predecessors. When I undertook office here as the eighth director I followed Sir William Ellis, later of Hanwell Asylum (of whose work I shall have a good deal to say), Dr. Cleaton, later a Commissioner in Lunacy, Sir James Crichton-Browne, later a Lord Chancellor's Visitor, and my immediate predecessor, Prof. W. Bevan-Lewis, one of the greatest of neurologists. Of the rest, Dr. Corsellis administered the asylum with success for 22 years during its period of most rapid growth as the only West Riding Asylum and during the great cholera epidemic; Dr. Alderson died after a very short period of office; and any hospital might be congratulated on the possession of such a director and scientific investigator as Dr. Herbert Major. Wakefield Asylum has been very fortunate in its directors, and still more so in being under the control of committees capable of selecting them.

During the second decade of the nineteenth century, following on the publication, in 1813, of Samuel Tuke's *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends*, the visiting magistrates of the proposed Wakefield Asylum requested Mr. Tuke to prepare instructions for the architects proposing to submit competing designs. The instructions begin, "*For the information of those who are inclined to deliver plans for the Pauper Lunatic Asylum, to be erected at Wakefield, it is stated, that the House is to be adapted to the accommodation of* 150 *Patients, an equal number of each sex.*" The plans accepted were those of Watson & Pritchett, architects, of York, who submitted them in February, 1815. In the same year Samuel Tuke published *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, and this was regarded as so valuable that it was re-published as an introduction to the plans and descriptions of the architects when these were published by private subscription in 1819, after Wakefield Asylum had been opened.

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discovered by the philanthropist Edward Wakefield, had been for nine years in chains.

Dr. Ellis obtained the degree of Doctor of Medicine and entered on his duties as director of Wakefield Asylum in November, 1818, occupying the post with distinction until his transfer to the new asylum at Hanwell in 1831. From the commencement of his administration Dr. Ellis took the attitude of paramount authority under the visiting justices, and, in spite of almost unprecedented calumny during his early years of office, consistently ignored, he performed his duties zealously, and with regard solely to the benefit of the patients of the asylum.

I have no copy of the original rules available, but those printed in 1853 still appear to contain the principles on which the hospital in the early years was managed.

The director and matron were man and wife, and their respective powers are indicated in the following rules:

> "14. The Superintendent shall be authorized from time to time, to hire, suspend, or dismiss all male servants of the Institution, and also the Housekeeper; and the Matron shall in like manner be authorized to hire, suspend, or dismiss all other female servants, subject in every case to the approval of the Superintendent; and the hiring, suspension, and dismissal of all Servants shall be subject to the approval and confirmation of the Committee of Visitors at their next meeting, to which meeting such hiring, suspension, or dismissal shall be regularly reported."
>
> "52. She (the Matron) shall visit every female ward, and see every female patient at least once a day, and occasionally at night; and shall attend to the sick male patients when necessary, and shall superintend the female servants and nurses and shall particularly look to the general and moral management of the female patients."

The director was thus the superior officer, and he also acted as "apothecary, surgeon, steward and treasurer." In 1866 the matron's power under rule 14 is removed, and the requirement to nurse sick male patients is deleted.

Two visiting physicians and two visiting surgeons were appointed at the opening of the asylum, and apparently even in 1853 the former were concerned with the mental as well as the physical state of the patients:

> "63. They shall consult and advise with the Medical Officer relative to the treatment, diet, and general management of the patients; . . ."
>
> "66. They shall also insert in such Journal, the name of

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control over the medical and other treatment of the patients, and that an asylum director should be a sort of male head attendant, on a par with the matron.

He found support for this in the writings of Esquirol, who said:

> "The Physician should be in some sort the principle of life of a Lunatic Hospital. . . .
>
> "The Director should never appeal against the decision emanating from the Physician, and should never interfere between him and the lunatics, or between him and the keepers. . . .
>
> "The Physician at his visit dictates his prescriptions to a medical and pharmaceutical pupil; the superintendent of the men, the female superintendent of the women, assist the Physician each in their department; every servant is near the patients to give an account of them and to answer questions. . . .
>
> "He (the Physician) prescribes the use of the strait waistcoat, of restraint or coercion, of baths, of douches. He grants certificates of cure and of discharge."—*Brit. and Foreign Med. Review*, January, 1840.

Esquirol, however, undoubtedly did not, in his scheme, require a professional director who was an M.D., M.R.C.S.

The grievance of Dr. Crowther in effect was that the visiting justices gave autocratic power to the Director, actually treating him as a physician and an equal, and ignoring the views of the visiting physicians. There is no evidence that Dr. Crowther possessed the active support of his visiting colleagues.

Dr. Crowther fought desperately for his opinions until his resignation in 1828. In 1830 he published a monograph on the subject. The following extracts from letters from himself and Mr. Higgins are interesting:

> Wakefield;
> 16th February, 1828.
>
> "Sir,—For eight years and three months, during the most valuable part of my life, I have devoted more than five hours of my time, upon an average, every week, to the business of the pauper lunatic asylum.
>
> "During all this time, I have been opposed and thwarted by a Director, whose object it has been to become the autocrat of the asylum, to govern me and to govern you.
>
> "Where there has been any difference between us, and an enquiry has been requested, you have usually decided in his favour, without ever hearing me.
>
> . . . . . .

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"Although I have resigned my office, I propose continuing to discharge its duties until you appoint a successor.

"I am, yours etc.,

"Godfrey Higgins, Esq., "C. CROWTHER.
"Skellow Grange."

[*Reply.*]

"SIR,—On my arrival at home this morning, I had the honour of your letter, the receipt of which, as a gentleman, I think it right to acknowledge.

"It is not my custom to render an account of my conduct, as a Justice of the Peace, except to the Court of King's Bench; but I will so far step out of my usual course as to inform you, that whatever you may have heard, I am quite satisfied that I have never, with regard to you, been either mistaken or misinformed. Respecting my conduct as a Magistrate, I trust all further correspondence betwixt us will be discontinued.

I have the honour to remain, sir,

"Your humble servant,

"Skellow Grange, GODFREY HIGGINS.
"3rd March, 1828."

THE REFORMING ZEAL OF DR. CALEB CROWTHER.

In 1838, 1841 and 1849 there appeared monographs by Dr. Crowther, entitled *Observations on the Management of Madhouses.*

In 1834 Dr. Crowther presented a petition to Parliament from which the following are extracts.

"To the honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled, the petition of the undersigned Caleb Crowther, Physician, practising in Wakefield,

"*Humbly sheweth,*

"That your petitioner has, professionally, for many years attended the Pauper Lunatic Asylum at this place, and that since he resigned the office of Physician to that institution, he has visited a great number of Madhouses and public Hospitals, in different parts of the empire, with a view of comparing their respective merits and defects, and of forming a just estimate of the first principles necessary for the government of Madhouses.

"That your petitioner humbly prayeth your honourable house to appoint a Commission during the present session of Parliament to examine, without exception, all the public and private Asylums for the insane in the United Kingdom, and to

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compare their administration with that of some of the best-regulated Hospitals and Infirmaries.

. . . . . .

"That the great errors committed by the Visiting Justices, in medical matters, at the Penitentiary at Milbank, at Cold Bath Fields Prison, at the Asylum and Prison at Wakefield, and at the Asylum at Hanwell, prove how unfit Magistrates are to govern such institutions, and indicate the necessity, in this country, of the appointment of a Minister of Health.

. . . . . .

"Your petitioner, therefore, begs permission to suggest, to your honourable House, the propriety of putting all Madhouses, both public and private, under the management and entire direction of a Medical Board, consisting of twelve persons; nine or ten of that number to be Physicians, and the remainder Civil Engineers. Three members of this Board, two Physicians and one Civil Engineer, to be required to visit, four times a year, at irregular intervals, every Asylum in the United Kingdom.

. . . . . .

"All the acts of the Physicians and Civil Engineers ought to be done in public; except the visits of the Physicians to the insane patients.

"The business of the Civil Engineer will be to examine whatsoever relates to the buildings, to the accounts, and to the domestic economy of the establishment.

. . . . . .

"Your petitioner, therefore, most humbly prays that your honourable House will adopt the measures herein suggested, or such other measures as may appear to your wisdom most efficacious, to secure to the insane judicious and humane treatment during confinement, and the most speedy restoration to their friends; and your petitioner will ever pray, etc.

"CALEB CROWTHER, M.D.

"Wakefield; Feb. 7, 1834.

"To the Lords Temporal and Spiritual of the United Kingdom of Great Britain and Ireland, in Parliament assembled."—*Observations on the Management of Madhouses, etc.*, by CALEB CROWTHER, M.D., 1838 [Part I], pp. 139–145.

To these I add the following extract from his monograph, as it completes the description of his views on the subject:

"Reflections of this kind induced me in a former publication to suggest that Madhouses should be placed under the government of a Medical Board. If this be objected to on the ground

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that Physicians are seldom good practical men of business, let a Barrister and a Civil Engineer be joined with a physician in superintending every licensed mad-house."—*Ibid.*, Part II, 1841, p. 9.

Further extracts of interest on various subjects are:

Justices.

"What may generally be the situation of non-resident Physicians to Pauper Lunatic Asylums, it is impossible for me correctly to portray; but this I know, that at Wakefield, it is anything except what it ought to be. If anything be amiss with respect to the other officers of the institution, he has ignorant, partial, and sometimes insolent, visiting Justices to appeal to, who are fearful of losing power, and regardless of the feelings of others."—*Ibid.*, Part I, p. 65.

Surgeons.

"It is, however, of considerable importance, that a Surgeon, well skilled in minute anatomy and pathology, should be appointed, with a small salary, to superintend the dissections." —*Ibid.*, p. 67.

Salaries.

"Since I wrote the above, I understand that the attending physicians have applied for, and obtained, a stipend of £75 per annum each, for their professional attendance at the asylum, which I am of opinion is too small a sum. From the observations which I have made, and the experience which I have had, I think that £150 per annum ought to be given to the Senior Physician, with a view to ensuring his attendance when he gets into full practice; and £100 per annum to the junior Physician. For the Director giving up his whole time £200 per annum; and £50 for the Matron would be amply sufficient with the present allowance of House-room, Provisions, and Servants, etc., to secure the Talents best adapted to the situation. A small annuity of £20 per annum ought to be granted to a dissector, with a view to ensuring all the advantages that can be derived from morbid anatomy. By constantly employing one person, the morbid appearances would be more accurately observed and more minutely recorded, than when that business is performed by several individuals. The danger which the anatomist encounters from wounds in dissections, entitles him to a pecuniary reward."—*Ibid.*, p. 12, foot-note.

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Justices and Director.

