PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports for 1890.

(*Concluded from p.* 143.)

Bedford, Hertford, and Huntingdon.—This asylum is overcrowded, and the Visitors are convinced that increased accommodation must be provided for pauper patients. How this should be done has not yet been decided.

Difficulty is still experienced in readily obtaining suitable men as attendants. The Commissioners point out the advisability of extending exercise beyond the airing courts to all patients physically capable of enjoying it.

Broadmoor (1890).—A severe epidemic of influenza occurred, an account of which has appeared in the "Lancet." The cases were on the whole simple in their character, and free from complication.

During the height of the epidemic the resources of the asylum were taxed to their utmost, as 25 out of 84 male attendants were off duty at one time.

Durham.—Two acres have been set aside for the formation of a cemetery for the burial of patients dying in the asylum, and of officers and servants belonging thereto.

A Roman Catholic priest has been appointed to attend to patients of that religion at a salary of £40 a year.

Concerning diseases of the lungs, Dr. Smith remarks:—

> Diseases of the lungs, a largely preventable class of diseases, amount to 39 per cent., 45 per cent. of this number being due to phthisis, 44 per cent. to pneumonia and congestion of the lungs, and the remaining 11 per cent. to bronchitis. This is a very unsatisfactory state of matters. Although a number of patients are admitted at an early stage of phthisis, still there is an alarmingly large proportion of the disease found in patients who have for a long time been in the asylum, and who on their admission showed no traces of the disease. Where large numbers of people congregate in a house there is always a tendency towards lung disease, especially if the rooms are inadequately ventilated, or, what amounts to the same thing, if the rooms be over-crowded. Another factor in the production of lung disease is the abstraction of oxygen from the atmosphere, and the escape of poisonous products of combustion into the rooms owing to the use of coal gas as an illuminant. This I believe to be a much more frequent cause of lung disease than is usually thought. A still further cause of lung disease, and of phthisis in particular, is the absence of proper means of disinfecting the clothes and bedding of phthisical patients, but this latter is, together with a new laundry, receiving your attention; but the condition of the wards and their mode of lighting urgently require consideration.

Dr. Smith suggests as a short title for the new Lunacy Act:—

> An Act to prevent the early treatment of the insane and to hamper all having the care of them.

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Fife and Kinross (1891).—It has been decided to add a large hospital block to the buildings. The plans are so far advanced that it is hoped that building may be soon begun.

The method of utilizing the sewage is also to be rearranged.

Hants.—All private patients were removed from the asylum before the new Lunacy Act of 1890 came into operation. Dr. Worthington was of opinion that the printed notices required by that Act would be a fruitful source of discontent amongst the pauper inmates, who naturally would expect the same rights. As a matter of fact, paupers have the same privileges as regards their letters, but both classes seem to heed the notices no more than if they did not exist.

A third assistant medical officer has been appointed, and a billiard-room has been fitted up for the amusement of the officers.

Two severe cases of typhoid, one fatal, occurred, but the origin of the disease has not been discovered.

Inverness.—It has wisely been decided to improve the protection of the building from fire by carrying the partition walls above the slates. The building had a narrow escape from destruction by fire through hot ashes passing through a cracked hearthstone, and thus reaching the woodwork underneath.

Dr. Aitkin's report contains some useful information as to the increase of the asylum population. He finds that whilst the general population of the Inverness district has diminished during the last ten years, the number of patients sent to the asylum has increased, and that, as a rule, the increase has been greatest in the most isolated parishes.

London (County of).—The Asylums Committee report that during the year they have done much towards consolidating, improving, and making uniform various matters of asylum administration. They have dealt with the hours of work, the rates of pay and emoluments, and with the question of increased leave of absence, annual or otherwise, to the asylums' staffs. The appointment of 54 additional attendants, nurses, and servants has been necessitated by such increased leave. They have also fixed an uniform ordinary dietary scale for the patients and staff, and have discontinued beer as an article of dietary in all asylums. Details relating to these and many other subjects are to be found in the large volume published by the Committee.

The asylums having been brought under the ordinary incidence of rating by the 263rd section of the Lunacy Act, 1890, the question arose as to whether the payment of these rates should be met by the Council or by the Asylums Maintenance Rate, and a case was prepared and submitted to Mr. Meadows White, Q.C., for his opinion, and he having advised that the Council were liable, the Council adopted that view.

