and between the wards. These various advantages are not possessed by asylums which are cheaply erected at a low cost and are then found to require numerous alterations and additions. The provision of heating apparatus, improved sanitary arrangements, rain-water collecting system, &c., subsequent to the erection of an asylum, is far more expensive and less satisfactory than if these be included in the original design. All details and arrangements in the present plan have been thought out with much care; a full description of the minor points which have been considered would be impossible within the limits of the present paper, but it is believed that the result attained is such that practically no alterations or additions would be found to be necessary if the design were carried out in its entirety.

I wish to express my indebtedness to Messrs. Berry and Burmester for technical descriptions appearing in the above paper.

On a Recent Visit to Gheel. By D. Hack Tuke, F.R.C.P.

Having availed myself of the opportunity afforded me of visiting Gheel a second time when attending the Psychological Congress at Antwerp in September, I propose to describe this remarkable insane colony, as I think it cannot fail to suggest important questions and considerations, in regard to which much difference of opinion still exists.

The visit to Gheel formed one of the excursions arranged for by the Belgian Society of Mental Medicine, which originated the Congress. We left Antwerp on the morning of the 10th of September, and passing Lierre and Herenthals, we arrived at Gheel, which is about 25 miles east of Antwerp, in about an hour. Among our number were Dr. Eames, Dr. Rutherford, Dr. Pritchard Davies, and Dr. Stanley Elliot, and I hope their views of Gheel will find expression as well as my own. It is the largest village or town in its district, the Kempenland or Campine, and has a population of 5,000, or, including the surrounding hamlets, 11,000 inhabitants. There are 3,025 houses, of which 1,100 receive lunatics, or above one in three.* The area covers 26,000 acres, and has a circumference of 24 miles. I mention these details because they will convey a correct idea of the extent

* The number of "hôtes," those who take charge of paying-patients, is 160; the number of "nourriciers" those who take charge of the indigent, is 1000.

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of the district, which is the seat of a colony of lunatics numbering over 1,600. There are, in fact, at the present time 1,653 patients, including those in the asylum, or above one in seven of the inhabitants. The population is mostly agricultural, not a few, we may hope, having attained to the coveted possession of "three acres and a cow."

M. Oudart, the Inspector-General of the Asylums of Belgium, went with us; and Dr. Peeters, the physician-in-chief, having met us at the station, led the party at once to various houses in which patients are boarded. The Burgomaster also accompanied us, and I may here state that the Government of this colony is vested in a Commission consisting of the Burgomaster, in addition to the Governor of the Province (the President), the King's Procurator of the Court of First Instance of Turnhout, the Justice of the Peace of the Canton, a medical man appointed by the Government, and two members chosen by the Minister of Justice; in all, seven. This Commission meets at least once a quarter, and makes a general inspection of the patients, the houses in which they are living, and the asylum, a report being drawn up and presented to the Ministers of Justice. I may add that there is also a "permanent Committee," which sees to the boarding-out of patients on their arrival, has the oversight of those who take charge of the patients, and also receives and pays monies.

Returning to our visitation of the houses in Gheel, I should state that Dr. Cuisenaire, one of the medical men placed in charge of the colony, informed us that it is divided into two sections, and that over each is placed a medical supervisor and his assistant. I understand the rule to be that each patient must be seen at least twice a month, the curable being visited every week. Four hundred patients are, it will be seen, placed by this arrangement under the more immediate care of one medical man, in addition to the general inspection of Dr. Peeters, who resides at the asylum; and, further, under these sectional physicians, there are six "gardes," or what may be called visiting attendants.