"There appears to me to be much impropriety in the Magistrates joining the parties of the Director, and of their taking luncheon there at their quarterly meetings. . . .

"How can the visiting Justice find fault with the Director, for entertaining his friends at the expence of the county, when he himself participates with him."—*Ibid.*, p. 79.

Director and Physicians.

"Now in the situation of Director to a Pauper Lunatic Asylum attended by non-resident Physicians, the labour is of an inferior order; the skill and responsibility rest with the Physicians, who receive very little for their trouble. The danger to life and irksomeness of the situation are nothing to the Director, compared with what the surgeon to a large prison, the Surgeons to the army or navy, or the general practitioner in large practice, have to encounter."—*Ibid.*, p. 84.

The Young Physician.

"Since I retired from office, I have often reflected upon the dangerous position of the young Asylum Physician, and felt anxious to exert myself as much as possible in order to prevent him from being treated with the same rudeness and insolence with which I have been treated by the Visiting Justices."—*Ibid.*, Part II, 1841, p. 78.

Whether Dr. Crowther's petition and publications had any influence or not in Government quarters is unknown, but it is a fact that the Metropolitan Board of Commissioners in Lunacy under Acts 5 & 6 Vict. C. 87, having inspected all the lunatic asylums in England and Wales except the Hospital of Bethlem, submitted a Report to the Lord Chancellor in 1844. It is also a fact that Acts 8 & 9 Vict. C. 100 and C. 126 "for regulating the care and treatment of lunatics generally" and "for the provision and regulation of lunatic asylums for Counties and Boroughs and the maintenance and care of the Pauper Lunatics therein," were passed in 1845 and that the Lunacy Commission was instituted to carry them into effect.

It is further a fact that this legislation, though it left the local management and direction of individual asylums untouched, followed the general lines indicated in Dr. Crowther's petition, but the Commission consisted of legal and medical members and did not include civil engineers.

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The extraordinary and even scandalous charges brought by Dr. Crowther against madhouses and visiting justices, but particularly the wicked personal attacks made by him in his monographs on Dr. Ellis and Dr. Corsellis, could not conceivably be made nowadays. They entirely put in the shade the fairly recent *Experiences of an Asylum Doctor*, by Montagu Lomax, and the *Hard Cash* episodes of Charles Reade's in the middle of the nineteenth century.

One can only conclude that Dr. Crowther became a monomaniac on asylum abuses in consequence of his fancied wrongs while a visiting physician to Wakefield Asylum. This conclusion is based on a careful study of Dr. Crowther's own writings. Dr. Ellis *might* have been a druggist without medical training, and Dr. Corsellis *might* have been "a young surgeon who had been in business for a short time in Leeds . . a young man unknown to fame, never having had much practice," but surely *both* these gentlemen were hardly likely to have bought bogus degrees of Doctor of Medicine to enable them to call themselves physicians, to fit them for the position of director of the Wakefield Asylum and to make them fit company for the justices, and this without being found out except by Dr. Crowther.

The Humanity of Sir William Ellis.

I shall now refer to the ideals of Sir William Ellis, the first director of Wakefield Asylum, to his great humanity, and to his successful efforts to alleviate the condition of the insane, both at Wakefield and later at Hanwell. His views on the early treatment of incipient mental disease, the actual care of the insane and the provision of temporary help on discharge read, except for the stilted style of his time, as if they were written for our guidance to-day, instead of a century ago.

The Treatment of Insanity.

General Principles.

"Faithfully to perform the various duties connected with the general management of the institution, to promote the recovery, and ameliorate the condition of the unfortunate inmates of it, has unceasingly been the most anxious wish of those to whose care it has been intrusted."—1st *Report, Wakefield Asylum for* 1818 *and* 1819.

"The employment in some way or other, of every patient, has been constantly persevered in, during the year, and this has been attended with the best effects."—*2nd Report, for* 1820.

"Of all the afflictions to which human beings are liable, the

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loss of reason is certainly the most severe. Deprived of this noble faculty, man is at once shut out from every social endearment, and becomes a painful spectacle to all around him. The restoration, then, of the mind to its natural vigour must be, to every feeling heart, an object of the most anxious solicitude."

"The false opinion formerly entertained of insanity that it was an irremediable disease checked the natural impulse of humanity, and prevented any effort being made for the recovery of those who unhappily laboured under it. This opinion in some measure, it is to be feared, still prevails, or, at least, the importance of immediately applying for relief on its first appearance is not sufficiently understood."

"It must, however, be confessed that there are, and will be, cases which, even when taken on the first appearance of the disease, baffle every effort for its removal; particularly in melancholia, where it is indeed painfully seen that—

"'The grief that does not speak,
Whispers the o'erfraught heart, and bids it break.'"

3rd Report, for 1821.

"It will be readily acknowledged that this destruction of clothing cannot be entirely prevented without the adoption of those coercive measures, formerly used in other asylums, but which have been so justly reprobated, and so carefully excluded from this. The disease itself, in its mildest form, and when treated in the kindest and most judicious manner, must excite the tenderest pity, but to know that the afflictions of the patients were increased by any unnecessary severity, only to prevent such casualties, would be, to every benevolent mind, a source of the most painful reflection."—*4th Report, for* 1822.

Tact.

"Many years ago, when the workmen were fitting up the asylum at Wakefield with gas-pipes, one of them carelessly left, in one of the wards, an iron chisel more than three feet long. A very powerful and violent patient seized it, and threatened to kill anyone that should go near him. Keepers and patients all got out of his way, and he alone was soon in possession of the gallery, no one daring to go near him. After waiting a little time, until he was at the further end of it, I went towards him quite alone. I opened a door, and balancing the key of the ward on the back of my hand, walked very slowly towards him, looking intently upon it. His attention was immediately attracted; he came towards me, and enquired

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what I was doing. I told him I was trying to balance the key, and said at the same time that he could not balance the chisel in the same way on the back of his hand. He immediately placed it there; and extending his hand with the chisel upon it, I took it off very quietly and without making any comment. Though he seemed a little chagrined at having lost his weapon, he made no attempt to regain it and in a short time the irritation passed away."—*A Treatise on the Nature, Symptoms, Causes and Treatment of Insanity, with Practical Observations on Lunatic Asylums, and a Description of the Pauper Lunatic Asylum for the County of Middlesex at Hanwell, with a Detailed Account of its Management*, by Sir William Ellis, 1838, pp. 221–2.

Employment.

"When the system was commenced by myself and my wife, on the opening of the Asylum for the West Riding of Yorkshire, at Wakefield, so great was the prejudice against it, that it was seriously proposed that no patient should be allowed to work in the grounds outside the walls without being chained to a keeper. Another suggestion was, that a corner of the garden should be allotted for their labour, and that they should dig it over and over again all the year round. The kind feeling and good sense of the people in the neighbourhood soon overcame these prejudices."—*Ibid.*, p. 8.

Early Treatment.

"The patients themselves, indeed, are sometimes sensible of the benefit which they would derive from being earlier put under proper treatment. One of them lately observed to the nurse that she thought that if she had been sent a few months earlier she would at this time have been quite well, but that now she is as a piece of waste stuff put out of sight."—*4th Report, for* 1822.

"But to the disgrace of human nature it must be stated that in some instances the detention has been with the friends and relatives of the patients. One man was discovered who had been confined for eleven years in a hole under the stairs, which was too low for him to stand upright, and too short for him to lay straight, without being shaved and almost without clothing. His limbs had become so contracted from their continuance in a bent posture, as to make any other painful to him. It will scarcely be credited that his father was his keeper."—*5th Report, for* 1823.

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" It is to be observed that a very large proportion of those who have been previously insane soon recover. For it frequently happens, that, sensible of the advantages which they have derived from being under proper management before, the friends of the patients, and even the patients themselves, seek for admission on the first approach of the precursory symptoms."—*6th Report, for* 1824.

" Many also have been rendered incurable either by neglect or the improper treatment of excessive bleeding and general depletion. Several have been sent here in such a state of emaciation and debility that in a few days, nay even in a few hours, death has closed the scene."—*7th Report, for* 1825.

The Administration of the Act of 1808.

" In 1808 a Bill was passed for their better management, and which also required their numbers to be returned by the parish officers. These lists, though very defective, showed so many more to be suffering under this most deplorable disease than was at all calculated upon, that, in different parts of the country, the feelings of some truly philanthropic gentlemen being excited, they sought out their situations, and discovered that nearly half of them were chained in the most wretched holes, in workhouses and in prisons, and even in the institutions professedly established for their cure. Mystery, quackery and the grossest abuses prevailed in their treatment, at the same time that they were crowded to excess. . . .

" Even medical men, in general, have not yet turned their attention to it as it deserves. For though a bodily disease, requiring remedies for its removal, on its first coming on, as much as gout, dropsy or fever, the study of it forms, as yet, no part of a regular medical education, an event greatly to be deplored. No one complaint, to which the human frame is liable, has been involved in the same obscurity, assumed such various shapes, such nice shades in the symptoms, that, to speak with certainty, even of its existence, or non-existence, sometimes perplexes those most conversant with it. . . .

" If the London University, or King's College, now erecting, could establish a Professorship in Insanity, and oblige all medical students to attend the lectures, it would be an incalculable benefit conferred upon mankind. . . .

" The clause in the Act of Parliament, from the neglect of which the insane poor suffer the most, is the one that directs the Overseer to send them to the County Asylum, within seven days of his becoming acquainted with the case. Instead of

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this being done, it often happens that weeks, months, and years, are allowed to pass over, without seeking any relief for them, or the time is occupied in the fruitless attempt of the parish medical attendant to remove a disease, with the treatment of which he is generally unacquainted, and is always without the power of using those moral remedies so necessary to accompany the medical prescription.

" Instead of the patients being sent within the time limited by the Act the warrants, and other public documents, belonging to the Institution, will clearly prove that of 1,273 admitted only 398 are pretended to have been sent within three months of the disease coming on, and judging from the appearance of many of them, it has clearly been of much longer standing; 365 are reported to have been insane from one to 30 years prior to admission, therefore, were among those usually deemed incurable. Very seldom indeed is it that the order is promptly acted upon. The expense of providing for the patients here, small as it is, deters the overseer from applying until all other means have failed. The Magistrates' warrants, and medical certificates, will also show that 1,026 of the patients admitted have been under some treatment (medical) for the disease prior to their coming; and it is therefore fair to conclude that they have been sent only because they were found incurable elsewhere."—*11th Report, for* 1829.

The General Ignorance of Medical Men on Mental Diseases.

