Middle-Class Hospitals for the Insane.

By Henry Maudsley, M.D.

A little more than a year ago a public meeting was announced as having taken place in this metropolis for the purpose of establishing a "Benevolent Asylum for the Middle Classes." Though many were without doubt pleased with the project of so useful an undertaking, it appears that the vast majority of the public regarded it with great indifference. For, from time to time, an advertisement in the papers —a doleful and undignified document—has complained of the want of support, begged for further aid, and reminded lately the public that the amount subscribed for the Hartley Colliery Fund over and above what was wanted, would have been more than sufficient to have started the benevolent asylum. The public indifference must be the result of public ignorance; for we well know that when the heart of the country is touched, its sympathy and help are given in a profuse and practical manner. To elicit such aid, however, there must be a reasonable and well understood end in view; and the question is, whether the promoters of this proposed asylum have given a clear idea of what they want, of what they propose to do, and of the way they propose to do it.

As the commissioners have the power of obtaining information from any lunatic hospital or asylum, they would be doing a service by supplying us with a concise and faithful account of the various asylums which have been founded and are conducted on the benevolent principle. Thereby they might succeed in dissipating the doubts of the sceptical, in interesting the indifferent, and in fortifying the faith of friends.

It seems to admit of no question, amongst those who have a knowledge of the matter, that some provision is yet needed for those insane who are poor, but not poor enough to be paupers. Many cannot pretend to pay what would be necessary for their admission into a private asylum; and others, who by the utmost shifts contrive to do so, do it at a sacrifice which cannot be justified, save by its necessity. In the latter case it often happens that those who are growing, and have to take their places in life, are deprived of important advantages for the sake of one who is perhaps for ever dead to the world. Now it is plainly bad philosophy to expend power on a dead past, and to starve the future of power, and, therefore, bad policy on the part of society to put any man in the position of being obliged to do it.

The resource which is afforded by the few county asylums which do admit these unfortunately placed insane on payment of the usual

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charge for maintenance, is but a partial, uncertain, and ineffectual remedy; nor is it by any means certain that even when there is room in the county asylum, it is advisable to admit private patients. Passing by other grounds of objection which might well be urged against such a course, it may be maintained on just principles of treatment, no less than on amiable grounds of benevolence, that it is not well to place any one who has become insane in very different social conditions from those of his or her former life. If it be most dangerous, as it certainly is, to the mental health of a sane person to be placed in entirely changed external conditions, without his inner life having been gradually adapted thereto, how much greater must the danger be to the unsound mind which has lost that very controlling force of reason whereby it might adapt itself to the unwelcome change. To demand such an adaptation from the diseased mind is to put a strain on the cracked links of reason which they will scarce bear when quite sound. And that is really to begin treatment on the homœopathic principle of doing that which would be most likely to produce the disease in a sound person. County asylums have been built with a certain design, and the accomplishment of that design must be their duty. However valuable, then, their assistance may be as a temporary expedient, they cannot be considered as affording a permanent provision for the poor insane who are not paupers. It would scarcely be just, as it would certainly be unfeeling, to insist on every family making provision for the contingency of this most expensive of diseases. We must remember that many of those who become insane never recover, and of those who do recover, many sooner or later relapse. Moreover, the patient cannot be kept at home as in other diseases, but must be sent away to be treated at a great expense. Society insisting on this for its own protection, must rightly accept the responsibility which accompanies such an exercise of power; and, without question, he who by losing his reason, is forced to relinquish his rights as an active being, claims his human rights as a suffering being, and if the affliction cannot be grasped in the arms of family benevolence, it must be embraced by the larger arms of humanity. With greater power comes greater responsibility; and the correlative of those higher faculties by which man surpasses other animals is the moral duty to do, in the struggle for existence, exactly the opposite of what the animals do; in place of crushing out its weakest members it is the bounden duty of the human kind to take care of them. When, therefore, the friends of the insane cannot send them to a private asylum, and these cannot be admitted into the county asylum, and are not fit to be at large, the public must do one of two things—either subscribe money enough to keep such cases in a private asylum, or build a suitable public asylum for them.

