Dr. Savage points out that such cases, if moral treatment is skilfully applied, get well, but if left to themselves in a crowded asylum where no curb or individual care could be enacted on their whims and propensities, being so plastic and will-less, they fit into niches, so to speak, from which it is impossible to move them. So, although the recovery-percentages are high, it must not be supposed that all get well.

I fear the good results obtained by the most modern treatment of hysteria by large magnets or plaques of metal, recommended by Prof. Charcot, and Dr. Müller of Graz, would not avail much here where the vagaries of mental alienation are superadded to a disease sufficiently irregular and strange in itself.

On Large and Small Asylums. By T. Claye Shaw, M.D., F.R.C.P., Medical Superintendent of the Middlesex Asylum, Banstead.

It seems to be generally assumed that asylums were built large, either on the idea that they could be more cheaply constructed or that they could be maintained at less average weekly cost than small ones, but I doubt if such is the true reason of the growth of large asylums, or of the development into large of small ones. Convenience would appear more to have determined the size than any other consideration, a thing not to be wondered at if such large counties as Yorkshire, Surrey, and Middlesex are regarded, where the visiting committees of magistrates are largely taxed as to their time in attending institutions placed often at long distances from each other. But all these considerations of convenience ought to, and no doubt would, disappear if it were abundantly manifest that the outcry raised against large asylums as causing a higher death-rate, lower recovery rate, and heavier weekly charge could be substantiated.

It is to be expected that those asylums that have most unfavourable statistics, taken from the averages in the blue book, should cost the most, because in proportion as the population is more feeble, the expenses for attendance and extra diet will be greater and the recoveries will be fewer; and there can be no doubt that in proportion as an asylum is large, so does it get filled with unfavourable cases in a greater proportion than would have been the case had it been

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of moderate size and more select in its receptions; but it does not, therefore, follow that the large asylum is *per se* more expensive than the small one, and that this is so is shown by taking large asylums where the cases *are* selected, *e.g.*, Prestwich and Hayward's Heath, two asylums which receive the approbation of the Lunacy Commissioners more than any other asylum in the country, and also to some extent the Hanwell Asylum. Herein lies, I think, the worst that can be said against large asylums, especially where it happens that there are several in a county—that from their size they receive a number of broken-down and incurable cases that would have been *of necessity*, in a county having only a small or moderate sized asylum, kept in the workhouse. To my certain knowledge there are county asylums which decline to receive any cases complicated with epilepsy or paralysis, or any infirmary patients; in fact, that will scarcely take any but curable cases. How then can these be used for statistical tables, in a fair sense, on either one side or the other?

To take the average cost per head as the measure of asylum efficiency is as absurd as to compare death and recovery rates. It almost seems as if some argued that because an asylum is a little higher than another in recovery rate and lower in death-rate, and is also cheaper, that, therefore, it is a better asylum. Such do not see that as death-rate and expense rise together, so do high recovery-rate and cheapness go hand-in-hand with low death-rate, and that that is entirely due to the class of cases admitted; for look at the various summaries of average cost per week in different asylums and we shall see that it is not diet, not quantity of drugs, not salaries and wages that lower the deaths and inflate the recoveries, but that where these are largest (whether the asylum is a large or a small one) the results are least favourable. With the provision list in one asylum at 5s. 2d. per week per head the recoveries are not so numerous per cent. as in another of nearly the same size at 4s. per head per week, so that in the latter the diet can have had nothing to do with recovery. In these asylums the drug charge is identical, so that medicine cannot be credited with the advantage; in the less favourable of the two the salaries and wages bill is much larger, so that medical and general attendance tell in the inverse ratio of their quantity. To what then can the difference be attributed? Only to difference in the nature of the asylum population.