" I believe that my friend and colleague, Dr. Morison of Cavendish Square, is the only lecturer in London expressly on insanity; and I understand that he has not a large class. Indeed, except as being incidentally touched upon in the lectures on forensic medicine, it appears almost entirely neglected in the course of a medical education."—Sir William Ellis, *op. cit.*, p. 253.

Assistance after Discharge.

The Harrison Fund.

The following description of the objects of the Harrison Fund is taken from the 23rd Report, for 1841:

" It may not be improper once more to explain the object of this fund. In the year 1825, Joseph Harrison, Esquire, of Kennington, Surrey, formerly of Wakefield, left a legacy of £1,000 (minus the duty) to 'the Lunatic Hospital, at Wakefield.' Out of the County Purse, £300 was added, with which sum

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two fields were purchased, and conveyed to the Visiting Magistrates as trustees.

"For this land the Treasurer of the Asylum pays an annual rent of £36, which income is disposed of in donations to necessitous patients on their discharge, at the discretion of the Visiting Justices, not giving any one patient more than £5.

"The first relief afforded from this Charity was in June, 1828, since which period no less a number than four hundred and fifty persons have been relieved, on their discharge from the Institution. An additional sum of £98 8*s*. 7*d*. has been raised by the profits of the asylum bazaar and added to the Harrison's Fund. Thus, not only has a pecuniary advantage been derived in this way, but the fancy articles with which it is furnished, have been an endless source of amusement; and the industry and ingenuity have been stimulated, by the hope of ultimate reward."

The Fund is referred to by Dr. Ellis in his reports as follows:

"The profits arising from the land thus purchased by the bequest of the benevolent gentleman above mentioned will perpetually afford the Visiting Magistrates an opportunity of conferring essential benefits on some of the most reliable of our fellow creatures. For it not unfrequently happens that the patients when they have recovered and are about to be discharged learn for the first time from some relation or friend that during their confinement their homes have been broken up, their little furniture sold, their children sent to the workhouse, and want and misery left them as their only portion. To overcome such difficulties often requires an energy their weakened minds no longer possess, and after a short struggle with their calamities they again relapse into disordered intellect, and often become worse than when first admitted. Only a few weeks ago, a poor man who had just recovered after a confinement of nine months was told by his daughters who came over to see him that unless his rent (who in consequence of his illness had run £5 in arrears) was immediately paid, his landlord would sell him up. His children who had entirely supported themselves by weaving without any parochial aid during their father's absence, applied to the Overseer for assistance, but in vain. And their very looms, by which alone they were enabled to earn their bread, would have been sold, but on the case being made known to the Visiting Magistrates, they allowed him one half of the money; and a few benevolent gentlemen having heard of his situation very kindly made up the other. He was thus enabled to

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return home light-hearted, instead of being reduced to a state little short of despair."—*8th Report, for* 1826.

"During the year, nine of the patients who had been discharged being in very necessitous circumstances and having rendered themselves useful by their labour to the Institution received donations, by order of the Magistrates, from Harrison's Fund. The being enabled to afford a little pecuniary assistance to some of those patients on their going home where distress and poverty have been the primary causes of the disease and where the same misery they left awaits their return is likely to be productive of the greatest benefit. They feel from this unlooked for consolation that they are not totally destitute and are thus stimulated to exert themselves for their future support."—*10th Report, for* 1828.

In the Life of Ellis, entitled "Our Doctor," by the author of *The Kaleidoscope*, the remark occurs: "The distressing circumstances under which any poor patients, so placed, must return to their families, led Dr. and Mrs. Ellis to suggest the formation of a fund, to be applied to the temporary help of such cases." Were it not for this statement one might be disposed to imagine that the bequest of Mr. Harrison was the origin of the Harrison Fund, for Dr. Ellis, with characteristic reticence and modesty, merely records the bequest and the purpose to which it was to be applied. In reality the bequest was merely an instrument placed in the hands of a benevolent man, who could well advise the visiting justices how best to employ it.

Our Harrison Fund is still in existence. It is now employed both for the benefit of discharged patients without means and for the provision of amenities for patients within the hospital. In this large industrial district I believe that there was great need for such a fund a century ago. Poverty was rife owing to the hardness of early industrial conditions. On the other hand, the friends of patients are now relatively well off and the Fund is chiefly of value for the relief of cases without friends.

The Queen Adelaide Fund.

In the same work appears the following account of the origin of the Queen Adelaide Fund of Hanwell:

"The remembrance of the benefit derived from the Harrison Fund, induced Sir William to make efforts to raise a similar provision to relieve the necessitous patients discharged from Hanwell.

"Just at this time, when their wants pressed heavily upon their kind friend and doctor, a young woman who had left

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cured, wrote to Sir William in great distress, detailing her piteous history in a touching manner, and earnestly requesting his help. Col. Clitherow called at Hanwell shortly after the letter arrived. It was at once put into his hands. He was going to dine that day with their Majesties at Windsor. He took the latter with him and showed it to the Queen. When her Majesty read it, she at once offered to render the poor girl the help she needed. The Colonel then explained the efforts that were making to raise a fund to supply the wants, not of that case only, but of the many who left Hanwell under similar circumstances. This was the origin of the Adelaide Fund.

"A statement in writing on the subject was shortly after, by her wish, submitted to her Majesty."

Extract from a letter by Col. Clitherow to Dr. Ellis, June 3, 1836:

"Yesterday I was again at Windsor. My interview with her Majesty was most satisfactory. Queen Adelaide's Fund is now open with her donation of £100. Remember it is *your child*, to be introduced into the world by your humble servant, and if it fail, I shall have to reproach myself."

The Fund, thus auspiciously commenced, soon amounted to a considerable sum. The interest of it has been applied from time to time in affording assistance to those cases where, but for it, the discharged patient would have been thrown back upon society without the means of earning a livelihood.

Queen Adelaide's Fund still flourishes, and I am indebted to H. Scott Freeman, Esq., Clerk to the Trustees, for the following particulars:

"The allocation of the net income of the Fund is two-thirds to London and one-third to Middlesex. . . . The net yearly income is applicable for the benefit on or within five years of their discharge as cured of persons maintained at any time during their period of detention in a Mental Hospital of the administrative counties of London and Middlesex. Grants are made to twelve Mental Hospitals and also to the Mental After-Care Association. . . . The total number of cases which the Trustees were able to relieve during 1926 was 316 and during 1927, 301."

Harriet Martineau, in her *Miscellanies*, vol. i, p. 232, gives a touching account of her frequent visits to Hanwell and of the humanity of the treatment there under Sir William and Lady Ellis. Sir William Ellis left Hanwell in 1838, dying at the early age of 59, in the following year. There is no doubt that he was a really great man and an earnest philanthropist. The fact that he left his mark on Wakefield is to be seen in the reference, some years after his

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death, in the annual report for 1843, to the subject of the employment of patients: "As a moral means in the cure of insanity, it was first attempted in this Institution by the late excellent Sir W. Ellis and was carried out with a zeal and humanity that do honour to his memory."

I shall again refer to Sir Wm. Ellis's *Treatise on Insanity* and to his scientific views regarding its causation and treatment.

Ellis to Bevan Lewis.

When Dr. Ellis left in 1831, the old H-shaped building had been extended by the addition of an eastern wing. Under Dr. Corsellis a corresponding western wing was added in 1841, a director's house in 1843, and the large "New Asylum," now the female chronic block, which was a glorification of the original building in style, was put into partial occupation in 1846 and completed in 1848, just before the occurrence of the great cholera epidemic.

Each of these buildings possessed what, to a modern, must be regarded as a peculiarity, namely, the absence of adequate administrative quarters and offices.

Dr. Corsellis left in 1853, his wife (the matron) being granted a pension.

The period of office of Dr. Corsellis was a busy and stormy one. Early in his directorship he lost his only child from acute dysentery, and he ever after seems to have felt it his duty to defend the asylum against the popular opinion that the disease was endemic and a scourge. Scarcity of water for many years must have caused him great anxiety, and during his early years of office grave public discontent, which even culminated in small battles between the public and the asylum authorities, existed over the closing of the ancient corpse road from Stanley to Wakefield. The closing of the road was absolutely necessary, since it lay directly between the original building and the site of the projected new building, and its diversion caused no public inconvenience. The existing tunnel between the two divisions of the chronic block represents the site of the old corpse road.

Little information exists with regard to Dr. Corsellis himself beyond the contents of his annual reports.* He believed in asylums of not more than 300 patients, though when he retired Wakefield Asylum contained some 800 inmates; he preferred single rooms to

* [A pioneer, however, in one matter, for at the Third Annual General Meeting of the Association held on June 1, 1843, in London, a communication was received from Dr. Corsellis, of Wakefield, on the subject of inserting a clause in any new Act of Parliament, empowering the Visitors of County Hospitals for the Insane to grant retiring pensions to the officers.—Eds.]

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dormitories, and he thought a moderate degree of mechanical restraint preferable to an increase of staff. He did not encourage amusements amongst patients, considering that regular work was better for them and that the working classes did not readily appreciate recreation.

Whether Dr. Crowther's allegation that he rode too frequently to hounds and was too often in the streets of Wakefield and Leeds be true or not, Dr. Corsellis was very popular with both patients and staff, and when he left he was presented with "a large painting of himself and a horse, and also a painting of the horse." The former of these has been offered to the hospital by its present owner, his sister's grand-daughter, at her death.

In 1853 Dr. Corsellis was succeeded by Dr. Alderson, about whom nothing is known and who died in 1858, after a long period of ill-health. It is an interesting fact that Dr. Alderson's assistant, Dr. Chapman, was not elected, as he did not comply with the regulations regarding medical qualifications:

> "That Dr. Chapman is not eligible to be on the list of Candidates he not being a member of the College of Physicians nor of the Royal College of Surgeons of London, Edinburgh or Dublin as required by Rule 23 for the management of the asylum and for that reason ought to be struck off the list of selected candidates." "A motion was moved and withdrawn that the election be postponed for six weeks to enable Dr. Chapman to qualify himself to become a candidate."—*Committee resolution February* 25, 1858.

Dr. Chapman was allowed £130 in addition to his salary as house surgeon for his services as superintendent during Dr. Alderson's indisposition and up to the time when Dr. Alderson's successor shall enter upon his duties as medical superintendent. A gratuity of £40 was allowed to Dr. Wright, visiting physician, for his extra services during the same period.

On July 13, 1857, Dr. Henry Maudsley was appointed temporary house surgeon until April 29, 1858, when Dr. Cleaton, of Rainhill Asylum, took on the duties of medical director.

Dr. Maudsley's services were recorded by the Committee on April 29, 1858, in the following minute:

> "That a testimonial be given to Dr. Maudsley whose term of office as House Surgeon expires this day expressing the high opinion the Committee entertain of the ability he has shown in the discharge of the important duties of his office during a nine months' residence in this Institution."