Some of the cottages we visited were no doubt of a very humble description, and would be very far indeed from coming up to our ideas of comfort; quite the reverse. But it must be remembered that a large number of the poor who go to Gheel as patients have not been accustomed to much, or, indeed, any, better dwellings. In one cottage into which we entered there were two female idiots and a dement. The former were provided with pierced chairs in the room in

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which the family lived. A woman in charge looked kindly, and there was no reason to doubt that they were well-cared for. I was more disposed to pity the people of the dwelling for having idiots of dirty habits in the room where the meals were taken. I ought to say that the beds, though somewhat of a primitive character, were clean; and if the day we spent there was not an exceptional one, and if what we saw was a fair sample of the attention paid to patients who cannot attend to their own wants, a tolerably satisfactory answer might be given to the question which at once arises: Is proper attention likely to be given to this numerous class in these cottages? I should have thought that such attention is much less likely to be given in cottage than in asylum care. Dr. Peeters recognises the difficulty, but he asserts that many of these patients are cared for at Gheel in an intelligent and devoted manner. An able Belgian physician, M. Lentz, whose excellent asylum at Tournai we visited, says: "To place those of dirty habits in the family of a caretaker or nurse is to remedy every inconvenience. It is to abolish a quarter in an asylum which always presents a repugnant appearance, while it insures the patients having those hygienic conditions and care which no asylum can afford."

This conclusion will hardly meet with general assent, and I fear that a more intimate acquaintance with the cottages in Gheel would fail to support it.

Another house we entered was an estaminet, and here there were two insane women, one of whom was quite tranquil, but the other was restless. They were under the charge of a nourricier. Into the room they occupied (the back-parlour) men would drop in every now and then to drink their glass of beer, or play at cards. Of course, this sort of thing seemed rather odd to us, with our old-fashioned notions; and, indeed, one could hardly help thinking that it would have been as well to avoid the use of beer-houses in the boarding-out of patients. The difficulty in regard to drink arises also from the liberty granted generally to the insane patients in Gheel to enter public-houses. Dr. Peeters says: "Article 92 of the Regulations has for its object to prevent abuse and excess, but it is not as rigorously observed by our nourriciers and by the retailers of liquor as it ought to be. I am obliged to add that the local police also are too indulgent" ("Gheel et le Patronage Familial," 1883, page 139).

In the inn at which we were hospitably entertained after

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visiting more cottages occupied by patients, was a British youth, who went by the name of "John." For this patient's board, lodging, and care, £60 per annum was paid. He seemed happy, and certainly had ample liberty allowed him, for in the evening he went with several of us to the railway station after 10 o'clock, leaving us to return to his quarters quite alone; and here one cannot help remarking that several serious questions arise in considering the location of such a youth at Gheel. Here was what appeared to have been a case of pubescent insanity, which had drifted into mental weakness. One could hardly think that he was as favourably placed as he might have been for medical treatment; nor was the moral environment just what one would have chosen. Then, again, there was the distance from home and friends. That a young man can be, and is, thus expatriated is surely a serious matter, and the question may, with advantage, be discussed by us, whether British subjects. should be sent without their will into foreign countries and deprived of liberty in even the minimised form that we witnessed at Gheel, without some authorization by the Government, or, at least, without some notice having been given of what has been done. I think the fact that I have mentioned goes far to support the resolution which was adopted by this Association very recently in regard to British subjects labouring under insanity and placed in asylums abroad. On the whole, the houses into which we went were adapted to the social classes for which they were designed, the poor and the well-to-do. We saw an English gentleman who was one of two patients in a comfortable house. He was an architect by profession, and had made some very good water-colours of the church and other objects of interest at Gheel, which we should have been glad to bring away with us, but unfortunately the artist set an extravagant value upon his productions. He paid for his accommodation, &c., only 50 guineas a year, and had (to say the least) as much as could be expected for so small a sum. He was unmistakably insane, and held forth on the evils of Gheel; but, at any rate, he could not complain of undue restrictions on locomotion, as he appeared to go about just as he liked, and accompanied us in our peregrination and visits to the houses. Indeed, this was one of the oddest features of this odd place, that a patient who would in all probability have been, if in England, confined to an asylum, could go about the town at his own sweet will, and could, for instance, sit down

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in the most unceremonious manner in the room of the villa occupied by an English lady into which we went. Of this lady patient I may say that she was in comfortable rooms, with a nurse, and paid a very moderate sum. Whether she might not, from her point of view, complain of the invasion of her room by the gentleman patient as well as our own party I will not say. Here again the question arises, Why is this patient sent out of England among strangers? One reason, no doubt, is the low charge; another, perhaps, that she may be out of the way, and avoid the publicity consequent upon her treatment in England, and possibly the third reason may be an honest desire on the part of the friends to avail themselves of the alleged advantages of the outside asylum life found in such perfection in Gheel.

