institutions, supported solely by charity, can, by reason of the absorption of staff which the retention of these patients necessitates, extend the scope of their educational departments to the degree possible under less adverse conditions.

The addition to the county asylums of suitably equipped annexes for the training of imbeciles is a step in the right direction, and it is to be hoped that, failing an effort on a larger scale, we may soon see annexes of this description attached to all the large county asylums. This departure does not, of course, materially approach the question of final useful disposal, yet it will attain a very desirable object in securing a period of training for many imbeciles who would, from the limited accommodation, have been unable to obtain admission to any of the older institutions. Dr. Shuttleworth has pointed out another advantage in the connection of such an annexe with a county asylum, which is that the latter can supply the former with a convenient market for its industrial products.

The Inadequate Asylum Provision for the Insane immediately above the Pauper Class.

By DAVID BOWER, M.D., Springfield House Asylum, Bedford.

DURING a period of nearly twenty years' management of a private asylum for middle-class patients, and a like period of consultation practice in our specialty, I have had constantly brought to my notice the difficulty—very often, indeed, the impossibility—of finding proper accommodation for insane patients unable to pay fees of more than fifteen to twenty-five shillings per week, and the difficulty has vastly increased with the increasing numbers of pauper lunatics who now crowd out the already very small number of private patients provided for in county and borough asylums.

This great want in our asylum system has impressed me more strongly recently during the three or four years I have been on the committee of the Three Counties Asylum at Arlesey, and I consider it sufficiently important to bring before you to-day for consideration and discussion.

Often, when patients have been unable to pay, or to continue

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to pay our very moderate fees of two and a half, two, or even only one and a half guineas per week, I have found it impossible to get them admitted into hospitals or as private patients into county or borough asylums when their friends were quite willing and able to pay from 15*s.* to 25*s.* per week for their care. In such cases the only resort has been to send these patients to the large London private asylums receiving paupers, or to have them removed as pauper lunatics to the county asylum through the relieving officer, who recovers the actual cost of maintenance from the patient's estate.

This course is very repugnant and humiliating to the friends, and it is extremely hard on patients of limited means, but of respectable position and education, to have to associate constantly by night and by day with patients very much inferior to them in social position, habits, and customs—to dress in the odious pauper uniform, to have to eat the coarse, if substantial fare which can only be provided for them, and to hear the disgusting language of many of their fellow-patients, drawn as they are in large numbers from the very scum of society—prisoners, loafers, tramps, and other vagabonds.

Quite recently, in going round our county asylum, I have seen thus dressed and situated members of the learned professions, the Church, law, and medicine, an officer in the Engineers, the son of an artillery officer, an architect's wife, several respectable tradesmen, their wives, sons, and daughters; and one lady is there as a pauper who owns the freehold of part of the land forming the grounds of the asylum. In order to make sure that mine is not merely an accidental and unusual experience, and that the practice of sending patients of the middle classes as paupers to county and borough asylums is not confined to my immediate neighbourhood, I have looked through the tables relating to the social status of patients in the Commissioners' annual report just issued, and find my impression fully confirmed.

Taking Table XVII in Appendix A for my purpose, and dealing only with male lunatics (the occupations and social position of the females not being classified with sufficient clearness), I find that the average number of the classes who ought to be provided for as private and not as pauper patients, viz. the professional, commercial, and agricultural groups in the Commissioners' tables down to Class 48 (excluding Classes 19,

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21, 22, 23, 24, 41, 42, 43, 46, and 48, and all the classes from 49 to 99 which comprise the wage-earners and those below them), annually admitted to all the asylums, hospitals, &c., in England and Wales, is 1684.

The number of lunatics registered as under care are in the proportion of rather more than five to one of the admissions. A simple sum shows that there were of these "ought to be" private patients under care at the beginning of this year 8420; but the Commissioners' general summary shows that at that time there were classed as private patients in all the institutions only 4076, showing that more than one half are under care as paupers. If we accept the same ratio for the females of these classes as we have found to obtain among the males, it is evident that at least 9000 patients, distinctly above the pauper class, are being housed and kept as paupers for no fault of their own.

Turning now to the position of those patients who are officially classed as private, no less than 1254 are treated in county and borough asylums. These are chiefly distributed among 31 asylums (the remaining 37 county and borough asylums taking practically no private patients). At least half of these 1254 are also compelled to associate with paupers, as most of the 31 asylums can have no separate provision for their private patients.

I ought here to mention that in a certain number of county and borough asylums special and in some cases separate accommodation for private patients at low charges has been provided.