Dr. Maudsley obtained useful experience whilst here, for it is recorded that in September, 1857, he gave evidence at an inquest

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on one of his patients, who was fatally scalded in a bath wrongly given him by a fellow patient.

Dr. Cleaton, medical superintendent of Rainhill Asylum, took up his duties as medical director in April, 1858, and during the next eight years the entire asylum was transformed under the influence of perhaps the most brilliant administrator our specialty has ever possessed.

It has already been stated that both the old and the new asylums seem to have been built and extended without any regard to the question of adequate administrative accommodation. During the years 1858–61 a large new kitchen and dining hall were erected, together with store-rooms, cellars, offices, reception room and clock tower. A new weaving shed and new joiner's, upholsterer's and painter's shops were added. Quarters for medical officers, housekeeper and servants were erected, and a new entrance lodge was built. A large general lavatory for working-out patients with a covered way to it from the dining hall was provided. Lastly, a fine church with 700 sittings, identical with that built by the Great Northern Railway Company at Doncaster, was erected. In 1859 Ivy House was opened for quiet and parole patients, and in 1866 the large ward 20 for working-out patients was opened, and a detached hospital for contagious diseases was completed and ready for opening.

This is a record of work during the short space of eight years of which anyone might be proud, but it by no means completes the list. Many thousands of square yards of stone corridors and floors in the wards were replaced by wood, the interior of the wards was generally decorated, and engravings were provided. Chairs replaced forms in the wards, and leather shoes were given to all patients in place of the cloth shoes in use. Weekly dances, music and glee singing were commenced, and before Dr. Cleaton left the Asylum possessed a strong band of 22 performers, and a fine choir, which was voluntarily recruited from the town of Wakefield. The patients enjoyed dancing, musical or dramatic entertainments, and exhibitions of dissolving views were given. Among the games were cricket, croquet, bowls and quoits, and ball target for the women and tonneau for the men. Lastly, two annual picnics for some 200 patients were given at Walton Hall.

During Dr. Cleaton's directorship mechanical restraint, always rarely used, was never employed, because of "(1) an adequate number of attendants, (2) ample employment and out-door exercise, (3) periodic recreation and amusement, and (4) general discipline, from an adequate medical staff, of a high standard."

The diet, clothing and exercise of the patients were improved, the

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sick began to be treated in infirmaries, and personal washing and bathing were more frequently performed.

In 1866 a severe epidemic of typhoid and diarrhœa occurred, and only subsided when the main drain conveying the whole sewerage to Wakefield was covered in for several hundred feet of its course. The asylum contained at this time 1130 patients.

During the year 1866 Dr. Cleaton resigned on his appointment as a Commissioner in Lunacy. The vacancy was advertised and 17 duly qualified gentlemen offered themselves. The eight who attended by request included Dr. J. C. Browne, Dr. T. S. Clouston and Dr. F. Needham. Dr. Browne (afterwards Sir James Crichton-Browne) was elected with only one dissentient vote, and "very shortly afterwards he entered on the duties of his office, and the visitors have great pleasure in stating that so far as they can judge at present, Dr. C. Browne is thoroughly conversant with and able to perform the duties which devolve upon him."

To few men could have fallen such a difficult task as that of Dr. Browne, as the directorship of Dr. Cleaton was the second great landmark in the history of the asylum. So well, however, did Dr. Browne employ his ten years of office that the Wakefield Asylum acquired not only a national but a European fame both for the treatment of the insane and for the prosecution of scientific research.

Soon after his appointment, Dr. Browne, speaking of the absence of knowledge of the causation of insanity and of the absence of any fall in the death-rate, remarks:

> "Medical records thoroughly and carefully kept, post-mortem examinations invariably and exhaustively performed and therapeutic agents critically employed will yet lead to conclusions as to the nature and treatment of insanity of incalculable importance." . . . "Were a competent pathologist and a few clinical clerks appointed to each of our large asylums, I am confident that a great change would shortly take place in the science of medical psychology."

That Dr. Browne practised what he preached is shown by the remark of the Commissioners in Lunacy for 1867:

> "Unless positively forbidden by the patient's relatives, post-mortem examinations are now made in every case. Our attention has been directed to the large number of patients reported to have died from diarrhœa, which it appears became epidemic during portions of last year."

In his report for the same year he states:

> "The humane system is only maintained by the constant and earnest labours of an enlightened few. Were the Commissioners in Lunacy, the Visiting Justices and those other

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guardians of the insane appointed by the legislature, to relax their exertions for a single year, we would be as if Pinel and Conolly had never lived."

Regarding the employment of female nurses in male wards, Dr. Browne remarks:

"Such an auxiliary seems to be found in the appointment of female nurses to male wards. . . . One such appointment has taken place here during the last year . . . in April in one of the largest male wards, containing 70 epileptic and suicidal patients. . . . The ward has become quieter and more orderly under her influence. . . . It is in the male sick wards, however, that female nurses will be found most useful. There they may prove invaluable. . . . It follows as an inevitable corollary that female nurses should be added to our sick wards whenever it is practicable to do so . . . will be carried out here as soon . . ."

It was, however, nearly half a century later that in this hospital female nurses became almost as common as male nurses in male wards.

A schoolmaster was employed to conduct reading and writing classes for certain patients. Regarding the care of records, Dr. Browne remarked in 1868, "An important step in this direction was made here two years ago when your Committee sanctioned the appointment of two clinical clerks."

In 1870 he indicates the existence of a pathological department by speaking of the "erection of a new photographic studio in lieu of that removed from the courtyard of 35, with a small pathological museum attached." This building appears to have been erected adjacent to the pathological laboratory near the infectious hospital which was opened in 1866.

In 1870 the first volume of the *West Riding Reports* was published, as he refers to the "Volume of Medical Reports which will henceforth be published annually. The first of the series was issued last autumn." Six of these volumes, containing a wealth of valuable matter, appear to have been published, by which time the publication of journals of a less purely local character provided a more satisfactory means of recording research.

In 1872 occurs the following: "The appointment of a Pathologist which you have thus sanctioned is I believe a somewhat momentous step in the march of scientific progress in the lunatic asylums of this country. . . . As far as I am aware no other asylum is yet provided with such an officer." Dr. Browne here expresses an opinion which has been amply borne out by the course of events.

One of the earliest workers in the Wakefield laboratory

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was the late Sir David Ferrier, who here carried out, in 1873, his epoch-making experimental researches on the localization of cerebral function. These are published in vol. iii of the *West Riding Asylum Reports*. Our laboratory possesses a remarkable record both of work and of workers, and after much extension and a life of nearly sixty years is as active as ever.

Dr. Browne not only fostered research, but by means of medical conversaziones with eminent lecturers, etc., he did his utmost to promote a general medical interest in the work of the laboratory and the administration of the asylum.

In view of the remarkable record of administrative improvements of his predecessor, it is not to be expected that a similar series of changes could be either necessary or possible. Many important steps were, however, taken during his directorship.

In 1868 an old weaving-shed was converted into a large sick-ward and dormitory, although it was not until the present year, six decades later, that proper administrative offices were added. The extensive additions which have been needed in order to modernize this ward afford a striking example of the great change in hygienic and administrative requirements which has occurred during the past half century.

In the same year (1868) the important step was taken of acquiring Mount Pleasant House at Sheffield as a second centre for the treatment of the lunatics of the Riding. This was the precursor of the South Yorkshire Asylum at Wadsley, which was opened in 1872 under Dr. Mitchell, Senior Assistant Medical Officer at Wakefield, who during the Great War in his old age left his retirement to afford us valuable temporary help.

In 1870 " the new dining hall and bath-room for women patients, which have been fitted up temporarily as dayrooms and dormitories, were opened in November and are now fully occupied." . . . " What will ultimately form the hall proper is now subdivided into two stories by a temporary floor, which will be removed after the completion of the South Yorkshire Asylum."

After 58 years this temporary arrangement regarding the dining-hall still continues and is likely to last, since dining-halls in this hospital are now obsolete.

On the other hand, the new bath-room was in 1876 put to its proper use, this following the erection, in 1871, of Turkish baths after Dr. Tilbury Fox's plans at University College Hospital. These buildings will shortly be removed under our present scheme of modernization.

In 1873 Field Head was opened as a convalescent home for female patients, and by 1876, when Dr. Browne's period of

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office ended, other needful shops and offices had been erected and the large new laundry was completed.

I would remark here that about this time a valuable fire brigade was organized for the protection of the hospital and its patients.

While Dr. Browne was director he was ever the medical man as well as the administrator, and he introduced many reforms which, had he remained in office, would certainly have been generally adopted. For example, he introduced earth closets in place of night stools, and I remember seeing one of these in a dilapidated state. It has, however, fallen to me, half a century later, to replace the wooden night stools by water-closets and, in the hospital wards, modern enamelled iron commodes.

He also suggested dormitories for epileptics in place of porous pillows in side-rooms. It fell to me to make it an administrative crime to bed an epileptic out of observation and to abolish the numerous porous pillows.

He did not limit himself merely to the introduction of reforms, but practised his art himself, as the following unique extract from the *Medical Director's Journal*, January 30, 1873, indicates:

> "On the 11th of the present month after consultation with Mr. Wheelhouse one of the surgeons to the Leeds Infirmary I amputated the leg of a male patient, Stephen Pickles, who was sinking rapidly under caries of the bones of the ankle. The operation was successful and the stump has healed in the most satisfactory manner. It is a remarkable fact that not only has the patient's bodily health improved greatly since the operation, but his mind which had previously been a wreck for six years has cleared up marvellously, so that there is now every prospect of his complete recovery."

When Dr. Browne left Wakefield the Lord Chancellor may have gained a delightful personality as a visitor and the country an attractive and ubiquitous lecturer, but undoubtedly this hospital lost a director with genius.

In 1876 he was succeeded by the senior assistant medical officer, Dr. Herbert Major, who had been in the service of the asylum since 1871, and during this period had already acquired a considerable reputation by his histological researches, which, I may remark, he continued during his tenure of office as medical director.

In 1878 Dr. Major refers to his lectures at the Leeds School of Medicine and at Wakefield. This is the first reference in our records to this subject.

The first telephone was installed in the institution in 1883. It was not, however, until 1926 that a complete telephone installation was provided.

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In 1884 Dr. William Bevan-Lewis, Senior Assistant Medical Officer, succeeded Dr. Major as medical director. Dr. Bevan-Lewis, like Dr. Major, had held office in this hospital for several years, and also, like him, had already acquired a reputation as a neuro-histologist.