The best furnished house into which we went, and one having a pleasant garden attached to it, was under the experienced charge of the daughter of the late Dr. Bulckens, who was physician-in-chief at the time of my previous visit. Here there were three patients, gentlemen, one of them a Polish Count, who pays only £160 a year, and the others paying £140 each, making a total of £440 per annum. It will, therefore, be seen that the friends of patients can obtain for them good accommodation on very low terms. The highest sum received at the present time is £200 a year.* As to the payments made on behalf of the indigent patients, of whom there are about 1,460, Dr. Peeters explained that these patients are divided into three classes, the clean, the dirty, and the semi-dirty. The first pay 8d. per diem, of which 6d. goes to the nurse for board. Inasmuch as many of this class work in the fields, &c., they get extras, which consist of small monies, beer and tobacco. The second class—the dirty—pay 10¾d. per diem, of which 9¼d. goes to the nurse. The third—the semi-dirty—pay 9d., of which 7d. is apportioned to the nurse.

The sums paid to the people in Gheel amounted in the course of last year to £28,800, which is at the rate of about 6s. 8d. a week per patient, while the receipts from patients amounted to £31,360, leaving a balance of £2,560.

In connection with these figures I must observe that to the Belgian authorities, Gheel presents itself as a most practical question of financial economy. There were on the 1st day of

* The usual scale of payments per annum for the non-indigent is as follows:—£16, £20, £24, £28, £32, £40, £48, £80, £96, £120, £144.

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January of this year in the asylums of Belgium 8,986 lunatics. Now it is contended by M. Oudart, the inspector whom I have mentioned as being with us during our visit, that of this number 2,000 might be placed in colonies like Gheel, or with their friends. If this were done room would be made in the present institutions for those who really require asylum care, and it would be unnecessary to provide new asylums estimated at a cost for construction of £140 per head, or a total of £280,000; to which must be added the outlay for furniture, and also the difference in regard to maintenance between asylum and cottage care, for while at Gheel this averages 8½d. per diem for an ordinary case, it amounts in a Belgian asylum to 11d. a day; so, that in this item there would be a saving of no less than £6,000 annually. From this, the mere £ s. d. aspect of the question, one could not but feel that the Belgians were justified in defending the cottage system of the care and treatment of a large number of their insane population.

For well-to-do patients, and especially for any lady or gentleman leaving a comfortable home, say in England, a residence at Gheel would have, it must be admitted, no inconsiderable drawbacks, for at best it is a dull place, and in winter it must be bleak and uninviting in the extreme. There is a marked monotony about the streets, in which few people are to be seen. Then, as there is no gas, the scant light afforded by oil lamps in the evening is not a little depressing. If Sydney Smith was right, as no doubt he was, in insisting on the importance of abundance of light to dispel mental darkness, Gheel cannot be commended in this particular, for the houses as well as the streets must be decidedly gloomy during the evenings of half the year. The streets and the square of the town have been described by a recent traveller as saturated with water and in a horribly dirty condition when he visited the place. "The space in the middle of the square," Dr. Tucker says, "was ankle deep in mud, and the first object which specially attracted my attention was an old insane woman wading pensively about through the deep cold slush." This, however, was in winter, on a cold day, and in a heavy fall of rain. On the two occasions I visited Gheel the weather was fine, and the foot-paths were not muddy, although very dusty. The main streets are paved. Every one knows how much the state of the weather affects the impressions received in going over a house "to let," and I think that the very unfavourable conclusions this gentleman arrived at in regard to the comfort of the