The Cornwall, Cumberland, Cheshire, Denbigh, Prestwich, Northampton, Leicester, and Portsmouth asylums have for a considerable time accommodated 30 to 40 private patients each. Exeter has 67. Three Yorkshire county asylums have about 70 private patients each, and, to the credit of the Yorkshire Lunacy Authorities, a separate asylum is now being built in Wharfedale for 210 private patients. Birmingham city, the Isle of Wight, and Leicester borough asylums are following suit.

The public asylums in the south of England which have in recent years proved themselves most enterprising and successful in catering for non-pauper patients are those presided over by the active and energetic secretaries of this and the South-

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western Divisions of the Medico-Psychological Association, viz. the City of London Asylum with over eighty private patients at a pound a week, and the Dorset County Asylum with a similar number at a pound a week and upwards.

I think I have said enough, and have troubled you with statistics enough, to show the want which exists. How, then, can this want best be met? That is the question I claim your assistance in answering.

Insane persons are mainly provided for in four ways, viz.: (*a*) in single care; (*b*) in licensed houses; (*c*) in hospitals, and (*d*) in county and borough asylums. To which of these are we to apply?

(*a*) *Single care.*—I think we might to some extent hope for an extension of home treatment if the medical officers of the county and borough asylums were available for directing the treatment of patients at their own homes, either at the expense of the county, or of the patient where he could afford it. This would also be to the professional advantage of the medical officers and the gain of the community, as the former would thus be able to see cases of insanity in their earlier stages, and assist in the prevention of disease, instead of their work being restricted, as it now usually is, inside the boundary fence of their own asylums.

(*b*) *Licensed houses or private asylums.*—These are already full, and a paternal, not to say suspicious legislature has for good or ill decreed that they shall not be extended nor increased in number. Private enterprise cannot then be looked to to help us in our dilemma.

(*c*) *The hospitals*—one of the best of which we visited at this time last year. These are our great mainstay at present for providing accommodation, and that of a luxurious and splendid character, for the greater half of our non-pauper patients, but they are in most cases practically full, at least as regards the lower paying patients who cannot afford more than 15*s.* to 25*s.* per week.

The stream of benevolence having ceased to flow in the direction of the hospitals, we cannot expect any great assistance from them, although the Commissioners in their latest report say that the abstract of annual accounts of the hospitals "discloses in some instances the receipt of large incomes, which should leave room for the exercise of more charitable provision

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for patients of moderate means who stand in need of institutional care and treatment at low rates of payment, in addition to providing and improving accommodation for patients of the wealthier class."

(*d*) The *County and Borough* Lunacy Committees will, to a large extent, have to be looked to for providing the necessary accommodation required, either where the population is dense, by building separate asylums for private patients paying low rates sufficient only to pay for their housing and maintenance, as Yorkshire is doing, or where the population is sparse to add to the existing asylums properly equipped departments for private patients paying low rates, either in separate blocks attached to the main building, or preferably, where sufficient land is available, in separate self-contained buildings of not too high elevation, with grounds round them devoted to the exclusive use of the patients residing there. Authority to provide this accommodation was specially granted to the Local Lunacy Authorities by the Lunacy Act of 1890, and I believe the few authorities who have taken advantage of this clause of the Act have seen no reason to regret the steps they have taken. In fact, I know in at least one case a handsome sum is handed over each year in relief of the rates.

I mention this last fact not with approbation, but as showing that no fear of loss need deter any authority from making this most necessary provision—a course which would not only tend to diminish the numbers of the pauper insane, but would at the same time be doing an act of justice to the respectable and self-respecting lower middle classes who have been so long neglected in this important matter.

Discussion.

At meeting of the South-Eastern Division, Bedford, 10th October, 1898.

The President said that he did not know that there was anything more urgently necessary than the provision of proper accommodation for the insane of the lower middle class. It was extremely desirable that England should assist those who were not of the pauper class, and should preserve that feeling of independence with regard to Poor Law help which had always been the characteristic of the nation. There was one thing which they should specially consider—the question of a profit being extracted from those patients. If those unfortunate people should have to aid the ratepayers, that would be a most undesirable outcome of the change of the law. He thought that such a scheme should be adopted as had been indicated by the Scottish Commissioners; that if the English Act in this particular were to be extended to Scotland, the cost per week of those received into county asylums should not exceed a moderate return upon the expenditure on the part of the counties concerned; that was to say, whatever might be spent upon them,

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including the repayment of the necessary capital expenditure, should be the rate per week chargeable; effectually preventing the misfortunes of those in narrow circumstances issuing in a payment in aid of the ordinary ratepayers.