In 1888 the third West Riding Asylum at Menston was opened, and in the same year the County authority took over the management of the asylums.

During the period 1884–1910 many important structural and administrative improvements were introduced, and it is an interesting fact that these, as a whole, concerned modernization by extension of the hospital rather than the better provision of essential needs in the existing buildings.

The following extract from Dr. Bevan-Lewis's Report for 1889 indicates his general views on modernization better than would a lengthy description. Referring to the proposal, under the auspices of the London County Council, to erect an acute hospital, providing accommodation for 100 patients, to appoint a staff of experienced visiting physicians, and to establish in connection therewith a school for the scientific study of mental disease, he remarks:

> "It must be admitted that the tendency to the establishment of the hospital system is the correct one, and that this end will be eventually realised. Within the Metropolitan area the conditions are so peculiarly favourable to its development that one is surprised at the limited accommodation proposed by its advocates; but as applicable to the provinces, the difficulties of applying the system are obvious, and a modified procedure is necessarily demanded. That the large County Asylums should eventually become receptacles for the hopelessly incurable chronic class, officered and managed upon a far more economical system than the present; that special hospitals for dealing with the acute insane, with a well trained staff of experienced alienists, and affording facilities for a development of clinical teaching should be instituted; and that they should contain centres for scientific investigation and research, are facts so self-evident as to require no further emphasis here."

The more important structural changes which occurred during Dr. Bevan-Lewis's directorship will now be detailed.

In 1885 a mortuary was inserted between the pathological laboratory and museum, and in 1894 the laboratory was extended by the addition of the Octagon. A new isolated mortuary was

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built after my appointment and the old mortuary added to the Laboratory.

In 1889 a much-needed third storey to the administrative block was added, together with a board room. This extension was an unfortunate one, though it is difficult to imagine any other alternative at the time, as the modern buildings had not yet been projected.

In 1892 a large nurses' residence was opened, and it is difficult to understand how the asylum had been so long administered without it. Under our modern system this building is used as a ward.

In 1897 the acute hospital, containing 200 beds, was being erected, and in 1898 the fourth West Riding Asylum at Storthes Hall was projected.

In 1899 Stanley Hall was purchased, the two cottage homes for convalescent patients were under erection, and the large chronic male epileptic ward No. 36 was projected.

In 1900 the acute hospital was opened, and the alterations at Stanley Hall were completed; and it was arranged to employ the latter for the treatment of imbeciles under a trained attendant and his wife. I would here remark that the hospital contained a large lecture room and several laboratories on the first floor of the administrative block, and that electro-therapeutic methods, including the treatment of lupus, were notably extended during the next few years, both in the hospital and in association with the out-patient department, which was founded in 1889.

In 1901 a new entrance lodge was built and ward 36 was opened. In 1908, M 5, a large chronic male ward similar to the latter, was opened.

Dr. Bevan-Lewis resigned in 1910, having witnessed the building and opening, and the preliminary years of working, of the modern portion of the hospital, and I think that to a great extent it realized his ideal, although I have little doubt that—a fact perhaps mercifully hidden from him—the administration of the hospital had become beyond his powers.

He was essentially a recluse and an enthusiast, and a hard worker with few interests beyond his scientific investigations. He justly acquired a greater scientific reputation than that of any of his predecessors, and his position as a neurologist was never greater than it is at present, when it is universally acknowledged that much of his best work waited a quarter of a century for confirmation and acceptance.

I shall now, before describing the Wakefield of to-day, refer to certain matters incidental to administration which are of such interest as to deserve individual treatment.

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Mechanical Restraint and Punishment.

I need not refer to the great change in attitude towards the insane caused at the end of the eighteenth century by the influence of Pinel and Tuke. The "non-restraint" system did not, however, involve the entire abolition of restraint and punishment. This is shown even at the present time by the (in my opinion) regrettable Regulation, dated June 25, 1913, of the Lunacy Commissioners (now Board of Control) under S. 40 (6) of the Lunacy Act, 1890, as to mechanical restraint. It is also clearly indicated by the fact that mechanical restraint within seven days of death is referred to in the certificate of death of every mental hospital patient.

I think, on the whole, that the record of this hospital is fairly clean with regard to what I was taught, over forty years ago, by the late Dr. W. H. O. Sankey, to regard as an abomination.

The milder forms of mechanical restraint were, no doubt, employed at times here and also at Hanwell under Sir William Ellis, and in his *Treatise on Insanity* he carefully describes the methods employed. He also distinguishes between restraint and punishment or moral treatment. His personal feelings are clearly indicated in the extracts which follow:

Restraint.

> "The most simple and least objectionable mode of confinement is that of a pair of wide canvas sleeves, connected by a broad canvass shoulder-strap, so as to rest easily on the shoulders. They ought to come up well on the shoulders, and to extend about an inch beyond the ends of the fingers: the part covering the hand should be made of tolerably stiff leather, to prevent the hand grasping anything. They keep the arms hanging easily, and in a natural position, by the sides of the body. They are fastened at the back by two straps, one going from one sleeve a little above the elbow, across the loins to a similar position in the other sleeve; a second lower down, and by three similar straps in the front; the latter being secured by buckles, which, in large establishments, where there are many patients to be attended to by one keeper, ought to be locked. This mode of fastening has many advantages over the straightwaistcoat. In the first place, it is less heating, it produces no pressure on the chest, and the arms, though secured from mischief, have so much freedom that the blood can circulate freely; as with those sleeves ligatures of every description are unnecessary. It is sometimes also necessary to secure the feet. For this purpose

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we find, that a couple of leather straps well lined with wool, placed round the ankles, and secured to the bed by staples, is all that is necessary. In hospital practice cases will sometimes occur, where it may be necessary to secure the bedding in its place. This can be done by having a thick quilt fastened over the blankets, by three leather straps, to the sides of the bed. It occasionally happens, that, unless this precaution is taken, the patient will toss all the clothes off from the bed. In the winter season such a circumstance may be attended with bad consequences, if the patient is not very frequently seen. It cannot be too deeply impressed upon the minds of all who have any management of the insane, that in the application of these, or any other coercive measures, the greatest mildness and forbearness should be used towards the unhappy sufferers. Though it may be necessary, in some cases, to assemble such a force that the appearance of the persons alone may prevent all opposition, yet it is unwise and cruel for the whole party to fly at the poor patient, to accomplish that which may be frequently done under the soothing influence of one favoured attendant; the mind of the patient being subdued by the presence of the others, who are ready to render further assistance if required.

"Another very convenient and easy mode of confinement, is, by an arm-chair. Each of the arms of the chair forms a padded box, which encloses the arm of the patient, from a little below the elbow to the wrist. The box ought to be sufficiently large to contain the arm quite loosely, and without any pressure, and the hand will remain at liberty. A board, which forms a very convenient rest, is attached by hinges to the inner side of one of the arms of the chair, and is fastened to the other arm. When the confinement of the arms is unnecessary the box may be opened, and the patient may still remain fastened in the chair, by means of a loose strap passing in front of the body, through two holes at the back of the chair, and there buckled. The chair may be fitted with a foot-board, a little elevated above the floor, and perforated with holes. Under this board a vessel constantly filled with hot water ought to be kept in cold weather."—Sir William Ellis, *op. cit.*, pp. 164–66.

Moral Treatment or Punishment.

"Happily the whip has for some time, at least in this country ceased to be allowed in any lunatic asylum; and the more humane and rational plan of punishment, by deprivation

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and confinement, has been substituted in its place. It sometimes, however, happens that patients are met with who are so obstinate and incorrigibly perverse that these means alone are not sufficient. The shock of the electrifying machine, which is often found beneficial in cases where the powers want rousing, is, in cases of determined obstinacy and bad conduct, equally useful. The terror of the machine will often overcome the vicious inclination. The same effect is frequently produced by the shower bath, but still more so by the use of the circular swing. These, however, are remedies which should never be had recourse to until all other means have failed; and then, never without the most explicit orders from the medical superintendent, who ought to be present whenever the latter is applied. Under these restrictions the most beneficial results often ensue; and patients soon learn to put themselves under that discipline which will exempt them from such uncomfortable consequences. By patient perseverance in kindness, with indulgence as a reward of good conduct and great firmness in the application of the requisite means to overcome obstinacy and perverseness, many patients who, from faulty education, had never been taught to exercise any control over their passions, have gradually become quiet and orderly, and have been eventually restored to reason. Kind and judicious conversation is a powerful moral means of cure."—*Ibid.*, pp. 227–8.

Wakefield and Restraint.

In the records of this asylum is the Committee Minute dated February, 1820, which runs as follows:

"That in consequence of the recommendation of the Physicians a chair with a circular movement be provided, it being understood that it must never be used except in the presence of the Director, who is responsible that this order be punctually attended to."

In the 6th Annual Report of the Directors of the Glasgow Asylum for Lunatics, dated January 6, 1820, appears the following:

"Rotary motion, by means of a whirling chair, has of late been tried in a great number of cases, and, in some of them, with wonderful good effects. By the contrivance used for this purpose, the degree and the duration of the motion are completely under command. The operation is always performed in the presence of the physician; and in no instance has it been followed by any of those formidable symptoms, which have sometimes occurred in other institutions, where a more

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simple, but much less manageable apparatus has been employed.

Dr. G. M. Burrows, in his *Inquiry*, dedicated to John, Lord Eldon, Lord Chancellor, 1820, regarding this, remarks:

> " It is proper to state, that none of the patients who died of apoplexy, were ever subjected to this operation. Notwithstanding the unequivocal evidence in favour of this remedy, from Dr. Mason Cox, Dr. Hallaran (who has given a drawing of the apparatus in his *Practical Observations*, second edition) Professor Horn and others there is still so great a prejudice against it, that it is rarely, if at all used, in English Asylums. The testimony here added may induce a more general trial of it."—*Op. cit.*, p. 301.

As late as 1854 the following rule was in force in this hospital:

> " 136. The Instruments of restraint shall be hung up, and numbered, so that the nature of such Instruments, their state of repair, and cleanliness, and also the number actually applied or in the keeping of the attendants for any emergency may appear; and no new instruments shall be procured, without the order of the Committee of Visitors."

This rule was deleted without comment in 1866, presumably under the influence of Dr. Cleaton.

I have carefully studied the early case-books, which are most detailed and painstaking in content, for evidence of mechanical restraint. I find during the first two years of the existence of the asylum no instance among the males and only six instances among the female patients.

The first three of these are ordinary examples:

> No. 207. Admitted March 6, 1819. Was in August, 1819, put in a strait waistcoat and leather muzzle for biting.
>
> No. 225. Admitted July 5, 1820. Was on August 30, 1820, confined with ankle straps for escaping over the airing court wall.
>
> No. 311. Admitted January 1, 1819. Was on October 25, 1820, released from cuffs which she had worn since admission and began to mend sheets in the ward.

