sort means to the attendants, apart from the risk of positive injury either to patients or warders. And when this struggle has not only to be anticipated, but to be engaged in several times a day for a lengthened period, the justifiability and humanity of simple, effective, and safe mechanical restraint become apparent. If ever it should be my lot to be a lunatic such as the one whose treatment is here in question, I hope my good friend the superintendent who has me in charge will not be too squeamish about recent traditional usage, but will see that I am checked by the minimum, but necessary, amount of mechanical restraint to ensure my own safety and that of others. On the one hand, I do not wish to think that under any circumstances I should be the means of inflicting injury upon my attendants; on the other hand, I would infinitely prefer mechanical restraint to the long-continued manipulations, however skilful and friendly, of four or more attendants heaped together upon my prostrate form.
>
> I have thought it right to dwell at some length on this subject as public reference was made to Broadmoor practice in the correspondence that took place.
>
> I have no intention of breaking our long record by the introduction of mechanical restraint if I can possibly help it. If I should be compelled to have recourse to it in any case it will be because I regard it as the kindest, the most humane, and the least harmful mode of treatment under particular circumstances.
>
> The evil to be feared with regard to the employment of mechanical restraint is lest its legitimate use should lead to its authorized abuse. This could never happen if, in every case, the medical superintendent himself were to order it to be used, and that only after careful and complete personal investigation. When

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

the restraint is applied by underlings and its use afterwards sanctioned by the responsible officers, we have the authorized abuse which is altogether wrong and reprehensible.

Carmarthen.—Dr. Hearder records the recovery of a patient who had been insane four years; of another who had been insane five years; of another after nine years; and of another who had been resident in the asylum nearly 20 years.

Cork.—The Privy Council has sanctioned a loan of £28,428 for additional accommodation for 430 patients, for improving the water supply, and for other necessary structural alterations. A new dining hall has been opened. It measures 89 ft. by 113 ft.

Derby. County.—In his report Dr. Lindsay refers to pensions, a subject he has taken a special and most beneficial interest in. He says:—

With regard to the question of pensions, the County Council, on 10th July, passed the following resolution:—"That subject to the statutory provisions of Sections 119 and 120 of the Local Government Act, 1888, no officer of this County Council appointed at this meeting or hereafter shall be entitled to a pension on quitting office. This resolution shall not apply to the Police Superannuation Fund."

An amendment, proposed by Mr. A. F. Hunt, was also carried, to exempt from the resolution attendants and nurses at the lunatic asylum, so as to render them eligible for pension as well as the police.

In connection with this subject, I may refer to the first County Asylum Special Pension Scheme, which has not yet, so far as I know, been passed by any County Council. I allude to the report containing a pension scheme for the staff of the Northampton County Asylum, at Berrywood, which was prepared by the Asylum Committee of Visitors, signed by Lord Spencer, Chairman of the Northampton County Council, and passed at the meeting of the County Council on 30th January.

It is a very fair, just, and reasonable scheme, well worthy of careful consideration by other County Asylum Committees and County Councils.

It recognizes the various Acts of Parliament bearing upon asylum superannuation, admits the justice and sound policy of granting pensions, and acknowledges the claims of the asylum staff to special consideration on account of the arduous, trying, and wearing nature of their duties and the risks to which they are exposed.

This scheme contains a fixed scale of pensions, within defined limits, for certain periods of service, a certain age for optional and compulsory retirement, provision for permanent incapacity on account of ill-health, a schedule of the officials in two classes, and the scheme is applicable alike to the old and the new officials.

The Commissioners report that:—

Two females and one male have been restrained, each once; the male from 19th January, 1889, to 16th February last, to prevent self-mutilation. One woman for two nights and a day to prevent her pulling out her hair and injuring herself, the other woman for 39 hours, because she was dangerously violent to herself and others. They were all restrained by the Jacket. The woman last mentioned is convalescent, and when speaking to us, remembered her restraint and spoke gratefully of it, which appears to have been quite necessary, and to have, in fact, saved her life.

Conollyism does not seem to be in vogue in Whitehall Place.

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

Derby. Borough.—This, the first report, contains (what every report ought to contain) a very useful ground plan of the building. Dr. Macphail's report includes a description of the site, structure, and general arrangements. We wish him success.