London (County of). Banstead.—Dr. Shaw reports that the increased amount of leave and the rise in wages has given much

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satisfaction. A new operating-room has been built, and has proved of much service. There is now a very complete set of bacteriological apparatus, and a small laboratory is being prepared. It will almost exclusively be devoted to experiments in that direction. Dr. Shaw also states that the appointment of a pathologist has been very advantageous in many ways. The examinations are now much more thoroughly conducted and described.

The wards for the acute and infirm cases are overcrowded. Seventy-five of a total of 284 deaths were due to phthisis. It is suggested that the congregation of many persons in large wards may be partly responsible, and it is pointed out that wet-scrubbing of the floors must have an injurious effect. The water closets and drains are receiving attention.

London (County of). Cane Hill.—The enlargements of this asylum are making satisfactory progress.

Dr. Moody reports:—

> The new scale of leave and pay for the attendants and nurses came into force on 1st April, and was received with considerable satisfaction. The extra leave necessitated the engagement of five additional nurses and five attendants. I do not find, however, any diminution in the changes that take place, and I am of opinion that no concessions, however liberal, will prevent this. Asylums are so numerous, and situations so easily procured, that servants often leave on the slightest possible pretext, no matter how much they are considered, or how much is done for their comfort and welfare.

London (County of). Claybury.—The Committee have resolved to introduce electric lighting. The estimated cost is £17,500. Gas would probably not cost as much, but it is considered that the superior advantages of electric lighting, viz., brilliancy and softness of light, great cleanliness, improvement in sanitation, and saving in the cost of decorating walls and ceilings are of paramount weight.

London (County of). Colney Hatch.—There is now only one medical superintendent of this huge asylum. Mr. Marshall having retired, Dr. Seward has been appointed to the sole charge. We do not consider this a step in the right direction. The experiment is to be tried at Hanwell also.

The number of assistant medical officers has been increased to six.

It may be useful to point out that the Visitors state:—

> From the fact that the asylum is now fully assessed for the purposes of the sanitary and other local rates, the time has, we think, arrived when steps should be taken to call upon the local authority to deal with the asylum sewage, and we propose taking early action in the matter.

Hot water pipes are to be placed in all the wards not already provided with a heating apparatus.

The Chaplain reports an experiment which might with much benefit be adopted in all asylums. He says:—

> By way of experiment on a few occasions one of the week-day afternoon services has been reserved for the attendance of some patients of a less orderly

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class than those who usually attend the chapel. The behaviour of most would justify their participation in the ordinary services.

London (County of). Hanwell.—The buildings are to be further protected from fire at a cost of £3,000.

Mr. Richards reports that there was an increase in the number of depressed and acutely suicidal cases. It is satisfactory to learn that of late years there has been a marked decrease in the number of deaths due to pulmonary phthisis.

Concerning the change of diet he says :—

Beer has been removed from the dietary table with marked advantage to the patients, and an additional meal (supper) has been given to them in lieu of the discontinued stimulant. I cannot speak too highly of this addition to the dietary scale, as formerly the patients went from half-past five in the evening until eight o'clock the next morning—a period of 14½ hours—without food. This was far too long. Since the supper meal has been given at seven p.m. the patients have been less restless at night.

The suppers are varied, viz., bread and cheese, seed cake, bread and jam, and porridge on different nights, and with these half-a-pint of separated milk is given.

To all those who are employed half-a-pint of separated milk is given at the dinner meal. Taking the patients as a whole I am sure that their bodily condition has improved. Many of them are certainly much stouter than when they had the ordinary diet scale, which included beer. The addition of the evening meal has conduced, in some measure, to the improved condition noticed.

On the same subject Dr. Alexander says :—

In the month of April a very memorable alteration was made in the dietary of the patients. Alcoholics were then deposed from their prominent and long-established position in the dietary, and relegated exclusively to the domain of medicinal agents. I may say that this change has so far been followed by the happiest results, as evidenced by the notable increase of contentment and decrease of squabbles and bickerings amongst the patients. The benefits accruing from the change have been most marked in the case of the epileptics, whose infirmities of temper are much less apparent than they used to be, and whose liability to fits—in some cases—has become lessened. As to the effect that the disuse of alcohol as a part of the dietary may have on the general health of the asylum, a sufficient time has not yet elapsed to enable me to form a definite opinion; but I do not apprehend that it will be anything but improved, having regard to the compensatory addition that was made to the dietary on the withdrawal of alcohol therefrom.