The other examples concern the use of the circular swing:

> No. 221. Admitted July 8, 1819. October 20, 1819: Very violent—to go into the shower bath. July 12, 1820: Same state until within a few days. She was put in the circular swing and has been better since. August 16, 1820: To go in the circular chair every other day for a few minutes. August 19, 1820: Threatening to put her in has been sufficient to induce her to work.
>
> No. 266. Admitted July 7, 1819. June 9, 1820: The fear of going into the circular swing which she has heard of induces her to work.
>
> No. 278. Admitted November 23, 1818. January 16, 1819: Perfect state of frenzy from most trifling circumstances. July 1, 1819: Has been kept in confinement with a strait waistcoat in her cell for nearly a month with the exception of going occasionally into the airing court. October 26, 1820: For some time less violent. She was put in the circular swing the last time she was so and she has been better since.

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Lastly I will add the following note from our records regarding perhaps one of the worst examples of mechanical restraint:

> No. 240. Admitted February 18, 1819. Aged 75 years. Insane 36 years. When aged 39 she drowned her infant child and from that period had been chained in a cell in the workhouse of Barnsley, until the time of her removal to this place. August 18, 1819: Improved and is harmless and employed.

Dr. Corsellis, who was medical director from 1831–1853, favoured "mild mechanical restraint." "Not so many attendants are needed and the patients can be kept recumbent if necessary." In 1848 he states that restraint *could* be done without, but he considers the cost and the question whether attendants are better than the strap or glove. He preferred gloves or mittens even to seclusion, and he remarked that the "tendency of public opinion is to ultraism of all kinds."

Dr. Cleaton, in his first report (1858), advocates the disuse of restraint and of all things reminding patients of an asylum, and during his directorship it was never employed.

During the period of office of Dr. Browne (1866–76) mechanical restraint was employed once or twice yearly, during that of Dr. Major (1876–84) several times yearly, and during that of Dr. Bevan-Lewis more frequently. Our register of mechanical restraint from June 8, 1890, to October 29, 1910, contains a steady record of its employment, there being 836 separate entries.

Since I took office both mechanical restraint and punishment have ceased.

It would be interesting to know whether, and if so, to what extent the treatment by mechanical restraint has been encouraged by the Lunacy Commissioners' rules on this matter.

I fear that many do not sufficiently recognize the great difference between the restraint necessary to surgical treatment and that avowedly applied as a precautionary measure in these circumstances. I consequently feel it my duty to conclude this section by remarking that if I had the authority I should render the use of mechanical restraint of all kinds not only illegal, but criminal, unless the individual who ordered it had first experienced its effects on his own person.

Dysentery.*

The next subject for special reference is that of dysentery, which has been endemic or epidemic in this Institution since its opening.

The asylum was opened on November 25, 1818, and the first case of dysentery was admitted on November 30 the same year, showed

* This section of the Address was read at a subsequent session.

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acute symptoms on the night after admission, and died on February 10, 1819. During November and December, 1818, twelve males and thirteen females were admitted. Two of these males, both of whom were recurrent cases of mental disease, had, on admission, or soon after, developed dysentery, and they died in February and March, 1819, respectively. It is impossible to form an estimate of the number of cases from the records, which are remarkable owing to their frequent references to diarrhœa and to blood and slime in the stools.

During the early years the asylum, originally built for 150, became greatly overcrowded. The Medical Director's reports which follow are interesting, not only as showing the prevalence of the disease, but as indicating a belief in its infectivity followed by the adoption of preventive measures. This fact, in view of the various explanations given during the next eighty years regarding the prevalence of intestinal diseases, is both interesting and important.

In the Wakefield Report for 1828, following directly on the statement that the asylum, built for 150 patients, can now hold 256, is:

> "For several years past some patients have occasionally been afflicted with dysentery, and some have died under it; but at no former period has it been so epidemical or so fatal as during the last autumn. The cases indeed became so numerous as to make it necessary to disperse the patients belonging to one of the wards into different parts of the House, in order to turn that ward into an infirmary, where the dysentery patients were kept distinct from the rest; and to avoid infection as much as possible a temporary place was built in the airing court, for the washing of the linen belonging to them. It was thought, too, that the offensive and unwholesome effluvia arising from the privies, which have always been upon a bad construction, might contribute to the spreading of the disease. To remedy this, an order was given by the Visiting Magistrates to alter them into water closets. They are now nearly all completed, and being made with copper pans, appear perfectly to prevent any unpleasant smell arising from them. Notwithstanding all that was done, the disease continued, and fresh cases daily occurred, until a change took place in the weather, accompanied with the autumnal gales of wind. It then abated, and not a single case now exists in the house. During its progress, the Housekeeper, an exceedingly valuable servant to the Institution, died of it after a few days' illness. Fourteen patients out of fifty-five attacked with it have also been carried off in the course of the year.

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"Considerable inconvenience was felt during the time of this sickness from the extra number of patients confined in the asylum beyond what it was originally intended to hold. But as no evil resulted to the patients from it, it has been thought more advisable to continue to admit as many as before, rather than by decreasing the number to consign some to the protracted miseries of continued insanity without affording them any means of relief."—10*th Report, for* 1828.

"A few fatal cases of dysentery occurred in the early part of the year; but for some time past the house has been quite free from that complaint, and is now in as healthy a state altogether as it has ever been since it was opened."—11*th Report, for* 1829.

"The number of patients admitted, as well as the average number in the Institution, during the present year has been rather less than in 1829. This has arisen from the crowded state of the house having been thought, in some measure, to have contributed to the dysentery which has occasionally prevailed to some extent, during the last four or five years. In order, therefore, to stop the progress of this epidemic, a few empty beds have constantly been reserved, to afford an opportunity of removing patients into other apartments, of regularly fumigating the rooms, and of making use of other salutary measures. But notwithstanding that the wash-house has been removed to some distance from the house, the water-closets considerably improved, and drains formed on the outside of the building, which have been constantly washed down by a large supply of spring water, of which not less than 10,000 gallons have been consumed daily in the house, many of the patients have suffered, and eight died from this direful disease."—12*th Report, for* 1830.

Dr. Corsellis, as the following extracts show, from the beginning of his directorship in 1831 endeavoured and continued either to excuse or to deny the existence of dysentery in the asylum. Throughout his reports one feels that, contrary to those of Dr. Ellis, who merely stated facts and deductions and measures employed, Dr. Corsellis wrote with an eye constantly turned towards outside opinion.

"An erroneous impression appears to have been made on the public mind as to the prevalence of dysentery amongst the patients. Such an error is calculated to operate very prejudicially, not only by creating a painful apprehension in the friends of those already confined in the asylum, but likewise by deterring such as can in any way maintain their insane relatives from resorting to the most probable means for their

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restoration. Instances of this kind have come under my own observation and have been to me a source of regret. During a very hot summer and an unhealthy season subsequent to it, while the disease was both prevalent and fatal in the neighbouring towns and villages, my own and only child, a healthy boy of three years old, who fell a victim to it, was the only serious case in the Institution. Lately a few cases have occurred, and four emaciated patients, two of whom were already sinking when attacked, have died from it. One case of dysentery now exists in the house; with this exception the inmates in general are in a very healthy state."—13*th Report, for* 1831.

" The ventilation has for some time been materially improved in the men's wards by means of a square aperture over the door of each sleeping room, and it is presumed that the extreme care taken in this respect accounts for the rare occurrence of dysentery in the house. A few cases were now and then under treatment in the beginning of the year, about four or five in number. One female was severely attacked by the disease in June; she, however, recovered and is now quite well, since which time not a single case has appeared."—15*th Report, for* 1833.

" At the close of a year in which many important difficulties have been encountered, such as a great scarcity of water, the extremely crowded state of the house, during the hot weather of last summer, and other circumstances, the Director is enabled to state, with no ordinary satisfaction, that the dysentery once so prevalent in the institution, has for the last four years gradually subsided, and has now quite disappeared. One case only has occurred during the last year, and that in a patient who had been attacked by the disease previous to admission."—16*th Report, for* 1834.

" Dysentery, once the scourge of the place, and so often the disastrous epidemic of similar institutions, is now almost unknown amongst us. The Director cannot but attribute this circumstance to carefulness in ventilation, by means of open doors and windows, which although not the most scientific method, is perhaps even more efficacious than some of those plans which require infinite contrivance and vast expense."

" There has again been a great deficiency in the supply of water, the baths could not be filled for many months in the summer season, and it was with much difficulty that a sufficient quantity could be obtained for the ordinary purposes of the house. It is hoped in a short time this evil will be

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removed, as a Water Company is formed in Wakefield, and from the situation of the intended reservoir a good supply may be furnished at a less expense than would be required in the formation of a new tank."—18*th Report, for* 1836.

" The want of water has been a serious inconvenience; during the summer months the wells, the tank and every other receptacle were dry; the water used for brewing and other domestic purposes, was carted from the river; the bathing of the patients was suspended for many months, and could not be renewed till within the last fortnight (middle of December). It is hoped that another well, which is now being made in the plantation, near the Aberford Road, will remove any future inconvenience."—19*th Report, for* 1837.

" The few and slight cases of dysentery, which now so seldom present themselves, are scarcely worthy of mention; but that the public mind may be fully disabused, and that the real condition of the establishment may be known on this subject, a table is added of deaths from dysentery, taken within the last six years, the accuracy of which may be established by a reference to the Journals, in which every case is entered by the Visiting Physicians, with the progress and treatment:

	Males.	Females.
1833	1	0
1834	0	1
1835	1	0
1836	0	0
1837	0	0
1838	0	0
Total	3	

Thus in the course of six years out of 1,231 persons, three only have died from dysentery, a number not exceeding that which would in all probability have occurred in any town in the West Riding with an equal population."—20*th Report, for* 1838.

" In the original construction of the asylum the general weekly bathing of the patients was not at all contemplated. A large bath was provided for the females, contiguous to their wards, and a corresponding one on the male side, but both communicating with the centre passage of the Institution. . . .

" By relinquishing some rooms and erecting a new staircase, bathing is now accomplished without the necessity of removing patients, as formerly, into the main body of the building; yet the accommodation in this particular is still very inadequate.

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A bath in every ward, supplied with hot and cold water, must always be regarded as essential to the purposes of cleanliness, and highly advantageous in the treatment of insanity."—*23rd Report, for* 1841.

From 1838–48 Dr. Corsellis makes no reference whatever to the disease.