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patients at Gheel were somewhat intensified by the bitter wind that was blowing, and the heavy rain that was falling, on the December day, when the cold penetrated to the very bone, in spite of the capacious ulster which he wore when I had the pleasure of meeting him. And I would here say that although I did not leave Gheel on either occasion with any enthusiasm for the system pursued there, I am satisfied that it is carried out with the best intentions, that the present medical head is humane, and, moreover, quite willing to admit, nay, more, to urge, that there are serious defects in the carrying out of the system, and that Gheel is not by any means a Garden of Eden. On the other hand he would not think (nor should I) that "the trail of the serpent is over it all." There may be some asylums, even in England, where life is almost as dull as at Gheel, and where the look-out is almost as monotonous, although, on the other hand, it must be maintained that in favourably-situated and in well-conducted asylums there would be more means of amusement and mental occupation for a gentleman or a lady patient, and, indeed, for the pauper class, than can be provided at Gheel. This brings me to speak for a moment of the employment of the patients in the Gheel Colony. It has been found possible to employ both sexes to a considerable extent. The figures given by Dr. Peeters show that 72 per cent. are engaged in some kind of occupation. Nearly 400 men are occupied on the farms and in the fields, also about 100 women in the same manner, while the number of the latter who work indoors is much larger. Dr. Peeters speaks with satisfaction of the number of general paralytics employed out of doors and the advantage derived from their employment: "The quiet life in the fields, breathing the pure air, and the regulations of the functions by physical exercise, have arrested the course of the disease." Some patients are employed as masons, and others as painters, shoemakers, carpenters, tailors, while a few women are engaged in making lace. Dr. Peeters justly takes for his guiding principles as to what is right in regard to quality and quantity of work: Occupation, yes; fatigue, rarely; overwork, never; and that all service merits remuneration. Many of the men, and some women, receive small sums of money on a Sunday, and the caretaker is obliged to give it in all cases in which the patient can make proper use of it. Tobacco, beer, sugar or cake are also given.

We, of course, made inquiry whether the large amount of

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liberty enjoyed at Gheel led to a large number of homicidal and suicidal acts, or to illegitimate births among the insane females. It appears that since 1850 no successful homicidal act has been committed at Gheel, but in 1878 a patient made a violent attempt to injure the daughter of his caretaker. Again, there have been fires from time to time at Gheel, but since the above date no patient has been known to take any part in their production. With regard to suicides they have been rare, and Dr. Peeters confidently maintains that a comparison between the statistics of suicides, homicides, and acts of violence in asylums with those which take place in the Colony at Gheel would tell vastly in favour of the latter. Then in regard to illegitimate births, Dr. Peeters informed me that during the last 10 years there had been three or four. In regard to one of them it is much to be regretted that so natural a result was not anticipated and prevented. A female patient was removed from an asylum, known to have erotic tendencies, and was sent to Gheel. There she was placed, not in the asylum on trial, nor alone in a peasant's house, but in the same house as an epileptic patient, both being of the most troublesome class, free pensionnaires. The consequence was pregnancy, and on the arrival of the child infanticide, the only incident in the story which one cannot regret. Dr. Peeters was called upon to make a medico-legal examination, and arrived at the conclusion that she was not responsible, and that it was necessary to place her in an asylum. That such a scandalous case is altogether exceptional, one must believe, or the system at Gheel would surely be condemned to extinction by the popular voice, which for once, at least, would be *vox Dei*.

Here it ought to be stated, as bearing immediately upon the infrequency of violent acts or offences against public decency, that Article 17th of the law regulating the colony at Gheel makes some very important exceptions to the general principle that the insane of all categories may be admitted, for it excepts those for whom continuous restraint is required, suicidal patients, homicidal patients, incendiaries, those likely to escape, and those disposed to disturb the tranquillity of the community, or to shock public decency. It is most important, in judging of Gheel, to be aware of these conditions, for if stringently carried out they must greatly facilitate the success of the system. It must, however, be evident to any one acquainted with the various

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phases of insanity that it would be impossible to guard entirely against the development of any one of these dangerous conditions. Indeed, the opinion we form of the practicability of establishing such a colony as Gheel greatly depends upon whether we consider it consistent with what we know of the instability of the insane brain, that some 1,600 patients can be collected together in one locality, none of whom will injure themselves or others, nor wander away, nor disturb the tranquillity of the village, nor ever shock public decency.