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Dr. Chapman calls our statistics "unfavourable," but they are not so, having regard to the number and nature of the admissions. When our death-rate was high the provision list was high, and it was so *because* the death-rate was high. I was anxious to see that nothing in the way of extra diet should be wanting to stay, if possible, the large mortality. I do not think that the high diet very materially affected the death-rate, but with a number of feeble people in the population I should be sorry to see the diet-table reduced to what seems sufficient for some asylum populations, and that too in asylums averaging 600 to 700. During the last year there were 634 persons admitted here, and yet the average number resident during the year was only 133 more than the year before. Of those admitted, so feeble was their condition that 74 died, or nearly 11·7 per cent., a considerably larger percentage than in the case of Hanwell and Colney Hatch, because these two asylums, being nearer town than we are, received the pick of cases. It is thus manifest that if you have a feeble population, the vacancies in which are rapidly filled up by feeble (though perhaps acute) cases, the average number resident may remain about the same, but the percentage of deaths on the average number resident may be very large. Another thing to be taken into account in estimating the deaths in an asylum is the proportion of men to women in the population, and in the admissions; in proportion as the men are nearer in number to or beyond the women so will the average death-rate be higher, although the average number resident may be about the same; and it is worth while to notice how uniform is the death-rate on the female side (in established asylums), whilst the male rate varies from year to year. None of these facts appear to me to have been regarded by those who have lately compared the statistics of asylums as if they were all placed on a common basis, contained similar populations, and were built on like principles. Now as to the cost of different asylums. *Primâ facie* an asylum for 1,000 or 1,500 patients ought, all other conditions being equal, to be less costly than one for 600 or 700. If it is not there must be special reasons for the extra expense. I contend that there are special reasons. If anyone carefully examines the reports of the Lunacy Commissioners, he must see that the small asylums err in want of accommodation; either they have not a proper chapel or recreation hall, or the wards are too small and overcrowded, or the laundry arrangements are insufficient, whilst these

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charges are not made against the newest and largest asylums; in fact, as the large asylums are more expensive so are they more complete. The old and small asylums are also very deficient in the modern heating and electrical appliances—expensive matters, but still considered necessary nowadays. I grant that great care is required in the construction of a very large building, more so than in the case of a moderate sized one; for if in the former any flagrant error in the system of ventilation, warming or general construction is introduced, the cost of altering it will be greater in proportion to the size of the building, and the expense of it might become disastrous. This leads me to ask how buildings can be compared as to expense of erection when they are undertaken by different building committees holding different views as to what is required, and how it should be done; when, too, the very position of an asylum may be such as to everlastingly knock it out from competition with others. The administrative staff of asylums is scarcely similar in any two instances, and from this alone it may be concluded that the nature of the patients differs. In night attendance I am inclined to think, from reading Reports, that the large asylums are better off, and no doubt an additional reason for the larger cost of provisions is due to the attention necessarily given to feeble patients during the night, and to the larger number of feeble patients that it is now generally allowed the larger asylums contain. It has often been a surprise to me how the paucity of night attendants does not lead to more accidents or to greater distress. In this particular we are, I think, in England much behind the Americans, who in some asylums have a night medical officer. What guarantee have we now, even with a lay night inspector, that restless general paralytics are nursed as their feverish condition requires? I am not now comparing large with small asylums so much in this particular, as I mean that in none is it what might be desired; and I infer hence that salaries cannot be compared, and the same may be said of wages, for the number of attendants required depends very much on the structure of the building. As a rule, the larger the wards the fewer the number of attendants required, relatively to the whole number of patients. As regards the pay of the higher officials, there is no sort of relationship between the number of patients and the consequent responsibility and the salaries—all is an arbitrary arrangement settled by the views of different committees of

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visitors. Starting from my premiss that the larger the asylum the greater the proportion of feeble cases it must contain (unless in those where a selection is made), it goes without saying that in large asylums the hospital accommodation must be greater, the working bill larger, and the proportion of attendants greater, whilst the diet must be of a superior character and more in quantity, the stock of clothing greater, and the statistics less satisfactory.

The treatment of the insane at county asylums is at present a compromise. It is not scientific beyond a limited extent. It is a competitive system to try and show the best results in the most moderate figures, the data being alike in no particular except that the patients are paupers. Let us be candid. Is not the expense too closely scrutinized with regard to the interests of the ratepayers, who exclaim "if such an asylum is managed at so much per head per week, why should not ours be?" The very little difference that really exists between one county asylum and another (not to take extreme cases) and the close approximation in their statistics is a proof of this recognition of public criticism. Taking the various statistics of any asylum over a course of years, there will be found great diversities, but of late those of cost have approximated more.