Dundee.—Dr. Rorie gives some particulars about a case which attracted a good deal of attention in Scotland. The patient had been a soldier, had been in India, had had sunstroke, had hallucinations of sight and hearing, had delusions of suspicion, and occasional paroxysms of great excitement and mental confusion, during one of which he stabbed his wife. Concerning his custody before trial, Dr. Rorie says:—

> We are rather concerned, however, as to the manner in which this patient was sent to, and removed from, the asylum. He was sent to the asylum at the instance of the Governor of the Prison, and with the concurrence of the Procurator-Fiscal, on 4th April, 1889, under the Criminal and Dangerous Lunatic (Scotland) Amendment Act, an Act passed in 1871, and having for its principal object the treatment of prisoners found insane in ordinary lunatic asylums. The treatment of the prisoner does not, however, seem to have been had in view, but only his safe custody; as on the 20th April he was examined before the Sheriff, found incapable to plead, returned to the asylum, and on the 23rd April he was transferred to Edinburgh Prison under special warrant granted by Lord Kinnear, there being no statutory powers existing for such a transfer. I will merely remark in connection with this case that, if the safe custody of insane prisoners is all that is to be desired, there seems no reason why a lunatic ward should not be attached to local prisons as well as to the General Prison, Perth, although unquestionably the proper remedy would be the provision for Scotland of a Criminal Asylum equipped with all the modern appliances for the *treatment* as well as the care of the insane prisoners, similar to the asylum which has been already provided for England at Broadmoor, and in which not only insane prisoners, but also those exceptionally dangerous cases which from time to time appear in ordinary asylums and amongst ordinary patients could be treated and specially cared for.

Exeter.—Separate wards have been fitted and furnished for the reception of private patients, and the Committee have decided that such patients should be received at a uniform rate of £1 per week. The experiment so far has been successful, as is shown by the fact that the number of private patients has been more than doubled; and the Committee are of opinion that when the excellence of the accommodation and the successful treatment at the asylum become better known the vacancies for private patients which now exist will speedily be filled.

Dr. Maury Deas thus expresses himself in regard to mechanical restraint:—

> Eleven of those admitted were in bad health and very weak; 5 were in a most critical state, requiring the most assiduous care and nursing; and it is gratifying to record that 4 of these have recovered both bodily and mental health. In 9 of the cases admitted there was marked suicidal tendency, and in some of these the propensity to self-destruction or mutilation was so determined as to cause much anxiety, and tax the resources and watchfulness of those responsible to the utmost. In two cases especially the morbid impulse to self-injury was so strong that I did not hesitate to resort, for a considerable

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

time, to the employment of what is termed "mechanical restraint," in the form of a dress, constructed so as to restrict the free use of the arms and hands. This I did both for the sake of the additional protection thus afforded to the patients against themselves, and also, I feel bound to say, to give some relief to the great, almost intolerable, strain and responsibility devolving on those having the care of such cases.

One of these patients is now convalescent, the other is much improved.

Restraint of some kind is the basis on which all treatment of the insane, whether legal or medical, is based; and the enlightened modern treatment of the insane does not lie so much in the abolition of restraint, as in the carrying out of various kinds of restraint, under constant and humane supervision. "Manual" restraint; the restraint of drugs, or what has been called "chemical" restraint; and the restraint of discipline and restrictions, need as much care and discretion in their use, and are as liable to be abused as "mechanical" restraint.

A physician, having the responsible care of the insane, ought to be as free to employ "mechanical restraint," when he deems it the best treatment in a particular case, as he is to use powerful drugs, or any other recognised mode of treatment.

The special advantages of confining the hands by mechanical means in certain cases are that the restraint is continuous while in use, it is always vigilant, it does not lose its temper, and it avoids the many risks attendant on manual restraint.

For myself I do not hesitate to say that there are cases in which "mechanical" restraint is not only the best and most humane treatment, but in which there is a grave responsibility attaching to the man who refrains from using it. I have never regretted the use of "mechanical" restraint when, after full consideration, it has been resorted to; but there have been, in the course of my experience, cases in which afterwards I regretted that I had *not* used it.