Midlothian and Peebles.—Dr. Mitchell reports :—

Several cases of erysipelas occurred last March in the north-east wing of the asylum, and there had been one or two others in the previous year. On searching for a possible explanation of this outbreak it was found that a water closet (abolished a good many years ago) had had its soil pipe led into a branch drain near the windows of the north-east wing, and that this pipe had never been disconnected and sealed. It contained a large quantity of foul matter, and it appears most probable that this was the cause of the epidemic. The defect was thoroughly remedied by our own workmen, and since then the general health of the inmates has remained good.

Monmouth, Brecon, and Radnor.—Four cottages for married attendants have been erected.

Dr. Glendinning reports that the new male infirmary wing

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approaching completion will supply a want which had become urgent, and will afford additional accommodation for 55 patients.

Montrose (1891).—The electric light is spoken very favourably of, both when employed in the wards and in the recreation hall.

The nursing in the new hospital is under the special charge of the new matron, and is carried out by trained nurses. Dr. Howden reports that a female nurse has charge of the chief male sick-ward, and that so far as his short experience goes the arrangement is entirely satisfactory.

The accommodation for ladies has been much improved by the acquisition of a villa. It stands within its own grounds, and commands an extensive and beautiful view of the bay of Montrose.

Portsmouth.—The female department is overcrowded. Plans for an additional building are in preparation. The estimated cost is £1,200. In August seven female patients were attacked with typhoid fever. They were mild cases, and all recovered. The walk round the estate is in use. It measures nearly two miles in length, and is 16 feet wide. The Committee have provided and furnished a laboratory for scientific work.

Somerset and Bath.—The purchase of the site intended for the new asylum has not been completed, pending inquiries as to the sufficiency of the water supply.

In an unusually large proportion of cases the admissions presented acutely suicidal symptoms.

Two outbreaks of fire occurred during the year. One was caused by a match falling into some bee's-wax and turpentine in an attendant's store-room. The other was due to the overheating of a drying stove in the foul laundry.

Staffordshire. Stafford.—This asylum is overcrowded. The Commissioners suggest that another asylum should be provided, as the best and permanent escape from the evil.

Staffordshire. Burntwood.—A second assistant medical officer has been appointed. The asylum is overcrowded, and some important structural improvements are urgently needed. The infirmaries for the acutely sick in both divisions are unsatisfactory as to size and arrangement.

In his report, Dr. Spencer says:—

> The treatment of the patients has been carried out on hospital lines, as far as such treatment was found to be applicable. Many, if not all, of the numerous therapeutic agents have had a trial, some with success, the majority with but little good result. Among sedatives sulphonal has frequently been of much service to us, especially in the treatment of recurrent mania, several of the female patients who are subject to this form of mental disorder appearing to derive much benefit from the exhibition of the drug.

In discussing the well-known proposal of the London County Council, Dr. Spencer clings to the present system of asylum management and treatment, at the same time admitting the possibility and the necessity for improvement in various directions,

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e.g., increased medical and nursing staffs, improved hospital accommodation for acute cases, etc.

Stirling, etc.—The whole of the asylum buildings have been overhauled by the new Committee, and many important structural improvements carried out. An abundant supply of good water has been introduced. The plumber work and sanitary apparatus have been reconstructed. The building has been more thoroughly protected from fire. A new and complete system of drainage has been adopted. The sewage is purified by means of the "International Sewage Purification Method." In the main buildings new bath-rooms, lavatories, and closets are being erected, and old ones refitted. The administrative block has been converted into a store, and a new administrative block erected. Finally, a new laundry and dairy are being built. To relieve overcrowding a hospital block is to be provided at once. Other minor improvements are mentioned by the Commissioners as having been carried out. Among these may be mentioned a room set apart for pathological research.

The case books appear to be kept with great care.

> Each case is prefaced by a compendious schedule of particulars of great value; a photograph of each patient is inserted, and accurate details of examinations made with the best scientific appliances are added.

Dr. Macpherson writes strongly in favour of the creation of separate hospital blocks for new cases.

Suffolk.—Twelve deaths were due to dysenteric diarrhœa, one to enteric fever, and one to erysipelas. It is, under these circumstances, satisfactory to learn that a supply of wholesome water is shortly to be obtained for the institution. Much continues to be done to improve the character of the accommodation in this asylum, but it is evident that much is still untouched. The asylum being full, it has been determined to erect an infirmary block for each sex, each to contain 50 beds.

