The Open-Door System.

I answer Dr. Needham's queries categorically, and in so doing have to repeat what I have stated in various reports, and in the columns of the "British Medical Journal." I take his questions *seriatim*.

1. Has the open-door system been tried in mixed asylums, or in asylums exclusively for patients of the private class? And if so, with what results?

The system was tried by me about ten years ago, in the Fife and Kinross District Asylum, which is almost exclusively an establishment for pauper patients. I found it work perfectly easily from its very commencement, and never had the slightest reason to regret the experiment. I believe the experience of my successors in the superintendentship of that hospital has been identical with mine. As long as I held that office I had about seven per cent. of my patients under lock and key; but Dr. Rutherford, of the Barony Parochial Asylum, Lenzie, near Glasgow, has been able to carry out the system to the full, and in an establishment containing a purely urban pauper population has found it possible to open every door in his asylum. By so doing he has applied the most crucial test to the practicability of the system. The system is also in full operation in the Midlothian and Peebles District Asylum, Rosewell, near Edinburgh. I need hardly say that I adopted this plan of management when I took charge of the Saughton Hall Private Asylum, near Edinburgh, where I never experienced the slightest difficulty in carrying out the system thoroughly. In fact, I cannot see the slightest reason for using locked doors in such an establishment. I refer Dr. Needham to the Reports of the Commissioners in Lunacy for Scotland as to their experience of the working of the system.

2. Where it has been tried in any asylum, has it been in operation for sufficiently long periods to test its practicability throughout the whole asylum without limitation of class or case? I think this question has been answered. In the four asylums I have alluded to the system has been at work for several years with good results. I leave the superintendents of the Lenzie, Fife and Midlothian Asylums to narrate their experience separately should they see fit.

3. Has it involved such an amount of additional expense as would render it practically incapable of general applica-

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tion? As far as my experience goes, it involves no increase of expense either in pauper or private asylums. I never added to the staff in consequence of its adoption either in Fife or at Saughton Hall.

4. Has it been shown to be essential to its efficient operation that patients should be able and willing to employ themselves during the greater part of each day in physical labour? In answer to this query I need only state the generally accepted axiom that the success of any relaxation of discipline in a Lunatic Asylum depends on the proper management of patients as regards employment and recreation, and that anything which tends to reduce the irritation of confinement does away with the necessity of mechanical restraint.

5. During its operation, what precautions have been adopted to secure quiet patients from annoyance from those who are noisy? The suicidal and homicidal from opportunities of suicide or homicide? The destructive, dirty, indecent, erotic and mischievous from the gratification of their respective propensities? and those who are disposed to escape from the dangers which might, and probably would, attend their escape? No special precautions have been taken by me against the dangers and difficulties anticipated in this question. On the contrary, I have found the necessity for such precautions much diminished, and the tendency to degradation much lessened. Certainly the desire to escape has not been nearly so marked since the adoption of the system as previously; in fact, I cannot recollect of any escape as a direct consequence. In Saughton Hall, during the four years in which the system has been in operation, I have not had a single escape through an open door. Of course attendants are directed to pay special attention to restless patients, but this surveillance is not more close than were the patients locked up.

6. Is there presumably anything in the Scotch character and education which renders an experiment of this kind practically possible among them, and impossible in another, more excitable race? The answer to this query is that in the Lenzie Asylum, where the system is very thoroughly worked, the population is derived from a manufacturing town, and comprises English and Irish as well as Scotch.

I have been accused of "vaunting" the open-door system. This, as far as I remember, I have never done, and I do not mean on the present occasion to say more than that it has worked beneficially for both patients and officers in the insti-

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tutions in which it has been tried. The best means for Dr. Needham to test the working of the system is to visit the various asylums with open doors. I am sure each superintendent will welcome him, and give him every opportunity of observation.

J. Batty Tuke, M.D.

PART II.—REVIEWS.

The Croonian Lectures for 1881. *The Influence of the Circulation upon the Nervous System.* By Walter Moxon, M.D., F.R.C.P.*

The College of Physicians made a happy choice in selecting Dr. Moxon to deliver the Croonian Lectures for the present year. His easy and fluent, yet thoughtful, style is well known; and those who take up these Lectures expecting to find something new placed pleasantly before them will not be disappointed.

The subject, "The Influence of the Circulation upon the Nervous System" is one of great interest from various points of view; but more especially in regard to treatment. We cannot, however, say that we quite agree with all the conclusions arrived at by the lecturer. For, although he contributes many facts of importance and with admirable lucidity interprets their hidden and unobvious meaning, some of his opinions appear to be based on insufficient evidence or on evidence that would point rather in an opposite direction.

For these reasons we think that a detailed analysis with a few critical remarks is called for.

The chief subjects treated of are the means by which blood pressure in the brain is regulated; the effects of alterations in blood pressure, including a somewhat minute examination of the various conditions known as congestion of the brain. In addition to these points the state of the circulation in epilepsy and in angina pectoris is dealt with.

The means by which the blood pressure is regulated are detailed with great fulness. They are, shortly, the cerebro-spinal fluid; the suction power of the skull; and certain automatic mechanisms of the blood-vessels, which will be described presently.

In regard to the suction power of the skull it is noted that

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