My next information is derived from the Report to the Committee on cholera on November 3, 1849, by Drs. Thomas and Wright, visiting physicians to the asylum. "Diarrhœa had prevailed somewhat beyond the average amount during the summer; and cases of dysentery had been rather more numerous." Dr. Wright states that in the eight years 1842–49 there died from diarrhœa and dysentery respectively (excluding cholera) 27 and 19, a total of 46 patients, and that the disease had been worst during the last 18 months of the period. He remarks:

"Dysentery and diarrhœa have so long been familiar to the attendants of the asylum (but less so than formerly, as we have seen) that the treatment of these complaints has become a matter of ordinary routine; and the house pills, known as 'cholera pills,' and 'dysentery pills,' are usually kept ready for immediate exhibition; though not administered, except by order of one of the medical officers . . . calomel and opium, of which the pills chiefly consist . . . obstinate cases of dysentery, with bloody mucoid excretions, are generally relieved as soon as the gums are affected by the mercury."—*Op. cit.*, p. 109.

In October to December, 1849, of the 620 patients in the asylum (*ibid.*, p. 55), there occurred 200 cases of diarrhœa, of which 21 died, 27 of dysentery, of which 10 died, and 132 of cholera, of which 106 died.

From this period until 1865, a number of years during which remarkable improvements and extensions to the buildings were being carried out, no reference is made to intestinal diseases. They were certainly not obtrusive, the existing buildings appear not to have been overcrowded, and probably the administration was too busily employed to attend to an ordinary amount or type of illness.

On the very year of his appointment in 1866, however, Dr. Browne reports 20 deaths from acute diarrhœa, 5 from chronic diarrhœa, 4 from dysentery, and 2 from typhoid fever, and he states that the epidemics "have included officers and servants, as well as patients."

Disinfection was practised assiduously. In 1867 Dr. Browne complains of water containing organic impurity. "Some earth closets have been supplied to the dormitories on both sides."

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In 1868 he blames impurity of water, overcrowding and imperfect ventilation of sewers for recurrence of enteric, diarrhœa and dysentery. In 1871 Dr. Browne blames impure water, defects in drainage, severe season and confinement of patients in wards, gradual deterioration in physical and mental condition of patients, and absence of fresh vegetables. In 1873 he begins to excuse deaths from diarrhœa and dysentery, and refers to the exhaustive and complete *post-mortem* examinations.

In 1881 Dr. Major, referring to an epidemic of dysentery and diarrhœa, could not trace the cause, but blamed atmospheric conditions and improved the drains by disconnecting soil-pipes from sewers and by ventilating drains. He then seems to have given up the matter except as regards an occasional reference to dysentery and diarrhœa, until 1884, when a severe outbreak of typhoid occurred and the Committee decided to spend £8000 in improving the drainage.

In spite of this intestinal diseases continued to appear in the yearly reports, and in 1892 Dr. Bevan-Lewis called in Dr. Whitelegge to inspect the institution. The latter concluded that the air-flues were permeated by ground air. The diseases, however, continued, and in 1893 a strong drain-smell in ward 18 was noted, and in 1894 the question of drinking-water was again raised, this time from that filtered through impure charcoal.

In 1895 Dr. Bevan-Lewis regarding 29 cases of enteric fever on the female side, states: "It was during the progress of these alterations, when the old air-flues were being disturbed, that the outbreak of typhoid occurred; and there can be no doubt from the exclusion of all other possible sources of communication that we had here the explanation of the epidemic."

In 1900 there was a severe epidemic in the male wards of "dysentery" and in the female wards of "severe epidemic colitis." Neither water, milk, nor food was to blame, and none of the staff suffered. He refers to the "extremely long period of infectivity" after an attack.

In 1902 Dr. Bevan-Lewis, referring to deaths from "colitis," speaks of "The highly infective nature of asylum dysentery . . . and the necessity for strict isolation . . . which have been so much emphasised of late, have been facts long recognised and acted upon in this asylum."

In 1903 he speaks of "chronic constipation increasing the vulnerability of the intestinal tract to the specific microbe," and started weekly saline aperients to the whole of the male inmates. Much improvement followed. He did not dispute the facts of the existence of a specific organism and of infectivity,

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and remarks, " In view of these facts it is of course apparent that the treatment advocated will be liable to occasional failure."

In 1909 he summarizes the results of his prophylactic treatment as follows:

	Cases.	Deaths.
1902, last three quarters . . .	48	11
1903, first two quarters . . .	46	16
(Special treatment commenced.)		
1903, last two quarters . . .	11	2
1904	8	1
1905	3	0
1906	6	4
1907	1	1
1908	0	0
1909	1	1

Soon after taking up the office of director in 1910 I found that there was urgent need for a systematic investigation into the incidence, causation and control of intestinal infections, and this was at once commenced under my personal direction.

I do not propose here to refer in detail to the clinico-bacteriological inquiry undertaken in our laboratories since the year 1910 and regarding which the ninth post-war Report to the end of 1927 has been completed and forwarded to the Board of Control.

The methods evolved during our investigations from both clinical and bacteriological aspects will be the subject of papers during this meeting.

I would merely remark that the views regarding the infectivity of dysentery which were held in this asylum upwards of a century ago remain true.

Dysentery is an infectious disease usually transmitted by such chronic cases as still excrete the specific bacillus (one or other of five members of the Flexner group). It is not peculiar to the insane. It is readily spread by neglect of the necessary hygienic measures. Such neglect is liable to occur in a large institution, for the failure of one link in the chain of precaution can start an epidemic. Dysentery can be introduced into an institution by new admissions or by entrants to the staff, unless proper precautions are taken. Epidemics are very likely to occur when new strains are imported. Agglutination tests are valuable as indicating infection or ingestion of the specific bacillus, but the certain test is the discovery of the bacillus in the stools.

Enteric fever and diseases of the paratyphoid group differ from dysentery chiefly in the facts that the bacillus is motile and infects

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the gall-bladder and bile-ducts, being readily retained and excreted for long periods, that it exists during attacks in the blood, and that the agglutination tests appear to indicate infection only. I, of course, exclude here the subjects of inoculation. The only certain test is the discovery of the bacillus usually in the blood, bile or stools.

I append a table of the incidence of dysentery and enteric in Wakefield Mental Hospital during the years 1910–1927:

	Dysentery.				Enteric, etc.		
Year.	Male.	Female.	Total.	Proved bacteriologically.	Male.	Female.	Total.
1910	..	11	11	..	..	..	..
1911	9	18	27	12	..	..	..
1912	33	27	60	39	1	7	8
1913	39	61	100	58	..	4	4
1914	40	17	57	18	..	7	7
1915	101	81	182	27	15	10	25
1916	113	75	188	6	2	12	14
1917	250	124	374	5	5	10	15
1918	63	32	95	1	..	4	4
1919	11	33	44	24	..	1	1
1920	5	8	13	13	..	5	5
1921	6	8	14	14	1	3	4
1922	5	4	9	9	..	2	2
1923	..	..	..	..	..	..	..
1924	3	1	4	4	..	..	..
1925	19	2	21	19	..	3	3
1926	14	24	38	35	..	3	3
1927	..	4	4	4	..	6	6

Speaking for workers in our laboratories, we are convinced as the result of our prolonged study of the subject that these intestinal infections are much more common and much more difficult to control than is generally believed, and that clinico-bacteriological investigations to be of any value at all either for diagnosis or treatment must be performed by intelligent, skilled and trained workers. Amateur investigators are liable to do harm rather than good by inducing a false feeling of security.

Wakefield and Scientific Progress.

With the exception of its periods of extension and elaboration under Drs. Corsellis and Cleaton, Wakefield Mental Hospital has, throughout its history, taken its full share in the work of scientific progress.

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The Genius of Sir William Ellis.

The first director, Dr. Ellis, projected in Wakefield, and later on published from Hanwell, a treatise on insanity which it is difficult to believe was published in 1838. The following extracts illustrate views on the development of brain and mind and on the causation of mental disease which might have been written to-day. Reference has already been made to the humanitarian attitude of Sir Wm. Ellis towards the subject to which he devoted his life.

Brain and Mind.

"We have every reason to believe that all living beings, from the smallest insects to the largest animals, possess such a portion of mind, or instinct, as mind in animals is usually called, as is adapted to their several conditions. Some require no more than is sufficient to direct them in the choice of food, to warn them of danger, and to induce them to procreate their species. In these the corporeal machinery is exceedingly simple. They are furnished with ganglia and plexus of nerves, but are without brain. When the powers of instinct are more extended, we find, in addition to a more elaborate development of the nervous system, a cerebral organization.

"Ascending in the scale of creation, we arrive at man. He possesses a bodily organization and mental faculties, of a nature similar to those observed in animals, although much more perfect in their kind. But, in addition to these, he is endowed with higher and nobler faculties. He has, and ever has had, the capability of knowing, worshipping and loving God, and receiving the influences of the Holy Spirit. And this distinction exists wherever man is found: at the poles, or at the equator; in the white-skinned European, the sable African, or the American savage; and it is a distinction which can never be obliterated. What then do we observe in the formation of man, uniformly distinct from that which exists in all other animals? A more elaborate cerebral organization, and a great multiplication of its parts, many of which are not found in any other animal whatever, although there is no other part of the human body which is not, more or less, developed in one species or another. Now, in each class of animals there appears to be a certain limit to the manifestations of mental power; and it is exceedingly probable that, in the individuals composing each class, there exists a great difference in their capabilities. We know that in various quadrupeds, and the higher class of animals, such a difference does exist, and in

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man, more particularly, to a very great degree."—*Op. cit.*, pp. 13–14.

The Nature of Insanity.

"Now, can we not trace such a connection between our intellectual manifestations and the brain and nervous system? We have seen that in animals, where little mental power exists, there is a proportionate absence of cerebral organization; and that in man, where such mental powers are found in the highest degree, the cerebral organization is the most elaborate. Again, when in man, the whole brain has become torpid, either from the effects of chronic inflammation, or pressure gradually taking place from the morbid secretion of serum, slowly distending the ventricles and membranes, an alteration takes place, and he is reduced in point of intellect to the level of the lowest animals; he is capable of taking his food, but all other voluntary action is lost, in proportion as the pressure and diseased organization increase. Now, what is the case when the brain is excited to an unusual state of activity? We find a corresponding alteration, that is, an increased activity, in the mental manifestations. . . . In phrenitis, where this increased action of the brain amounts to acute inflammation, the violence of the mental manifestations corresponds with the activity of the disease; and when, by cold applications and proper medical treatment, the inflammatory action is removed, the mind recovers its tone; but the intellectual powers and feelings are never completely restored, if the inflammatory action has remained unsubdued until the organization of the brain and its membranes has become permanently injured. This is found, on dissection, to be the case in all instances where the insanity has been the result of phrenitis. Now it is quite clear, that every other part of the body may be diseased or even totally destroyed, and still, if the brain continue to be healthy, the mental manifestations will remain unaffected.