Mr. Eagar's report is of great interest, and treats of a variety of subjects, some relating to his own asylum, others being of general interest. He states:—

> I have for years insisted that, with a better nursing system, very much might still be done to improve the condition of our patients; and that this can only be secured by paying higher wages, and by more liberal treatment generally, especially by very appreciably shortening the hours of duty. I am glad to see that at last a move is being made in this direction at several large asylums, with the view of securing and retaining such persons as nurses as may be depended upon for using that tact, gentleness, and forbearance which are so frequently demanded for the successful treatment of our cases.

In a note Mr. Eagar states that he has at last been able to arrange for the nurses in several of the wards to enjoy every alternate day the benefits of eight hours' duty only, eight hours' recreation, and eight hours' sleep. This has been done by the addition of one nurse to 76 patients.

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The report includes some severe remarks upon the new Lunacy Act, and the auditing of asylum accounts under the Local Government Act of 1888.

Sussex.—Patients continue to accumulate. It has been necessary to board 50 women at another asylum. The nursing staff has been slightly increased.

Dr. Saunders reports that so much success has attended the setting apart of another observation dormitory on the female side, for quiet suicidal and epileptic patients, that a similar dormitory containing 25 beds has been opened on the male side. This, too, is much appreciated by the patients.

The Committee have adopted a scheme of rewards for merit and long service, and it is hoped that this will act as an inducement for attendants to remain in the service.

Wilts.—Under the direction of Mr. Rogers Field extensive alterations are being carried out in the drainage, etc.

In pursuance of Sec. 263 of the Lunacy Act, 1890, the asylum buildings, as well as the land, have been assessed to county, parochial, and other rates. The result of this is that, whereas formerly the Committee had to pay upon a rateable value of £225 15s., they have now to pay upon a rateable value of £2,356 3s. 2d. The Committee are advised that so much of the rates as are not assessed upon the land are payable by the county at large, and not out of the Maintenance Account. They have accordingly charged such rates paid during the past year against the Building and Repairs Fund Account, pending arrangements being made as to their liquidation by the County Council.

The following paragraph relating to dietary is from Mr. Bowes' report:—

A remark in the last report of the Commissioners in Lunacy, relative to the dietary of the patients, has been under the consideration of the Committee, and upon the suggestion of your medical superintendent a revised and improved dietary has been substituted for the former table, which was considered deficient. The old and new dietary tables are to be found in the appendix, and on comparing these tables it will be noticed that a more liberal supply of bread and meat in some form each day has been provided for, and there are now four full meat dinners every week. Another important alteration will be noticed in the omission of beer from the dietary table, and the substitution therefor of milk. No beer is now allowed to patients inside the building, but it is still granted to those who are actively employed out of doors. This arrangement is an incentive to active employment, and in this way, if in no other, will be beneficial to the patients. Those patients working inside the wards are given coffee in the morning, and tea in the afternoon. At the same time the dietary of the attendants and nurses was also revised and improved, and ale is no longer to be allowed to them, but each official has consented to accept a money allowance in lieu of the beer. It was expected the removal of beer from the patients' dietary might cause some discontent, but such happily has not been the case, but to the contrary, many expressions of gratitude on the change have been heard. The more liberal dietary will, of course, necessitate increased expenditure, but this to some extent will be counterbalanced by the saving in beer, which will amount to about £470 a year.

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Yorkshire, East Riding (1889).—Some mild cases of typhoid fever occurred; but their origin could not be decidedly determined. Some sanitary defects were rectified.

Yorkshire, North Riding.—Additional accommodation is required for female patients. A new laundry is to be built.

Yorkshire, West Riding. Menston.—This large asylum is already filling up rapidly, and plans for its extension are in preparation, which, we trust, will provide for the entire separation of a certain number of the new blocks.

Dr. McDowall, who is to be congratulated on his successful administration, says:—

> The great increase in the number of private patients shows how greatly accommodation for this class of case is required in public asylums. At present it is impossible to separate such cases from patients sent by the various Unions, and this in many instances, at least, is undoubtedly unfortunate, and acts prejudicially on the patients. A building with smaller rooms, and offering greater facilities for classification, would greatly facilitate the treatment of such cases, and would remove the greatest objection which the friends have to the existing arrangement. The cost of such a building would soon be covered by the profits arising from the reception of such patients. On more than one occasion applications have been made for the reception of cases at much higher rates than are at present charged, which have of a necessity been refused on account of the want of adequate accommodation.

This conclusion seems hardly warranted by the data mentioned in this paragraph.

Yorkshire, West Riding. Wadsley.—The structural improvements completed, or in progress, include dining and recreation rooms for the medical officers, a nurses' residence, and new pathological and photographic rooms.