Fife and Kinross.—The thorough remodelling of the sanitary arrangements of the main building is in progress.

Dr. Turnbull makes the following remarks on mechanical restraint:—

One feature of last year's admissions has been the occurrence of two cases in which it has been thought advisable to employ mechanical restraint by means of the *camisole*. Some time ago a correspondence on the use of mechanical restraint in dealing with the insane appeared in the London Press; and thus attention has of late been more particularly directed to the question. It is sometimes urged that such restraint is liable to be much abused, and that practically it need never be resorted to except for surgical reasons. In connection with this, it is worth noting that the use of mechanical restraint in an asylum has to be recorded in a statutory register, which is inspected by the Visiting Commissioner in Lunacy; while in some general hospitals restraint is used very much more freely than in any asylum, and is not recorded in any way or subject to official inspection. In the Fife and Kinross Asylum the feeling has, I think, always been that the question resolves itself into one of safety for the patient. When the dangerous insane impulses can be efficiently controlled by other means, as is possible in the great majority of cases, mechanical restraint is unnecessary, and, therefore, ought not to be used. But in those extreme and comparatively rare instances in which all other means fail to secure the safety of the patient, mechanical restraint is justifiable, and, indeed, advisable. Thus it is resorted to as the last expedient, and is restricted as much as possible, but is not altogether dispensed with. In the two cases referred to above great restlessness and violence were associated with strong suicidal impulse, making it necessary to guard against attempts at self-injury on the one hand, and against

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

the patients' violence and the risk of unintentional injury in controlling them on the other; and, therefore, restraint by the *camisole* was used from time to time to tide them over the more acute exacerbations of their illness. Consequently, the entries in the register of restraint are numerous during last year, while at other times it has been possible for long periods together to dispense entirely with mechanical restraint in the management of the patients.

Glasgow Royal Asylum.—The Directors have very wisely determined that at the soonest possible date pauper patients are no longer to be admitted. Gartnavel will then be a Lunatic Hospital, and it is intended to utilize the spare accommodation by receiving private patients at the lowest possible rates. There are already in the asylum 138 private patients, who pay £40 a year or under, and the Directors feel that in meeting the wants of the least affluent class of the community they are best fulfilling the philanthropic intention of the institution.

The following paragraph is from Dr. Yellowlees's report. It refers to change of type of mental disease:—

As to the type of insanity in the new cases, it seems certain that mental as well as physical disorders are less sthenic than they used to be. Assuredly there is a wonderful contrast between the admissions to our asylums to-day and those of thirty years ago. The acute and violent mania then so common has become very rare, and melancholia is the prevailing type. This change is often complacently attributed to changed methods of treatment, and to the greater freedom and increased amenities of the modern asylum. Our unquestionable advances in these respects might explain, and do explain, the more rapid subsidence of maniacal excitement after admissions to the asylums; they entirely fail to explain why nowadays such cases are so rarely brought to asylums at all. It is too much to allege that the public generally has yet risen to the high level of modern asylum management in dealing with patients outside, and a change in the prevalent type of insanity seems the only sufficient explanation.

Holloway Sanatorium.—The popularity and usefulness of this institution appear to increase year by year. No fewer than 234 patients were admitted during the twelve months. Numerous structural improvements have been effected or are in progress.

Dr. Philipps has, no doubt inadvertently, fallen into error in stating that the Sanatorium has received more acute cases in the course of the year than any other similar institution. He will find, on referring to the Reports of Bethlem Hospital, that the latter receives many more of this class.

Concerning voluntary boarders, Dr. Philipps says:—

As in previous years, voluntary boarders were freely admitted, with much advantage to many of those received, and some advantage to the institution. It is with regret that I have to notice a growing opposition on the part of the Commissioners in Lunacy to the practice of receiving voluntary boarders. I fail to see what possible objection there can be to a boarder being received into a public hospital, where pecuniary profit is not considered, but only the advantage of the boarder. An inquiry addressed to the Commissioners in Lunacy, whether in their experience they had known any harm result from the reception of boarders into public hospitals, has not as yet been answered. To myself, and to other superintendents of great practical experience, the boarder system seems to be a step in the path of progress. By it carcers are saved which would be ruined by certification.