I may here refer to the extent to which mechanical restraint is resorted to at Gheel. We have seen that patients are not to be admitted to the colony who require constant restraint, and in the houses we visited we did not happen to come across any patient in a strait-waistcoat. To use it, special leave must be obtained, a check which Dr. Peeters thinks must render abuse impossible. In addition to the camisole, the belt, with or without gloves, and straps by day or by night are employed. "All asylum physicians know from experience," says Dr. Peeters, "that complete non-restraint is a dream, the full realisation of which is impossible." * In regard to seclusion, Dr. Peeters says, "a caretaker may, under certain circumstances, be obliged to shut up a patient in his room, but only temporarily. Patients requiring seclusion must be sent to the asylum."

Of the asylum itself at Gheel a very few words will suffice, seeing that the interest of the place does not centre in it, but in the cottages in and around the town. I will merely say that it appeared to be a well ordered institution, and that there were 60 patients. When I was at Gheel in 1862 it had just been opened, and the wonder is that it had not been built long before, for if a colony like that at Gheel is to succeed at all, it must be supplemented by an institution for observation and for the admission of cases from the village which have become unmanageable. It is worthy of note that Esquirol proposed to the Minister of the Interior of the Netherlands, after his visit to Gheel in 1821, that an asylum should be built into which those patients who from their excitement or dirty habits were the most liable to be badly treated by their hosts, might be admitted, while the director, the doctor, and the superior officers of the asylum should exercise an active and constant supervision

* "Gheel et le Patronage Familial," page 33.

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over all the patients in the country houses. It will be seen that this wise counsel of Esquirol was not followed until about 40 years after it was given.

No notice of Gheel would be complete which omitted a reference to the Church of Saint Dymphna, a large Gothic building erected in the 14th century, and dedicated to the patron saint of the colony, whose history may here be read in carvings in oak and stone and in paintings, one of which represents the healing of the first lunatic through her miraculous influence.

It was in connection with the foundation of this church that a Pope, Eugene IV., issued in 1400 a Brief which ran thus :—

" When, therefore, as we understand, a great number of faithful Christians have flocked together for the purpose of special devotion to the Chapel at Dymphna on account of the many miracles which Almighty God to the merit of this virgin vouchsafed to perform, and also when many vexed with evil spirits were wont to be carried thither, but that they might be delivered from them," &c., &c.*

I think no one can visit this edifice without being better able to realise the singular event, which, if we may trust tradition, originated 1,200 years ago what we now witness at Gheel. The legend should interest us more especially as the personage who unwittingly brought the Colony of Gheel into existence came from the British Isles. There lived at that time an Irish King whose conduct towards his daughter Dymphna afforded her good reason for escaping from him. She had also good reason for supposing that in the lonely district of Batavia to which she fled she would be able to remain undiscovered and unmolested. To this spot, however, her father tracked her and her confessor Géréberne, who accompanied her in her flight. The King decapitated his daughter, and his soldiers murdered the priest. It is rather too late now to inquire whether there may not after all have been two sides to the question, and those who care to exercise their ingenuity in whitewashing Henry the Eighth

* M. Gife, an architect, states in a work published by a literary society of Turnhout, that there was in even the seventh century a chapel on the site of the existing church, dedicated to St. Martin. He gives the date of the building of the church of St. Dymphna as the 12th century.

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and Mary Queen of Scots, may do the same for the British chieftain of the seventh century. Confessor and maid are now and for ever enshrined in the hearts of the community of Gheel, and the church which we visited, under the guidance of a most intelligent and obliging priest, not only tells the story of her martyrdom, but preserves her bones with pious care. Under the large tomb or cenotaph in the church there is sufficient space for a person to pass kneeling, and to perform this ceremony formed part of the duty of the possessed or distracted patient who came to the Church of St. Dymphna to be healed.

But why, it may be asked, did *lunatics* flock to this locality? It was natural, in the first place, that Christian pilgrims should in those days be attracted to a spot hallowed by the blood of a saint who had died at the hands of her pagan sire, and expect to be cured of their diseases. The blood of the martyrs is, we are told, the seed of the Church. In this case it proved to be the seed of an insane colony. Among those who were healed it so happened there was a lunatic, and so striking a circumstance may well have led the friends of other lunatics to bring them to the same place. This, at any rate, is as consistent and probable a story as we can construct out of the mixture of truth and fable of which the early history of Gheel is composed. I may here add that every year in the month of May this tradition is kept alive by a fête in honour of the Saint, when a very large number of persons assemble, sane and insane, to take part in it.