Dr. EMMERSON said that in the practice of his profession he had constantly been called upon to certify for removal to asylums, and he had in his mind respectable people who had never been on the rates in any way, and yet the difficulty arose as to where they should go. They did not wish to be sent to a pauper asylum; but too often there was nothing else for it, and they had to become nominally paupers, arrangements being privately made with the guardians that their expenditure should be refunded by the friends. That did not seem a fair thing to the friends nor to the ratepayers, but meanwhile there was no possibility of suggesting an alternative.

Dr. PERCY SMITH said he was surprised to hear the remarks of the last speaker. Cases similar to those mentioned by him were admitted at Bethlem without payment, or on very low rates. There was always a great number of people who, by reason of their insanity, lost their position, and became members of lower social strata; but for the acute and curable cases there was accommodation, although no doubt it might be largely increased in some parts of the country for those patients of limited means, whom one desired to keep out of county asylums. As to the question of profit which the President had raised, there was nothing to say as far as Bethlem was concerned, or where patients were paying two guineas a week; but one would like to know with regard to Stone and Dorchester, where one guinea a week was considered sufficient, whether the whole of the payments were devoted to the benefit of the patients paying that rate.

Dr. RICHARDS said he thought it was pretty well agreed amongst the medical profession that asylums other than pauper asylums were absolutely necessary for persons of limited means. How were they to suggest the best scheme to the official bodies who had the power to create them? He thought that they should recommend Dr. White's plan of an appendage to the pauper asylum, or an entirely separate institution as at Wharfedale. The latter proceeding seemed to him the better one. If the county authorities had separate establishments just paying their way, where patients could be admitted at the low rates so desirable for that class of patients, it would be much better to have it unattached to the pauper asylum, to prevent the people from confusing the private with the pauper. At Wharfedale they got rid of the idea of making profit for the parent establishment. Those connected with asylums should educate the county councils or their committees in that direction.

Mr. BAYLEY said that having been connected for many years past with one of their large hospitals, he might be allowed to state his views. He had also been superintendent of a county asylum for a considerable time. It must be remembered that by far the larger number of hospitals were not endowed, but were entirely dependent upon the profits they could make from the patients they received. He believed that Bethlem and St. Luke's were the only two that were endowed. Fortunately they had funds which allowed them to receive patients free of charge. He thought they would be wiser if they did not admit patients free of charge, but at a very low rate, say fifteen shillings a week, and if they made no reduction until they had made inquiry into the circumstances of the patients and their relatives. During the time he had been at St. Andrew's Hospital he had frequently received patients who had been in Bethlem, and whose friends had volunteered to pay three or four guineas a week. With regard to other hospitals, there was no doubt that more might be done by some of them. When he went first to St. Andrew's Hospital they had only eighty private patients, a very few subscriptions, and a very limited income. The greater part of their income had been utilised to relieve the ratepayers of the county. But fortunately they had a committee who saw things in the right light, and who were willing to do what they could to extend the hospital. They got rid of the pauper patients, and they never put a patient on the charity without ascertaining whether his friends were able to pay the amount, and that his former position entitled him to the benefits of the institution. They now had nearly four hundred patients, and the greater number of them paid little more than twenty-five shillings per week. Close upon one hundred were kept either free of charge or for considerably less than the cost of maintenance. This, as he had said, had been done by the energy of the committee of management, and he could not help thinking, if some of the other hospitals in the kingdom would only launch

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out in the same direction, an immense amount of good might be done, and a large number of those deserving cases might be relieved. They could not depend on subscriptions. The public did not look upon these cases as requiring charity. If the hospitals were to exist they must make an income for themselves. With regard to the step which had recently been taken in certain county asylums, he looked upon it as a move in the right direction. There was a large number of patients whose former position rendered them hardly fit to associate with the class they had in the hospitals. They were not at home there, although they were not paupers. For educated people he thought hospitals were the proper places, but for the lower middle class he thought that the accommodation proposed in pauper asylums was what they wanted, and he hoped all the counties would do as they had done at Stone and Dorset; but at the same time he did not think there should be a profit made. In some county asylums very large profits had been made: patients had been paying seventeen shillings to one pound a week; they had been clothed and fed as paupers, and the profits had been handed over to the county. He did not see why they should not be received there for the actual cost.

Dr. PERCY SMITH explained that the circumstances of every case were considered at Bethlem. The relatives had to explain what their means were, and why they were asking for charitable assistance; therefore if Mr. Bayley had had patients from there who were willing to pay, the committee had been deceived.