"May we not then, from these instances, fairly conclude that there is a necessary connection between the mental manifestations and the state of the brain; and that, at all events, in these extreme cases of complete torpor and excited action, the injurious alteration which results in the intellectual manifestations and the conduct, is to be traced to the state of the brain?"

He here gives several examples to prove his point, and then adds:

"I should have not thought even this necessary, had not my

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experience been so much at variance with that of Messrs. Esquirol and Pinel, whose authority on this subject has been so much looked up to, especially in France."—Pp. 17–20.

Later he states:

"As insanity has been considered, in all cases, to be a disease of the brain or nervous system, one of the most obvious divisions will be according to the nature of the disease which exists there."—*Ibid.*, pp. 146–7.

The Exciting Causes of Insanity.

"From what had already been said on the subject, it appears that insanity may be traced to three classes of causes, *viz.*, direct physical injuries of the brain, over-excitement from moral causes, and diseased action in it from sympathy with some other part of the body."—*Ibid.*, p. 324.

"Indeed I am convinced, that with very few exceptions, a right and religious disciplining of the mind, with a judicious and careful selection of the walk in life, and a prudent management of the body, would exempt mankind from the horrors of this painful and mysterious disease."—*Ibid.*, p. 331.

Fitness for Discharge.

"The instances, indeed, in which an individual can with safety be allowed to go at large, when his sentiments or his feelings are affected, will not be so numerous as when the disease attacks the intellectual faculties only. For it is much more easy to fulfil the relative duties of life with diminished powers of perception or reflection, than to act correctly when under the influence of deranged and excited passions."—*Ibid.*, p. 39.

Publications.

I have already referred to the valuable monograph on cholera published by Dr. Wright, visiting physician.

During Dr. Browne's period of office the six volumes of the *West Riding Medical Reports* were published. These contain a wealth of scientific papers, comparable, although published nearly sixty years ago, with the *Archives of Neurology* of the London County Council, edited by the late Sir Fredk. Mott. The outstanding example amongst these papers is that by Ferrier on the experimental researches on the localization of cerebral function, which he carried out in the Wakefield laboratory during the year 1873.

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In 1882 Dr. Bevan-Lewis published a monograph on the examination of the brain, and in 1889 his well-known *Text-book of Mental Diseases*, a second edition of which appeared in 1898.

This record of work during the nineteenth century for the advancement of knowledge in our specialty is, I believe, unique, and we shall find it difficult during the present century to rival it, and especially so now that the scientific study of disease has become widespread.

The D.P.M. of Leeds University.

In one detail, however, we have an advantage over our predecessors. We are no longer isolated, and through a much closer relationship with the centres of teaching and research in the Universities shall necessarily derive inestimable benefit. The first fruit of this is to be found in the diplomas in psychological medicine, first initiated by the University of Leeds in 1911, which are now a necessary part of the equipment of the budding alienist.

The practical work in pathology includes laboratory methods and also *post-mortem* experience, and the standard is maintained at an honours level.

Since the inception of the diploma the external examiners have been successively the late Sir Thomas Clouston, Dr. Percy Smith and Dr. C. Hubert Bond.

Wakefield Mental Hospital of To-day.

I shall conclude my address by a short description of the Wakefield Hospital of to-day.

In 1910, owing to the recent extensions which for the time had rendered it difficult to administer, the asylum had come to be governed as a series of separate departments, with a considerable element of home rule. Shortly after my appointment, County Alderman Benjamin Crowther, then Chairman of the Committee of Visitors, one of the wisest old men I have known, remarked to me, "What Wakefield needs is a director, not a superintendent." During my association with him, which lasted till his death a year ago, he never once proferred his advice and never once withheld his support. I think he lived to see our complicated hospital working as the unit he desired. It is an interesting detail that at its inception this hospital suffered severely in consequence of the enmity of a Crowther, and a century later owed untold benefit to one of the same name.

At the present time the hospital consists of fourteen isolated buildings, containing patients varying in number from 25 to 1,000.

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Our present total of patients is 2,360 and of staff of all kinds 667.

The greatest change which has occurred during the past eighteen years and which has rendered the hospital almost unrecognizable has been the dismantling of all useless buildings and the removal of all the high encircling walls, which made the old Wakefield Asylum rather like a Chinese city.

The confined and dank airing courts have thus been extended and converted into spacious gardens, and the surroundings have been grassed, replanted and generally modernized until the hospital and its precincts resemble some of those modern institutions which have most impressed me in different parts of the country.

The older buildings are undergoing steady and gradual modernization, according to a definite plan which should eventually render them both hygienic and convenient, although it will inevitably considerably decrease the resident population.

The patients, instead of obtaining occasional outdoor exercise, somewhat as do prisoners in gaols, now spend the whole day out of doors during the greater part of the year and take their meals out of doors.

Throughout the year, except for such occasional storms as prevent their transfer, all bed and restless patients spend the day in tents, of which we have some 20, each capable of holding on the average 20 beds each.

Seven male wards, including the chief sick-wards, are staffed by female nurses, nearly sixty women being employed.

Extensive parole is granted to male patients both inside and outside the grounds, and both male and female patients frequently visit their friends, often staying with them for one or two days. This has been rendered possible owing to the fact that the hospital clothing now approximates, through the great interest taken in it by the Committee of Visitors, to that of the general public. Patients, particularly females, are also permitted and encouraged to wear their own clothing, stockings and shoes, and in the case of those who appreciate it, dresses are made to their own choice and taste. In consequence of this, at a sports meeting it is quite impossible in very many cases to distinguish hospital patients from visitors.

The day lasts from 6 a.m. to 10 p.m. for the ordinary patients, who thus live more natural lives than in the past and sleep more healthily.

With us the manufactured lunatic is, I hope, for ever a thing of the past.

We have no works master and no industrial trainer, and no handicrafts department. Following our method of evolution for

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upwards of a century, all possible patients work according to their capabilities in all parts of the hospital, the males chiefly at handicrafts, gardening and farm work, and the females at sewing and domestic work of all kinds. Very many patients only differ from paid workers in the fact that they are certified insane.

The boys at Hatfield Hall practise various industries and keep a farm of their own. A large number of women inmates, under the voluntary guidance of a lady member of the medical staff and several High School teachers, have weekly recreation and working classes, studying handwork, fancy dancing, languages, etc. I must not forget to mention the products of our sewing-room, many of the fancy dresses at least deserving to rank as works of art.

I wish to make it clear that we claim to do nothing unusual here and that we do not do everything done elsewhere, but we hold that the hospital and the patients gain the maximum possible benefit from our activities.

The staff has been much increased, and nurses now work a three-turn day of 52 hours weekly. All live out, usually at their homes, which are often several miles away from the hospital, and travel to and fro by 'bus or cycle. It is common for the senior nurses to take favourite patients out for the day.

The staff have an active athletic club, which they manage themselves, and they form a much more united body through the medium of whist drives, dances and games than ever existed in the past, when nearly all lived indoors, and either spent their time-off in bed or rejoiced to escape from the precincts of the hospital.

The conditions required by the General Nursing Council regarding bedside nursing are strictly observed, and all our nurses attend systematic lectures and practical teaching by the medical and nursing staffs. Promotion is by merit and general capabilities. Perhaps in the future, certificates of examination followed by General Nursing Council registration will become common. At present we prefer to trust to our training, which is that of the General Nursing Council, but we grant facilities for attending nursing examinations, and, where possible, give credit and promotion to those who are successful in passing them.

The laboratory is the heart of the hospital, and all entrants to the staff and all patients pass through it. Together with the *post-mortem* room, the operating theatre, the X-ray room, etc., it is the centre of the work of the medical staff, which is encouraged in every way to be self-contained and not to limit its activities purely to psychiatry. At the same time, in cases of difficulty or doubt, or where special treatment or appliances are needed, outside help is requisitioned.

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The Wakefield Mental Hospital medical work is co-ordinated, and the staff help one another in their medical, surgical, laboratory and psychiatric work.

The discharge of patients and recommendations for discharge on trial or on undertaking, the giving of Harrison Fund grants, etc., are discussed at regular meetings of the senior staff after interviews with the patients concerned.

Post-mortem examinations are conducted in the presence of the entire medical staff. For obvious reasons this does not apply to operations.

The general and special laboratory investigations are carried out with the assistance of two trained laboratory assistants.

I am myself in every form of activity the director, not the superintendent.

Ever since the University of Leeds instituted its diploma in psychological medicine all permanent medical officers, as well as several from neighbouring mental hospitals, have been trained for that diploma. At present, of the six assistant medical officers in this hospital, five possess the diploma and the sixth is a new arrival amongst us. There is little doubt that several former assistant medical officers who have gained promotion elsewhere owed their success to the possession of this qualification.

From the co-ordinated medical staff, through the general staff, down to the patients, the whole administration of the hospital is that of an organism rather than of a machine. The truth of this statement can, perhaps, only fully be appreciated by a resident in a hospital with the traditions of Wakefield.

Here the staff are trained to work, not for a superintendent or a committee, but for Wakefield. In spite of occasional bad lapses this has always been true throughout our history.

In many of the larger reforms introduced, only because of the hearty co-operation of the staff and patients, I have been most successful. I have succeeded solely because Wakefield has agreed. On the other hand, it has taken years to overcome the passive resistance to minor administrative changes, the meaning or value of which was not obvious; and for years after I first became director I was conscious of the fact that Wakefield was doubtful as to whether I really knew my work or was merely endeavouring to air my personal fads. Such is the effect of tradition, and such is the reason why I state that Wakefield can be regarded as a living organism. I have but one word to add—the same tradition properly applied which is responsible for the ready acceptance of new ideas when proved of value is responsible for the 100% of efficiency at which all aim, and not unsuccessfully. No one can say that in

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Wakefield we do not do things but merely hope to do them. Probably most things done here are individually done better elsewhere, but I think it unlikely that many hospitals exist with a higher general standard of efficiency in comparison with intention. As an instance of this one may cite the attitude of the staff towards the Board of Control. Is it one of fear? Far from it. With all respect, we think in Wakefield that we know better how to do our work than do the Lunacy Commissioners, and we judge them far more severely than they judge us. I think, in fact, that in miniature we are a fair sample of the county to which we belong, and which we regard as the leading county of England.

You are, during this meeting, the guests of Wakefield; every part of the hospital is open to you, and I hope that you will test the truth of my words, and thereby acquire a first-hand knowledge of Yorkshire and its people.

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