Dr. Kay reports that the Outdoor Patients' Scheme has not been taken advantage of to the extent that was expected, though, when first introduced, several persons presented themselves for treatment. He believes that the distance of the asylum from the town has no doubt prevented several availing themselves of the advantages of the scheme.

Lectures have been given by the junior staff to the nurses and attendants.

Yorkshire, West Riding. Wakefield.—The following extracts from Dr. Bevan Lewis's report refer to subjects of much importance:—

> Many asylum superintendents, and especially those who administer the large County and Borough Asylums in densely populated areas, must have felt painfully conscious at times of the helplessness presented by a certain section of the community, which comprised subjects of incipient mental disease, neither so bad as to demand asylum supervision, nor, on the other hand, able to afford the treatment and advice of those who are specially qualified to secure their relief. Personally, my experience taught me that the advice of the asylum superintendent had been sought for, in most cases, by those who were directly recommended to seek such aid by their own medical attendant. To the poorer classes, who could not afford the employment of skilled alienists, the asylum medical staff constituted their sole resource; and in full recognition of this fact,

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the scheme of an out-patient department was inaugurated at Wakefield, and subsequently extended to the two kindred asylums at Wadsley and Menston. The objections to this departure, which were regarded as somewhat weighty, were mainly four, viz :—

(1) The natural antipathy to asylums, and the objectionable term "Lunatic Asylum," were regarded as inseparable barriers to the development of such a scheme.

(2) The risks of accepting such cases for treatment under home supervision were considered very grave for the medical officers of the asylum.

(3) The further burden imposed upon the medical staff, whose duties already were heavy, was another supposed objection to the scheme.

(4) There is the somewhat ungenerous insinuation that the principle was antagonistic to the interests of the profession at large, and might lead to such abuse as an out-patients' department is open to.

The past twelve months' experience has done much to explode these notions. The objectionable term "Lunatic Asylum" should certainly be replaced by "Asylum for Mental Diseases," or some such alternative designation; yet it cannot but be admitted that the system is taken full advantage of, and growing confidence in asylum outdoor treatment is conclusively manifested. Nor is the risk run by the medical officer so striking as to have led, during the year, to a single casualty, although the responsibility of a careful, judicious selection of the recipients of this relief is, I admit, a heavy one. It will not be gainsaid that the asylum medical officer is not the best judge as to the advisability of home treatment being tried in cases of incipient mental disease.

With respect to the over-burdening of the medical staff, I may add that on no single occasion have I heard any of my colleagues express the least dissent to the extra duties thus devolving upon them; it was, in fact, most cheering to see the readiness with which they met what was distinctly recognized as a public duty. It was but reasonable to suppose that the additional labour demanded of the medical staff by the new Lunacy Act rendered this question somewhat dubious; but at Wakefield, at least, an increase in the staff to meet such requirements of the Act was seen from the outset to be imperatively demanded, wholly apart from any consideration of the out-patients' scheme.

The addition of a fourth assistant medical officer, and the rearrangement of the duties reported below, rendered the out-patients' scheme practicable and consistent with the usual duties of the staff.

With respect to the last objection urged, it is particularly pleasing to be able to record here the entire absence of any friction, the generous and appreciative co-operation received in our work from the profession outside; and it may be added that a large proportion of out-door patients came here directly recommended by their former medical attendant.

In considering the operations of this scheme it should be borne in mind that the numbers availing themselves of such advice must, from the peculiar nature of the case, be small. In the first place, the class from which such subjects are drawn is a very limited one—those suffering from a special category of nervous diseases—in the next place, the class is still further limited by the careful selection of cases demanded, where all unnecessary risk is to be strongly deprecated; and a further restriction is imposed by the provision that all nervous diseases not immediately connected with, leading up to, or associated with mental derangement were to be strictly excluded from this department.

The actual results it would be somewhat premature to dwell upon, but the character of the cases presenting themselves for treatment may be gleaned from the following summary :—Melancholia (14 cases), chronic cerebral neurasthenia (5), epilepsy (12), hypochondriasis (3), mania (2), general paralysis, incipient (3), persistent insomnia (1), neuralgia, with mental depression (1), chronic cerebral atrophy (1), cerebral tumour (1), organic dementia (1), chorea (1), delusional insanity (1), hysterical mania (1), imbecility, with excitement (1), post-apoplectic neuralgia (1). Of the above 49 cases under treatment as many

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