As regards the condition of the patients, a vast improvement has been effected in the treatment of the inmates of these new asylums, in comparison with what was commonly seen in France at no very remote period. Personal restraint has been immensely reduced, while the excessive use of seclusion is prevented by the very nature of the accommodation. With more single rooms—that is, with increased facilities for the separation of incompatible natures—modern French asylums would take a place inferior in no respect to any in Europe. At present they afford a lesson in the manner of supplying physical wants which the superintendents of some of our home asylums might study with advantage. Patients condemned to sit by day on benches without backs or cushions, to sleep by night on hard-packed straw mattresses, and live from year's end to year's end on porridge, broth, and boiled beef, may well envy the lot of their fellow-sufferers in the asylums of the Department of the Seine. Extravagance is not necessary to insure comfort; and a little consideration and ingenuity are capable of going a great way in lessening the miseries of asylum life without adding to its cost.—*The Scotsman.*

Clinical Wards for Lunatics.

The medical officers of lunatic asylums frequently complain that the chances of recovery are very much diminished by the delay in sending patients into asylums. This delay is the result of several causes. There is, in the first place, a curious popular prejudice which seems to regard insanity as more than a misfortune or a grief—a disgrace to the family in which it occurs. Then, the machinery for procuring the admission of a patient is cumbersome and alarming to the popular mind. The detailed information given by friends, the certificates on soul and conscience by medical men, the frequent trouble in procuring the signature of the Sheriff—all these ordeals require so much preparation that valuable time is lost, and the acute disease has too often run beyond control. Again, many a permanent inmate of an asylum owes his unhappy state to the ignorance of his family physician. We must not be understood as reflecting on medical practitioners as a body; we rather point to a serious defect in the system of medical education, to which Dr. Laycock drew attention at a quarterly meeting in Edinburgh of the Medico-Psychological Association. Though there treated as a professional question, the public have a very direct interest

https://doi.org/10.1192/S0368315X00233549 Published online by Cambridge University Press

in the matter, if it should find on good evidence that health and money are squandered, both of which might be economised.

The Association wisely left the details as to the kind of hospital, the amount of wards, and even the character of medical examinations, for future adjustment when the examining boards should have been induced to insist on the clinical study of insanity as essential for their degrees. But it is not merely a question for licensing bodies. The celebrated Griesinger, of Berlin, asserts that there is enormous waste of money in the arrangements of existing asylums, that the cost of building is in excess of what is really required, and very much in excess, if it is considered that many of the chronic lunatics would be better off and happier if living outside of the barracks and monastic palaces to which they are now confined. This is one kind of waste; another is incurred when, by injudicious management at the hands of the physician, purely nervous ailments are aggravated into insanity, and brain diseases susceptible of cure are permitted to sink into that most melancholy of all forms of human degradation, hopeless insanity. Griesinger advocates the establishment of "psychiatrical cliniques," or hospital wards, for the treatment of cases of recent insanity, and his method is thus summed up in a recent number of the *Journal of Mental Science*:—

The distinctive feature of Professor Griesinger's proposal is that the instruction is intended to be given in an hospital, in the establishment of which the clinical teaching of pshychiatry is regarded as an important object. Hence it is to contain *recent* cases; hence it is to be placed in connection with, or in the immediate neighbourhood of, a general hospital; and hence the medical charge is to be confided to a physician who shall also have wards in which diseases of the nervous system, uncomplicated with mental symptoms, can be treated. For the general medical practitioner it is of comparatively little moment whether he be acquainted with the treatment of chronic lunatics in asylums. Such *chronic* cases as he meets with require little or no medical attention; but he has frequently great anxiety and no little difficulty in the treatment of *recent* insanity. It is scarcely to be hoped that any arrangement would be successful in supplying suitable instruction unless it is to be given in the immediate neighbourhood of the other branches of the school. And we believe that the comparative failure of most recent attempts has arisen mainly from this defect. If this be correct, it is well worthy of consideration by those who are re-arranging and re-building clinical hospitals, whether wards should not be set apart for the treatment of insanity. That there is no ad-

https://doi.org/10.1192/S0368315X00233549 Published online by Cambridge University Press

ministrative impossibility we have seen: any legal difficulties ought not to be insurmountable.