Dr. NEIL said, owing to his late arrival, he was sorry he had not had the pleasure of hearing Dr. Bower's paper. The Warneford asylum was endowed to the extent of about £2000 a year. They made no profit as a whole, and but few patients paid more than the cost of their maintenance, which last year was twenty-eight shillings. The regular charge was two guineas per week, and he thought that there were from eighteen to twenty who were paying part of the maintenance of those who paid less. None were kept free, for the committee had always refused such cases, but some were paying as low as five shillings. If reduction on the regular charge was requested, a petition must be submitted to the committee with a full and candid statement of the pecuniary circumstances of the patient and his relatives; also whether there were friends who could assist and ought to do so. A medical statement of the case was also required. When all this information had been laid before the committee the fee was reduced to the amount the committee thought reasonable. The result was at the end of each year the gross receipts from the patients did not pay the gross cost, and the difference was made up by their endowment They had so far had a balance every year on the right side; but were it not for the endowment it would be on the wrong side. What surprised him was that the asylum had never been full. He would very much like to know what became of those applicants they did not receive, because, so far as he was aware, there was no hospital in England which took patients at a lower average charge than they did. The persons they relieved were the poorer members of the educated class The majority were either clergymen or their near relations. With regard to the extension of such accommodation. few charitable people left money to asylums. He thought that physicians who practised among the wealthy might do good service by advising people to leave money in this way. At Warneford applicants from Oxford had a preference, and he did not think that they had ever refused a case from Oxfordshire.

Dr. MOODY said, like all previous speakers, he had been very much struck by the numbers of people of the class mentioned who had been admitted to Canehill from time to time. With regard to Bethlem Hospital, it was a temporary home for many, who were very often drafted to them at later stages of the malady. He had at the present time a barrister, a doctor, and others from there; so really that institution did not supply the want Dr. Bower indicated. He lately saw some patients in a county asylum who were dressed differently from the others, and on asking the reason he was informed that they were allowed to wear their own clothes by paying extra. He did not think that was quite what they wanted. It seemed to him that unless there was distinct accommodation provided for these people it would be very much better to adopt Dr. Richards' suggestion to have separate places altogether. There was a temptation, if a patient became a little excitable, to place him in the pauper wards for a time. Claybury Hall, in London, had been adapted for private patients, and as soon as they imagined that Canehill patients had sufficient means an inquiry was instituted, and they were drafted to Claybury

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at once if their friends permitted. He very strongly felt that if they could have separate buildings altogether, quite distinct from the county asylums, it would be a great advantage.

Dr. WHITE said he would give them a little history of how they had developed at Stone. The Act came into force in 1890. Previous to that he had been struck by the large number of patients who were evidently paid for by their relatives, and on making inquiry he found that in many instances they paid 11*s.* 8*d.* per week, which was and is at present the charge for rate-paid patients. But where did the Corporation come in? At 11*s.* 8*d.* per week they were getting nothing for the lodging of these patients! Why should they not be placed upon a proper footing? He ascertained the number of these patients, and one outcome of it was that they had abolished as far as they could the word "pauper," and substituted for it "rate-paid." He thought the sooner every one abolished the word "pauper" the better. As they had learned that day, a very large proportion of those patients who were called paupers were not paupers. He thought to himself that the City was one square mile, they had accommodation for four or five hundred patients, but the City was becoming more and more commercial, and the premises were passing into the hands of caretakers, and there was every possibility that they would have more and more spare accommodation. He found on inquiry that there were any number of patients who had no claim whatever on the City rates, but because they became insane in the City they were taken to the various police courts of the City, and were sent down to Stone and allowed to remain there. He ferreted out all these cases, and made up his mind to have them drafted away to their proper districts. The result had been that he handed in a list to the Committee of as many as he could find out, the Committee handed it to the City authorities, and they were soon reduced by a hundred in their institution. In the meantime the Act of 1890 was passed. He said here was an opportunity of conferring a great benefit upon a suffering community. The Act empowered them to open out the care and treatment of insane for the middle classes. For a long while he had enormous opposition, but after a time the scheme was carried, and in 1892 they began to receive private patients, and up to the present time they had steadily increased in numbers, until they had now 114 of that class. They charged £1 1*s.* a week for board, lodging, washing, and general and medical attendance, and gave the patients bacon and eggs for breakfast in addition to the ordinary fare, and puddings for dinner. They sat at separate tables in the dining hall, had separate seats at the entertainments and at chapel, went out to picnics more than the others, and played in the tennis courts. They also had cricket matches every week, and they were encouraged in every way. Their friends, of course, clothed them. As far as they could, these patients occupied separate wards, but in these wards there were a few rate-paid patients who assisted in the menial work, and if a separate building were employed they would find without these patients they had an enormously increased cost, and they would not be able to do it for the money. They must find their workers among the better set of their rate-paid patients who were accustomed to menial labour, and who would assist in doing the menial work of the ward just as a servant would do in the house. Three or four rate-paid patients only might be in the same ward, but they did not sleep in the dormitories attached to that ward. This extra accommodation could be made by making an extension for private patients on the same estate, and having the people come up from the rate-paid institution to assist at the private institution with the menial labour. Otherwise, as he had said, they would be saddled with a greatly increased cost. He believed there was a fine future for the county and borough asylums if they opened out in the way the Act indicated. It was a magnificent opportunity for helping the class who ought to be helped, and it would pay, not in relieving the rates, because not one farthing of that money they had made had they ever handed back to the Corporation. It was all spent in improvements, and they were now spending £70,000 in improvements, which they had asked the Corporation to give them. They were making new infirmary wards, a new laundry, a detached chapel or church, and the present church was to be converted into a recreation hall, &c. Therefore he was firmly convinced that these blocks might be built as appendages to county asylums, but not as separate institutions. There they were touching upon the province of the hospitals. They only desired to touch the fringe of the question. They wanted a hospital for each county before they could touch the whole question, or