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

Hull.—Concerning the "medical spirit" in asylums, Dr. Merson says:—

During the last year, as you are probably aware, a medical writer in a popular magazine brought a strong indictment against the present asylum system, arguing that it has utterly failed to accomplish the chief object of its existence, namely, the cure of insanity, and this chiefly from the fact that, owing to the present organization of asylums, the energies of the medical staff are in a great measure wasted in duties not strictly medical. This position appears to have been at once accepted by a certain portion of the public, and hence a movement has arisen for the establishment of hospitals for the treatment of the insane, modelled on the plan of ordinary hospitals. It is argued that, under a system organized on this plan, with increased medical attendance and supervision, and all the appliances of a modern hospital, much more satisfactory results will be obtained than under the present system. While I would be sorry to deny that increased attention to medical details is very desirable, or that valuable results may not be obtained from such a system as that proposed, I may be allowed to say that, in my opinion, those who hold out the prospect of materially increasing the recovery rate of insanity by such means are, however unwittingly, deceiving themselves and misleading the public. The present system, even as a curative agency, has not, in my opinion, been such an absolute failure as the writer alluded to would have us believe; but if it were so, I submit that where it fails is not in the management of the cases submitted to its care, but in the fact that the majority of cases are not brought under its influence till the best time for successful treatment has passed. During the last year considerably more than one half of the cases admitted here were not brought to the asylum until more than three months after the onset of the attack, and I think the same statement will not be far wide of the truth with regard to asylums generally. This shows that in the popular mind there is a sort of stigma attached to the fact of having been an inmate of an asylum, and so long as this feeling exists there will be a strong objection to have recourse to asylum treatment except as a last resort. If this objection can be met by the establishment of mental infirmaries to which patients threatened with insanity might resort without incurring the stigma attaching to residence in an asylum, then no doubt a great step would be gained; but unless we can by some means induce the sufferers to put themselves under treatment at an earlier period, you may establish what hospitals you like, and the result will, I fear, not be much better than under the present system.

Isle of Man.—The death-rate was remarkably low—only 2·2 per cent. on the average number resident.

Limerick.—In this, his last report, Dr. Courtenay refers to a matter which has frequently called for condemnation—the treatment of lunatics as if they were criminals. He says:—

Ten men and two women were transferred from prison by order of the Lord Lieutenant. In no other asylum, so far as I am aware, are so many cases received from gaol; this can only be explained by supposing that in some cases the magistrates prefer to throw the responsibility of certifying to the insanity of the accused person on the medical officer of the prison. In only one case was the crime of which the lunatic was accused of a serious nature. The patient, who, according to his own account, had been insane for many years, and had wandered over the world to escape from his own delusions of persecution, at last sought rest in his native place, married a woman in good circumstances, and appeared to have settled down; but his malady gave him no rest, and without provocation he murdered a farmer in a most brutal manner, who, he supposed, had injured himself and his wife, though he had always been his greatest friend.

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

Shortly after his trial, his wife, who had lost all her means through her husband's insanity, and was reduced to want, was found drowned in the neighbouring river.

London.—Dr. White again is able to record a very large number of structural and other improvements.

We highly commend the Charts introduced by Dr. White into his report, showing at a glance the rise and fall in admissions, recoveries, deaths, etc. Would that other superintendents would adopt the same admirable plan.

Northampton. St. Andrew's Hospital.—Mr. Bayley reports that during 1889 a large number of patients had to be refused admission, and that, for the second time within a few years, a number of chronic and incurable cases were (on the recommendation of the Commissioners in Lunacy) discharged, and removed to other asylums, to make room for the admission of other patients in whom there was some hope of recovery.

He also records an unusual injury: One accident occurred to a male patient suffering from general paralysis. His thigh bone was fractured while he was being dressed by his attendant. The matter was fully inquired into at the time, and it was reported to the Committee of Management. There was no doubt that it was an accident, and that no violence was used by the attendant. The leg was stiff and bent at the knee, as is often the case with bedridden persons, and when the attendant attempted to lift the patient up in a sitting position to dress him the thigh bone snapped from the weight of the body. The patient recovered from the injury, but he died some time after from general paralysis.