A door in the church opens into a room called in Flemish the *Ziekenkamer* (chamber for the sick), formerly in constant use for the special spiritual treatment of a lunatic. It is one of two rooms about 14ft. square, and is really a stone floor kitchen, at one end of which, against the wall, is a bedstead, to which an iron chain has been attached for restraining the patient during the night, but is not, we were assured, used now. By the side of the fire-place are several iron rings, to which the patient's chair and not the patient himself is secured. This room is still occasionally used. When I visited it in 1862 I was told there had been a patient treated in it *secundum artem* not long before, and Dr. Peeters informed me during my recent visit that there have been on an average about six patients *per annum* treated in this room during the last 20 years. At the time when Esquirol was at Gheel he found that the cures from the

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miraculous influence of St. Dymphna were becoming rarer every day. His description of the treatment pursued is as follows:—"A patient on his arrival was placed for nine days in a house adjoining the church, along with a few others, in a room under the guard of two old women. A priest came every day and performed mass and read prayers to them. Then those patients who were tranquil, joined by some children of the place, went three times in procession outside and as often inside of the church during the nine days of treatment. Each time they arrived at the tomb of the Saint they prostrated themselves and passed under it on their knees. If a patient was too furious to allow of this being done, an inhabitant of Gheel and some children were paid to perform the ceremony."

This spot where so many persons supposed to be possessed of evil spirits were exorcised by priestly rites is still interesting to us historically. It is the representative of the ecclesiastical treatment of mental disease. Here was concentrated a force which in the hands of a powerful Church, assisted by all that could appeal to the imagination, worked upon by the romantic history and the miracle-working relics of a martyred saint, was certain to produce an immense effect upon at least some distracted minds, and even in a few instances to dispel altogether the cloud resting upon them. And if the power of the Church in exorcising madness has, here as elsewhere, passed away, we may well recognise the powerful and legitimate influence exerted by moral remedies, including strong mental impressions, in the treatment of insanity. The psychological physician knows that his medical treatment is not bounded by what the Apothecaries' Hall can give him, and by no means excludes this, the moral class of remedies, although he may not be able to arouse so enthusiastic a faith in Psyche as in St. Dymphna. If Dr. Yellowlees is successful in a very intractable form of mental disorder by surgical means, it must be remembered that he accompanies them with such a tremendous dose of moral advice that one feels it is quite possible the latter may be the real factor in the cure. Let Medicine then learn from the past history of Gheel that under the guise of superstition, are often concealed potent influences for good which when correctly labelled may be legitimately employed.

If such be the lesson taught by the ancient history of Gheel, what, let me now ask, is the practical lesson which

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we may learn from the condition of this colony at the present day? Nothing can be more natural than the demand made in England for some cheaper means of providing for pauper lunatics than that afforded by our County or even the Metropolitan District Asylums. The new asylum to be erected in Middlesex will involve a most serious outlay, and the third colossal asylum for the West Riding of Yorkshire will entail a cost of at least £189,000, and so on. Whether not only workhouses but cottages are utilised to their fullest extent may be fairly doubted. As regards the former, I believe that if the dietary be that allowed for the aged and infirm as recommended by the Commissioners, they might be used advantageously to a greater extent for incurable patients. Indeed, we know from the returns of the medical superintendents themselves to the commissioners that in their opinion some 4,000 patients might be properly transferred from lunatic asylums to good workhouses. As to the boarding out of pauper patients, I think that the further extension of the system, though it may be desirable, requires great care, and this I say almost more in the interests of the sane than the insane themselves. In the last Report of the Lunacy Commissioners it is stated that, at the Sussex Asylum, seven idiot boys are boarded out in adjacent cottages, and that 62 patients had been removed from the asylum during the year, either relieved or not improved, to workhouses or to the care of their friends. Of these, 50 have been able to remain out of the asylum. Unfortunately we do not know the other side of this apparently successful movement, but if the families to which these patients are restored are not rendered uncomfortable or morally deteriorated in consequence, and if the Sussex workhouses are well conducted, surely this is a course to be commended and to be followed in other counties to as great an extent as possible.