Of the two expedients it will evidently be better to adopt the last,

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because, amongst other things, if rightly carried out, it affords a means of throwing the burden of the poor insane to some extent upon the rich insane. The proprietor of a private asylum cannot be expected to receive any patient at a price which will not be profitable to him; and he can scarcely, therefore, admit at a lower rate than £1 1*s.* a week. Now and then, perhaps, when there are a few vacancies, he may admit one or two even at 15*s.* a week, and thus let charity go hand in hand with interest; but, as a regular thing, a charge of less than £1 1*s.* a week seems incompatible with the just demands of insanity, and the reasonable profit of the proprietor. To make even a guinea a week fairly profitable, it will be necessary to suppose either that there are a great many in the asylum, some of whom pay more, or that there are many paupers out of whom a profit may be made, or that the proprietor has inherited the establishment in good working order, and has no rent to pay, and no large outlay to make.

Compare for a moment the charge in the county asylum. The charge for maintenance is eight, nine, or ten shillings a week; in four county asylums it is over ten, and in one over eleven shillings, while the repairs of the building are paid out of a county rate. There are from 500 to 1000 inmates. There is a farm belonging to the asylum, the work of which is mostly done by patients; and the patients being paupers may be fed comparatively cheaply. With all these advantages, the county asylum finds it necessary to make a maintenance charge of nine or ten shillings a week. How, then, it may be asked, can the proprietor of a lunatic asylum containing twenty, fifty, or a hundred inmates, who has rent to pay, who has no farm, who cannot employ his patients for his own advantage, afford to maintain private patients for fifteen shillings a week, paying for the repairs of the building, and the general wear and tear out of that sum.

Look, again, at some of the public hospitals for private patients. The average weekly cost of each patient for the year 1860, was, exclusive of repairs or rent:

	£	*s.*	*d.*	*Average number resident.*
At Coton Hill	1	1	10½	105
Nottingham	1	4	11	38
Manchester	1	0	10	74
Warneford	0	19	1¾	56
Retreat	0	18	9½	116

So that the average maintenance cost of five public hospitals is £1 1*s.* 1*d.* weekly for each patient. These figures are from the report of the commissioners, notwithstanding which we must not put too great faith in them. We know that there are certain doubtful expenses

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which may be put under the account for maintenance, or the account for repairs, and the most satisfactory plan would be to call for the total expenditure during the year, and to estimate the average weekly cost upon that. In the Manchester Hospital the total, and, therefore real, weekly cost of each patient for that year was £1 5*s*. It is true that there were extraordinary expenses that year; and the average total weekly cost was £1. 4*s*. for ordinary years. In a private asylum there will no doubt be more economical management, on account of a greater quantity of action and a livelier responsibility, and the cost of the same comforts would, therefore, be a little less; but if we allow three shillings a week per head for better management, saying nothing of rent, or £624 for the year on eighty patients, the cost is still £1 1*s*. per week. For those who cannot justly afford to pay that sum, who cannot, in fact, pay as much as they cost, public hospitals are needed. And as there are many who are in that position, it is evident that public hospitals must be the inevitable result of the extreme care and comforts now demanded for the insane, and of the supervision of a central authority.

We must look forward also to an increase in the cost of treating insanity, and not to any diminution, for the system is not yet so perfect but that it admits of improvement. One very desirable change urgently demanded, according to my experience in asylums, but especially in those which receive private patients, is certainly a change in the rate of payment of attendants. The work which is required of these officers is of the most trying kind, such as few people, who can find anything better to do, will willingly undertake, and such as it requires a mind unimpressible through the gifts of nature or the acquirements of art, to undergo without injury. Kindness, under the most severe irritation; patience with the wilfullest perversity; self-control, under the most offensive insolence; a cheerful life in the midst of the most melancholy horrors; these are the qualifications required at a cost of from £20 to £30 a year for men, and from £12 to £20 a year for women. If such valuable qualities are to be had so cheaply, all that can be said is, that the principle which asserts the price to be influenced by the demand and supply is a false one. But, in truth, they are not so to be had; and it must be confessed that an attendant is not unfrequently one who has been unsuccessful in his own business, or has otherwise missed his way in life, and who brings with him for his great responsibilities the recommendation of previous failure. To fill rooms and galleries, then, with creeping plants and showy objects, whilst the price paid is not such as can possibly secure the best material for attendants, on whom the substantial comfort of the patient depends, is really but a poor way of concealing a fundamental defect.

The admission of desirable and costly changes in the treatment of insanity, makes the necessity of public asylums more urgent.