To add to the many advantages that patients enjoy in this great hospital, a second seaside house has been leased, and has been used with great benefit.

Norwich.—At last an assistant medical officer has been appointed.

There seems to be no abatement in the determination to carry out such alterations and additions as may add to the efficiency of the asylum. The sanitary arrangements are receiving attention, and they evidently required it, as two attendants developed symptoms of typhoid fever.

Dr. Harris reports that the leave of absence of all nurses has been doubled, and their emoluments and comforts increased. The number of visits made by the night attendants has been lessened, but the reason for this is not given.

Nottingham. Borough.—A new wing for the accommodation of 250 male patients is now in occupation. A chapel and dining-hall have also been provided, and other minor structural improvements have been effected.

Dr. Powell gives the following information relative to the heating, etc., of the new buildings:—

The heating and ventilating of the building are done by a combined system,

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

which is, as far as I am aware, new in its adaptation to asylums in this country. The following is a brief description of it:—

In the basement are properly constructed trunks which communicate with every room by means of flues of various sizes built in the walls; at the mouth of the main trunk is placed a Blackman fan, which is driven by a small steam engine. The air is admitted through a shaft 30 feet high, placed 50 feet from the building, and propelled by the fan along the trunk at any desired velocity, and enters the room through gratings near the floor, communicating with another series of trunks in the basement, which lead to three lofty towers.

In winter, when it is necessary to warm the air, this is done by steam coils placed in various points in the air trunks, which are capable of being regulated to a nicety, so that any part of the building can be heated or ventilated independently of the other, and the dormitories independently of the day-rooms; this latter is done by means of shutters in the sectional trunks.

So efficiently has the heating been done that a temperature of 60° has been easily maintained throughout the wards without the aid of any fires, and this when the thermometer outside registered 10° of frost. The dormitories and single rooms are just as easily warmed at night.

Those who are intimately acquainted with the working of an asylum will readily imagine the immense comfort of being able to do without fires in the wards. There is no crowding around the fire-places, and no quarrelling for the best seats, but the patients sit scattered about at the windows and at the tables, just as in summer. It was expected that there would be some grumbling at first at the absence of fires, but, strange to say, I don't think I heard a single complaint. Another great advantage this system of heating has over most others is the entire absence from the rooms of all pipes and other heating surfaces.

The ventilation is also equally successful. It is very observable in all the dormitories and single rooms; the air in these appears to be almost as pure in the morning when the patients get up, as in the evening when they go to bed.

Nottingham Lunatic Hospital.—As an indication of the advantages offered by this admirable institution for the treatment of mental diseases, it is gratifying to find the number resident somewhat increased.

Dr. Tate records the case of a lady who was on admission considered hopelessly insane, having been in another asylum for over eight years, suffering from melancholia, but recovered after five years' residence, and is still quite well.

Perth Royal Asylum.—This institution continues to exhibit every sign of successful and enterprising management. In his careful report Dr. Urquhart notices a great variety of topics, *e.g.*, lunacy legislation, medical treatment, etc., etc. He refers to the case of a young man who was admitted in a state of acute mania, of transient form, but extremely violent while it lasted. His sister had been seized with puerperal mania; the mental malady had been communicated to her mother, who in turn communicated it to her son. The derangement happily proved short-lived. The daughter and mother recovered under home treatment, while the son, as above indicated, recovered in the asylum.

Dr. Urquhart makes some judicious remarks on the proposed asylum for curable cases in London, and does not favour the proposal. Wise observations on non-restraint are also made. His

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

unqualified condemnation of Seclusion as "perversive of proper treatment" is rather sweeping, and we would ask him to continue in his next report the sentence which ends so abruptly with a reference to the subject of relays of attendants. Let him meet the honestly held objections which are made against this latter practice.

A voluntary patient, resident for five years, and believed to be free from all suicidal intent, attempted to take his life whilst suffering from fatal inflammation of the lungs.