On the admirable statement just quoted but little comment is needed. It proposes to put the treatment of the insane on the same footing as midwifery or the treatment of skin diseases, for it is a subject on which at the very threshold of his professional career the practitioner may be forced, as medical education is now conducted, to confess that his long and costly studies have given him no scrap of guidance. He may have learned the coarse general rule that nervous patients "ought not to be sympathised with," and if a healthy man himself he will be all the more disposed to believe in nothing less evident than a smallpox, less palpable than an ulcer. Of the great world of nascent disease, the insanity which is only foreshadowed by irritability, he knows, he can know, nothing: his sympathy is impossible. Now the treatment of cases on the border-land between mental and merely physical diseases in hospital wards, such as Griesinger proposed, would at once give experience useful every day of professional life, far more useful than the theories of maladies rarely seen or the surgery of unique injuries; would further—and this is the important point—help to break down the prejudice already referred to which multiplies our incurables for the sake of sparing for a time the vanity of friends. For the day is now past when mental diseases can be studied and classified as metaphysical abstractions. Griesinger (again to quote the reviewer already cited) "upheld that insanity is not a separate subject at all; that diseases of the nervous system may be complicated with mental symptoms, or may not be so complicated;" that therefore the student should not be obliged to read in one book or study in one place the history of purely physical diseases, in another book or place that of purely mental diseases. The cliniques already described were not theoretical plans of Griesinger. In the wards of the Charité at Berlin cases of nervous disease, either simple or complicated with mental symptoms, might be studied side by side, the care of both being in the hands of the same physician. Thus the student is enabled to follow the declension of one stage of disease to another; to learn the almost insensible links which inseparably connect the purely physical ailment with the well marked insanity. To break the series arbitrarily, and to declare that here the work of the ordinary physician ends, there the specialist's

https://doi.org/10.1192/S0368315X00233549 Published online by Cambridge University Press

interest begins, is, it has been well said, as wise as to separate breathing diseases from diseases of the organs of respiration. Further, the patient has the inestimable benefit of being in the hands of a man who knows at what point to change the plan of treatment, who knows to teach his pupils this important practical lesson. Gradually accustomed to the close association of bodily and mental ailments too, the public will learn to regard the latter as no more a discredit than inflammation of the lungs or a broken arm. Moreover, the passage from the one stage of disease to the other being under the same care, the transition is the less conspicuous, even the ultimate removal to an asylum will as readily be concealed from general knowledge as is many such an event under the present system. Again, the delay in sending patients to asylums operates injuriously in two ways; not only are they deprived for a time of appropriate treatment, but for a time, and that the most important in the whole disease, they are subjected to influences usually of the most injurious kind. The wards so successful in Berlin afford the best intermediate step between home and asylum treatment. The physician would know at what point to advise the removal of his patient, even were there not, as there should be, legal security that recent cases should not be detained beyond a certain period. Be it remembered that it is *recent* cases *only* to which our remarks refer. For the chronic lunatics other arrangements must be had recourse to. To retain them in ordinary general hospitals would be a retrograde step, both from the side of economy and from the medical point of view. It has been suggested that the admission of students to the wards would operate injuriously on the patients; but the objection, purely theoretical in this country, has been negatived by experience in Berlin; no evil results were observed, in some instances even positive benefit was derived. The evidence is, of course, not very extended; but the speculative objection has no better support than the assertion, often so rashly and unwarrantably made, that the clinical visit in the general wards of an hospital is injurious when made at a proper hour and under proper direction.

This subject has a special claim on attention just now, when a new general hospital is about to be erected under the shadow of the New College, Glasgow. We would urge on the founders of that institution, on the medical profession of the city, that the opportunity should be taken—an opportunity such as rarely presents itself—of very carefully consider-

https://doi.org/10.1192/S0368315X00233549 Published online by Cambridge University Press

ing whether there might not be introduced here a method of treatment and study new to this country. Since Conolly's efforts towards the abolition of restraint, no improvement has been urged so great as this. Its adoption would, we are convinced, diminish the increase of insanity, promote the comfort of the sufferers, and alleviate the heavy burdens on the public purse as well as on private benevolence.

The legal position of the suggested clinical wards cannot here be discussed. It is, moreover, closely connected with another question which it is impossible for the present to enter on. The inmates of lunatic asylums may be classified as recent cases of whose recovery there is reasonable hope—chronic cases which derive benefit from asylum treatment, and chronic cases which are beyond all possibility of alleviation. The disposal of the last and some of the second class of cases is still an unsettled question. Their detention in asylums, their confinement in poor houses, and their treatment on the cottage or family system have found and find their respective supporters. This subject also occupied the attention of the association, and to it we shall return.—*North British Daily Mail.*

Middle Class Asylums for the Insane.

The provision for the care and treatment of lunatics made by the State is for paupers only. Why this should be, it is difficult to find a satisfactory reason. Asylums meet a public want; and it has always appeared to us that it would be about as rational to limit prisons to the reception of pauper criminals, as it is to limit asylums erected with the public money to the reception of pauper lunatics. As it is, however, the wisdom of Parliament has decreed that the very classes which have found the money for the erection of our public asylums shall be excluded from the benefits they confer. Conolly made strenuous efforts to remedy the evils which flow from this omission, but found great difficulty in interesting the public in the matter. He had, however, the gratification of promoting by his influence the establishment of the Coton Hill Asylum, near Stafford, as a place of treatment for patients of the middle classes. Of such institutions there are several in England, but in far too insufficient number for the accommodation of the patients belonging to the independent classes, the greater proportion of whom are accordingly sent to private establishments, in which the cost of maintenance must be regulated by the necessity to provide an adequate profit for their proprietors. The English public

https://doi.org/10.1192/S0368315X00233549 Published online by Cambridge University Press