We find from the last report of the English Commissioners in Lunacy that there were in England and Wales 5,896 pauper lunatics on January 1, 1885, living with relatives or friends, or boarded out in private houses, which gives a ratio of not more than 8·28 per cent. to the whole number of pauper lunatics. Very few of these, however, are living with strangers, so that we cannot compare this proportion with that which is found in Belgium (namely, 22 per cent.), where we are simply dealing with patients boarded out in private houses. Dr. Lockhart Robertson holds, as we know,

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that it is an unjustifiable waste of public money to place more than 50 per cent. of pauper lunatics in asylums, but we have at the present time 67·45 per cent., and it may be added that the proportion living with relatives or others was 18·24 per cent. in 1859, as against the 8·28 which I have already given as the proportion per cent. at the present time.

It has been said again and again that Scotland already presents an example of the system pursued at Gheel, but this is only true in a modified sense. People turn to the Report of the Scotch Commissioners in Lunacy, and say there are 1,861 pauper patients (or 20·3 per cent.) in private dwellings (exclusive of 130 private patients), but then it will be found that only 926 (or 10 per cent.) of these pauper patients are boarded out with strangers as at Gheel. Persons speak of Kennoway, in Fifeshire, as the Scotch Gheel, but the number of patients is so limited, and the place itself on so small a scale, that it cannot be compared to the Belgian colony. We were fortunate in having Dr. Rutherford one of our party, for no one could tell us better than he the points in which Gheel differs from the system carried out in Scotland. He was struck by the very different class of cases treated in the two countries in cottages, those in Scotland being only of a chronic demented class and these paupers, whereas at Gheel, as we have seen, there are patients in various stages of insanity, curable and incurable, and persons high in the social scale. Some of the cases we saw would have been undoubtedly placed, and properly placed, in an asylum in England. On the other hand we saw patients in some of the Belgian asylums who would have done very well elsewhere, and who, in Dr. Rutherford's opinion, would have been boarded out in Scotland. It was his opinion also that the boarding-out system is more systematized in Scotland than in Belgium, and is more intelligently supervised. I have already stated the kind of supervision carried out at Gheel; with this would correspond in Scotland the quarterly visits of the parochial medical officer, who makes a written report on each occasion; the opinion of the medical officer of an asylum that the case is suitable for cottage treatment; and lastly, the periodical recommendation which the Commissioners in Lunacy think proper to make.

There is another point of contrast between Belgium and Scotland, in their cottage treatment of lunatics, and this has

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reference to the large number of patients concentrated in a comparatively small space in the former country; a number, according to Dr. Rutherford, which would be spread over 200 square miles in Scotland.

These differences are very important, and it is quite clear that the Scotch system may succeed where the Belgian fails. Many think that the Scotch system is not altogether a success, and certainly if we entertain misgivings as to *its* advantages, we must entertain still greater misgivings as to the planting of a Gheel in this country as one of the means of providing for our fearful accumulation of pauper lunatics.

Dr. Fraser says in the last Report of the Scotch Commissioners: "The increase of boarded out patients is not in my opinion due to Scotland's being specially suitable for the treatment of the insane in private dwellings. This is often, but I think erroneously, said to be the case. Other countries possess retired hamlets and villages, clean and tidy cottages, and thrifty, respectable and matronly house-wives, who would make excellent nurses for the insane" (Appendix C., page 129). There is no doubt much truth in Dr. Fraser's remarks, as also in his statement that segregation, and not aggregation, should be the aim in the treatment of lunatics. "Because treatment in asylums is greatly forced on us, as the best available treatment in the circumstances, we need not shut our eyes to their disadvantages and true nature, and if there is a class of the insane for whom asylums are not necessary, it becomes a duty to endeavour to provide for them in other and more natural ways" (page 131). We may differ, however, as to the direction segregation should take, and may think it should be in the way of providing smaller buildings for distinct classes of cases, rather than boarding patients out to strangers on a very large scale, especially concentrating them in one locality. It is only fair to say that although I have no great liking for employing strangers in the care of the insane, there is strong evidence that the non-related guardians are better than the related ones, partly because the immediate relatives are so often themselves peculiar. This unfortunate circumstance no doubt militates considerably against the otherwise excellent course of removing inoffensive patients from asylums to their homes.