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Clearly there must be a large outburst of public benevolence to start them. For the erection of a good building, capable of containing 100 or 120 patients, and for the complete furnishing of it, with the purchase of a suitable quantity of land, nearly £20,000 will be required. One of the existing hospitals cost a little more than £30,000 for building, land, and furniture; and though that was an extravagant sum, we must admire the excellent spirit and great energy which enabled one town to raise such a sum for such a purpose. But if the thing is to be done, it is much better that it should be done well at once, than that the building should be incomplete, unsuitable, or half furnished. It should be able to offer at its commencement, before its reputation is established, the best accommodation, so that patients who can afford to pay well may be induced to come to it by the advantages which it offers. Some of the present hospitals have suffered from not being able to do that. There has been no money for completely furnishing and for properly laying out the grounds; and good patients have been invited to come to a place which had a bare, rough, unfinished, and comfortless look. Perhaps there was no carriage, or other luxury to which wealth is accustomed; or if there was a carriage, it was the used up relic of some coach proprietor, which daily creaked its rickety astonishment that it held together at all. Wealthy patients would not pay for such miserable equivalents, and so the hospital suffered, not only in not getting profits which it should have done, but in losing what might have been an excellent connection, and in having its reputation damaged at that very time when it could least afford it.

To those who say that it is not the real design of these public establishments to admit the wealthy and to make money, but rather to admit the poor and needy and to exercise charity, this question may be put. If out of six or eight wealthy patients the hospital makes a clear profit of £1000 a year and uses it in charity, is it not much better than to be obliged to appeal to the public year by year for that sum? Once fairly established, the promoters of these hospitals have a right to demand that they be made self-supporting. There is a large capital of benevolence funded in the building, and on that it ought not only to exist, but to pay a fair interest in charitable work. There is all the difference in the world between a rational and an emotional charity. The former, clearly recognising the great moral principle that it is the duty of the strong to help the weak, establishes a machinery for applying it to the insane world; it builds a hospital, offers to the wealthy lunatic excellent accommodation, makes its fair profit out of him, and then in place of using its profit in any selfish way, applies it, in accordance with its fundamental principle, for charitable purposes. Such charity is sound, efficient, and likely to last, whereas the emotional or spasmodic and

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impulsive kind usually wastes half its force for want of method, and may cease at any moment.

These observations may be illustrated and confirmed by a few figures. In the year from July, 1858, to July, 1859, the income of the hospital of which I was superintendent, was £4652 15*s.* 5*d.*, and the expenditure was £4589 4*s.* 6*d.*; so that there was a surplus of £63 10*s.* 11*d.* From 1859-1860 the income was £4977 15*s.* 1*d.*, and the expenditure £5021 19*s.* 9*d.*; so that there was a deficit of £44 4*s.* 8*d.* Now both these years, for reasons which it is not necessary to give here, were very bad years; the income was very low in the former, and though better in the latter, it was yet far below the average. However, on the two years there was a surplus of £19 6*s.* 3*d.* This was sailing very near the wind, but the just principle of squaring the expenditure to the income was not broken. From July, 1860, to July, 1861, the income was £5660 14*s.*, and the expenditure £5223 16*s.* 1*d.*; so that there was a surplus of £456 4*s.* 2*d.* The accounts for 1861-1862 are not yet made up, but from an approximate estimate, which will not be far from the truth, the income may be stated at £6000, and the expenditure at a little over £5400, say £5500. There will be a surplus of £500; so that for the last two years there will be a gain of £936 17*s.* 11*d.* And yet these two years were exceptional; for in them extraordinary expenses were incurred, which amounted to about £1000. Now as these will not occur again, but have now really become an addition to the capital, a surplus of from £800 to £1000 may be calculated upon every year.

Meanwhile a considerable amount of charity is exercised, as the following analysis will show. The average number of patients for the last year is 80, and the average weekly income, without including physicians' fees and extras, may be called £100, although, in reality, it is a little more. So these 80 patients have to pay £100 a week. Of these 4 pay £4 4*s.* a week each, and 5 pay £3 3*s.* a week each; or 9 patients pay £32 11*s.* a week towards the £100. There are 71 patients left to make £67 9*s.* Of these, 7 pay £2 2*s.* a week each, or altogether £14 14*s.*, leaving £52 15*s.* for 64 patients to pay. 8 more will pay £1 11*s.* 6*d.* a week each, or together £12 12*s.*, and there are left 56 patients, who have to make £40 3*s.* Suppose 30 of these to pay £1 1*s.* a week each, although more than 30 will do that, and we have £31 10*s.* towards the £40 3*s.* There is left £8 13*s.* for 26 patients to pay, or 6*s.* 7¾*d.* a week each. The difference between 6*s.* 7¾*d.* and £2 4*s.*, represents the amount of charity per week to each of these 26 patients.