Much attention has been devoted to the occupation of the patients, and on an average 58 have been usefully employed. Indeed, there is nothing in our routine life that is more apt to slip behind the requirements of the day. The inert, uninterested listlessness of insane patients has to be combated with vigour and watchfulness. Two new occupations have been introduced for gentlemen—the making of stained-glass screens for windows, and the manufacture of repoussé brasswork. It is extremely difficult to get suitable employment for gentlemen, something of interest, yet not surrounded by too many technical difficulties. Those above-named seemed to present sufficient reward for the labour, without being dully mechanical in their easy artistic processes. A great part of the upholstery work for the new wings is being done by a gentleman who lives alone in the Cottage, where he has his workshop and materials at hand. No less likely workman could well have been found than he when, a few years ago, on account of deeply-seated delusions (which, indeed, he still retains in a modified form), he had to be carried all the way from the asylum to our house at Carnoustic. Now it would be hard to find a more excellent workman or a more easily managed patient.

Sligo District Asylum.—A sensible, practical report, which shows that Dr. Petit continues to improve the asylum under his care.

St. Luke's Hospital.—It is reported that various additions have been made to the furniture and general decorations of the wards, and every effort has been made to compete with the modern requirements of the housing for the insane. We hope to hear before long that clinical instruction is given in this hospital as at Bethlem.

Staffordshire. Burntwood.—The accommodation for lunatics appears to be insufficient, and it has not yet been decided how it is to be provided. A recreation and dining-hall has been provided. The leave of the subordinate staff has been extended, without interfering with work or discipline, and has produced much contentment.

Dr. Spence refers to the training of imbecile children in county asylums. He shows that it would be quite useless to attempt to create a special department in his asylum for this purpose—the material is quite hopeless. Improvable cases have quarters apart from the adult lunatics, are taught good habits as far as possible, and are kept under constant observation, so that should any indications of intellectual brightness manifest themselves, they would be fostered in a proper manner. Two lads are employed in the tailors' shop, one works with the painter, two or three with

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press

the mattress maker, and several have been taught their letters and how to spell simple words. Dr. Spence continues:—

> It has been suggested that several counties might combine in order to establish a Home and Training School for weak-minded children; this is much to be desired, but amalgamations between counties are not readily arrived at, and occasionally such combinations do not appear to work very harmoniously. The authorities of Northamptonshire have recently gone to considerable expense in building an annexe to their county asylum, where they propose to take in at a fixed rate of charge and educate weak-minded children from other counties. As being first in the field, this may prove a successful venture from a financial point of view, but unless they are as careful in the selection of cases for admissions as institutions of a kindred nature are well known to be, one fears that the educational results will not come up to the anticipations of those who are apt to place in the same category children of the mental type usually received here, and *backward* children who form a large proportion of the favourable cases whose improvement—such as it is—is so gratifying a result of the skilled and expensive training they receive.

Staffordshire. Stafford.—A farm of 77 acres has been rented, and it is intended to use part for sewage irrigation. The asylum is considerably overcrowded. Dr. Christie very properly objects to the admission of criminal lunatics to county asylums. He says:—

> In three cases this readmission is due to the formality which requires to be gone through in the case of criminal lunatics whose period of sentence has expired, and who are still certified to be insane. These require to be discharged and admitted without leaving the asylum. It has always appeared to me rather a hardship that county asylums should be required to receive such cases, for here they must of course mix and associate with the other inmates, who are mostly respectable people, and who, in the vast majority of instances, are required to be placed under care through no fault of their own. I have known frequent cases of disturbance, attended with violence, arise by these patients being taunted by others as to their previous place of abode.

York Retreat.—A great amount of charitable work continues to be done by this institution. During the year 44 patients received all the advantages of treatment, etc., at the small charge of 10s. per week, and 90 paid less than the average cost of maintenance.

The report contains a view and ground plan of a villa erected for the prompt treatment of acute cases (females) of insanity. The arrangements are also described in detail by Dr. Baker, and we can conscientiously commend them strongly. Other structural improvements have been effected in the older buildings.

A portrait of William Tuke, who projected the Retreat in 1792, executed by his great-great-grandson, Henry S. Tuke, has been presented to the institution by Dr. Hack Tuke.

(To be Continued.)

https://doi.org/10.1192/bjp.36.154.416 Published online by Cambridge University Press