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before they could accept any case that came before them. The class for which they were hoping to cater was a very large one. Dr. Bower had told them that there were 9000 above the rate-paid class who ought to be catered for, and it was for them that they ought to do their utmost to extend every benefit they possibly could; and he honestly believed that by doing so they would really gain for themselves any amount of thanks from people yet to come.

Dr. RICHARDS asked whether the profits made out of private patients were devoted to the pauper portion of the asylum as well as the private.

Dr. WHITE said certainly they were; both must participate. But it had never been that those profits were so large that they had not had to go and ask for a grant for repairs.

The PRESIDENT said Dr. Emmerson held that it was not fair to the ratepayers to provide accommodation for the poor private insane. If the superintendent of a county asylum refused to admit these as paying patients they would simply come as paupers, and that certainly did not relieve the rates. But it was not an honest, it was not an English method. At the beginning of the century the flow of charity towards the hospitals was very remarkable, but the circumstances were now quite different. Some years ago, when Dr. Clouston was taking credit for having done much charitable work, a Radical paper, now happily extinct, said that was not what they wanted at all. It asseverated that everybody had a right to adequate treatment apart from charity. They had to deal with people classed as they found them. The middle class, the professional class, were not so difficult to deal with, as there were not so many of them, and as their circumstances were often easy; but there was an immense number of the poorer class just above the "pauper" class spread over England. The founder of Murray's Asylum directed that his money should not be used as a grant to aid the ratepayers, but that it should benefit those who had no claim to be called paupers; that was to say, he desired it to benefit those who did not belong to that class of society who immediately fell into pauperism when afflicted with insanity, but the educated middle class fallen on evil days. With regard to the great army of poorer workers, whose interests ought to be considered, and whose self-respect ought to be maintained, he thought that Dr. White was certainly right in providing for them at the minimum rate. There was hardly an asylum where there was not an old Bethlem patient, so that Dr. Percy Smith could not rightly claim it as sufficient. Besides, it was at the end of a year that the pecuniary strain generally began. The Scottish Commissioners fixed a rate of payment for these cases. They formerly said that they did not consider that the Royal Asylums were doing their duty unless they took patients at £25 a year; £35 would be nearer the mark now, considering the average rates for paupers in the Scottish asylums. But he had already spoken in entire concurrence with the later views of the Commissioners. He certainly thought a great many deserving people in England would find difficulty in paying £1 a week. The question Dr. Neil had raised was extremely interesting. For many years he (the speaker) had kept a register of the reasons of applications for admission not carried out, and found that a great number of them recovered or became manageable at home. Many became pauperised; the friends recognised that the county asylum was most suitable; some preferred other hospitals on considering relative advantages; and lastly, there was a certain number who delayed and were admitted later.

Dr. BOWER said the object of his paper had been far more than gained, for it was extremely gratifying to him that the choice of the subject had evoked such valuable expressions of opinion from the representative of the general practitioners, from the superintendents of hospitals, and from public asylum men, who had all given them valuable information. He thought probably in the more densely populated districts separate asylums would have to be adopted, and he had in his mind the absolute impossibility of the superintendent of a large asylum undertaking private patients as well as paupers.

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