Of course, however, it is not desirable that these hospitals should strive for a large surplus. It must be spent in diminishing the charges for those who are ill able to pay; or another way of using it may be suggested. In a large hospital there are many disadvan-

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tages; there is the accumulation of all kinds of cases under one roof and the consequent affliction, notwithstanding the best classification, of those who are slightly suffering, by the sight and noise of those who are far gone. This is a very great and painful evil. Then, again, there are the dreary monotony of confinement, the locked doors, the fixed regulations, and all that machinery of system, which is so necessary in a large establishment, but which is not necessary for some who are in it. For it admits of no question that in all large asylums there are some cases which would do very well in a private house under moderate supervision. These cannot, however, be kept at home, because they are worse there than anywhere else, and very completely destroy the comfort of the whole family. Strangers, too, who would care about having them in their houses are not usually those who care about doing their duty by them. For such cases the establishment of the cottage system in connection with the hospital would be an excellent resource, as it would also for some of those patients who were convalescent, and for others whose special circumstances might render it desirable. There should be built on the land several cottages or detached houses, each with its own garden, and the various comforts of a private house; and the central building remaining as a depôt for those who require great care, for the demented cases who are so miserable to look at, but who will be as happy there as anywhere else, for the violent cases, for recent acute cases, and for those who cannot be trusted at all. In place of, as under the Gheel system, making the colony the rule, and having a central asylum for exceptional cases, the central building should be their main place and the cottages offshoots from it. They would be, as it were, private rooms removed from it for the sake of quietness, and if put down in the fields—still be on hospital ground and under hospital discipline. We thus start on what appears the just general principle, that insanity should be shut up, and then, as we are able, make exceptions on the nature of the particular case; instead of beginning with what seems the false principle, that insanity should not be shut up, and thus being obliged to make continual exceptions. It is to the establishment of a cottage system, under which some patients might have liberty without license, and might be under control without undue restraint, that the surplus made by any lunatic hospital as at present constituted might well be devoted.

This cannot be done, however, until an important obstacle is removed. By an act of parliament charitable institutions are prevented from possessing more than thirty acres of land; any quantity which they may have above that is forfeitable to the crown. Recently it was very desirable in the case of one public lunatic hospital to buy some land which lay very near to the building, and which would have been of great advantage to the hospital; but the land already owned was thirty acres, and so the purchase could not be made. It

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is evident that a central hospital with its gardens, and a cottage system, will require more than thirty acres of ground.

If, then, in conclusion, the foregoing observations are founded on just principles, it must be obvious that it is not advisable to commence a benevolent asylum on anything like £3000, as the promoters of the Metropolitan Asylum contemplate doing. The result must be a painful struggle for existence on the part of a meritorious object under most unfavorable circumstances. Would it not be better to ask for £20,000, and to declare that the asylum will be constructed on the best possible principles, and will embrace the cautious application of the cottage system; that, furthermore, excellent accommodation will be afforded to those who can pay well; that the best medical skill will be obtained; that no one will have any selfish interest in the establishment, but that all profits will be spent upon the patients? Will not such a definite programme, and so just an appeal, draw forth a satisfactory response from the public? A provincial town raised £30,000 for the benevolent object; London and its neighbourhood will surely not refuse £20,000. It will not, however, do it in consequence of feeble, querulous advertisements, which breathe indecision and want of heart. Instead of the weakness of complaint, there must be definite aim in the purpose, system in the plans, and energy in the action; and then, assuredly, there will be reacting force elicited which will carry the project to the topmost heights of success.

On the treatment of Hallucination by Electrization.

By James Rorie, M.D., Royal Lunatic Asylum, Dundee.

So much difficulty is experienced in producing the slightest alleviation of the sufferings of those affected with that form of derangement of the nervous centres which gives rise to what has been termed a *hallucination*, that the suggestion of any means by which this disease can be directly attacked, must be regarded as a decided advance in the treatment of this affection. Such a suggestion has recently been made by M. Baillarger, of Paris, in the recommendation of electrization.

As this mode of treatment is, however, still in its infancy, instead of discussing it at length, and entering upon its supposed mode of action, I will here at present confine myself to the description of the following case, in which I have found it prove successful:

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