In conclusion, then, I would say that while there is nothing absurd or impracticable in the idea of having a

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Central Asylum for the care and treatment of patients, dangerous to themselves or others, combined with the boarding-out in the neighbourhood of those cases who are suited for cottage life, I believe the extent to which this can be properly carried out in any one locality is extremely limited in England. It is a question of degree. The wise and discriminative use of private, as contrasted with asylum care, ought, however, to be kept constantly before us. If one had only to consider the good of the patient, I should not speak of this form of accommodation as so limited in its application as I have done; but I can never dismiss from the consideration of the subject the influence exerted on the family in which the patient is placed. I must think that in a considerable number of cases evil is done to the household in which an insane person is lodged, to say nothing of the crowding of the house or cottage, and the rendering of domestic life less comfortable. On this ground I consider that the greatest possible care ought to be taken to carry out this system without detriment to the family which takes charge of the lunatic. This objection does not apply to cases in which villas, whether at Gheel or elsewhere, are occupied by a patient under the charge of a nurse or trustworthy man and his wife, and we should all wish to see this arrangement develop, in the case of private patients, to as great an extent as possible, provided always there is sufficient supervision.

Again, while the liberty granted to patients in a colony like that at Gheel is very good, and in some instances decidedly better than the restrictions of an asylum (especially one in which the superintendent, in mortal fear of some catastrophe happening, never runs any risks either as to escapes or suicides), yet the liberty at Gheel is, I can have no doubt, abused to a greater extent than appears on the surface. Those who are not blind to the frailties of human nature—insane human nature—will hardly suppose that the great liberty granted to 1,600 lunatics does not lead to a greater degree of evil than finds expression in mere statistics. One of the patients, a Russian, who spoke English very well and accompanied us in most of our visits, went with us to the station in the evening, and said good-bye to us, but what was our astonishment to find him on the platform when we arrived at Antwerp at midnight, his own satisfaction being as great as our surprise. He accompanied Dr. Eames to his hotel, and afterwards to a restaurant, and appeared well

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acquainted with the less desirable quarters of the city, with which he offered to make our worthy President acquainted. I have no doubt he returned safely next day to Gheel, but this was a curious illustration of the probable disadvantages, as well as advantages, associated with the well-intentioned freedom of action accorded to the patients of this colony. I have already said that a British youth was with us at the station, and there was no reason why he might not have got into one of the carriages of our train as well.

I may add that the Belgian authorities are themselves so well satisfied with the success of Gheel, that another locality has been chosen for a similar colony.* This is situated at Lierneux, not far from Liége. About 30 have been sent to the cottages there. Some opposition was shown at first to this course, but M. Oudart, the Inspector of Asylums in Belgium, says that now "the inhabitants have become familiarized with the insane since they have seen their conduct, and especially since they have recognised the important advantages which such a colony will bring to them, and the opposition has ceased; in fact, everyone wishes to inscribe their names as nurses." M. Oudart adds: "One ought not to lose sight of the fact that the creation of a colony of this kind constitutes for the nurses and for the commune where it is established, a source of very great advantage."† I see no reference, however, to the disadvantages to the families which must accrue in a greater or lesser degree.

Dr. Peeters, the ardent admirer of the system of "free air for the insane," exclaims in his book, "Foreigners! go and tell your countrymen what has been done at Gheel for the amelioration of the lot of the poor lunatics." ‡

This I have endeavoured impartially to do.

* One of the admitted hardships connected with Gheel is that the Wallon insane sent there are amongst the Flemish instead of their own race. At Lierneux, this disadvantage does not exist (see notice of the Belgian Congress of Psychiatry in "Notes and News.")

† "Des Colonies d'Alienés," 1884, p. 4.

‡ "Gheel et le Patronage Familial.

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