Where is the standard to which asylum regulation must be referred? What central authority regulates the diet, or the amusements, or the supply of literature, or the quality of the clothing, or the numberless other things that mean comfort and probable cure, but which may be conveniently dropped without being missed? Practically none. There is no standard by which institutions may be compared. Is there any superintendent bold enough to affirm that he is not trammelled by considerations of the expense in the treatment of his patients, and that his results would not be greatly improved if he could put his hand more deeply into the asylum pocket? I quite acknowledge that there must be always a restraint in this direction, but what I do object to is that comparisons should be made between members of an imperfect system, that imperfection being greater or less according to the idiosyncracies of the individual who is at the head of it. The statistics of county asylums must be taken as showing merely what is done, not as correct estimates of what might be done. If lunacy is to be made a matter of statistics let us have a uniform system by which we can measure it. Why not have a definite dietary—at

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least for the same county—a similar mode of keeping accounts and registers? Nothing to my mind is more unsatisfactory than the dietaries at different asylums—some give "slop" dinners for soup or stew, others milk and potatoes, others preserved meat, others fish, &c. And there is no doubt that though the food may be good, a great many patients will not eat it. Of course, patients are fanciful and some may say that like schoolboys they would object to anything given them, but there must be something wrong when (as the Commissioners' Reports show) the dinner if often left by a great many.

Again as to the number of patients in an asylum that can be "superintended" successfully. Some say 600 and 700, some say many less than this. Here again much license must be accorded as to what is meant. If it means that the superintendent must personally examine daily, and be acquainted with all the particulars of the cases, the number is far too large. If it means only a general supervision, then he will scarcely have enough to do. The case is not fairly put by those who divide the asylum population by the number of medical men and accord so many to each, for in many asylums the superintendent is occupied largely with the steward's business, and spends as much of his time in looking after the farm, attending sales and buying stores, as he does in attending medically to the patients. Take the amusements, which are a great tax on the staff of an asylum. In many asylums these figure as a large expense, and there is no doubt of their value; in others they appear hardly at all. There is not even a settled plan of asylum management. In some asylums the superintendent manages the gas, farm, and patients, even down to signing orders for pins; in others he only occupies himself with the patients. I do not say which of the two plans is the best, but I do say that it is absurd to compare the medical attention that patients must get in the two systems. Is there not after all too much fuss made about the number of patients a man has to attend to? There are, unfortunately, in asylums, scores of cases that are better looked after by the nurse than the physician, and I say, without fear of contradiction that the present treatment of lunacy in this country is *rudimentary*.

Except tonic treatment to improve the general health and special treatment for cases of suspected syphilis, gout, or lead poisoning, there is really very little that can be done. In most

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cases the time for treatment has passed when the patients are admitted. So that the true way of keeping asylums empty is an anticipatory treatment which shall prevent them from getting full. Electrical apparatus, baths of various kinds are conspicuous by their absence, and now that the use of sedatives is generally discountenanced, it is easy to see why the drug and surgical instrument account generally averages ½d. a week per head. Beyond good dietary, open air occupation and protection, there seems little in the treatment of the insane nowadays, and the reproach so constantly brought against the medical men of this specialty for doing so little to advance it, will not bear criticism. If lunatic asylums were in large towns where libraries are easy of access, where men could meet others and compare ideas or refer difficult and disputed points, or if costly scientific apparatus could be procured at the expense of the asylum, and specialists in their use were at hand, there is no doubt more would be done, but such is not the case. Asylums and their officers are practically isolated. The functions of an asylum physician are more those of a general practitioner, and competition prevents the expense that would be incurred by the collection of scientific apparatus, library, &c.; whilst the worry and anxiety inseparable from an asylum whether of large or of small dimensions are such as to prevent (if a man is to do his duty towards his patients) any great devotion of time to scientific pursuits. I do not agree with those who say that little is done by asylum physicians. My opinion is that they go through a great deal of conscientious, harassing work, and it is only want of opportunity that prevents them entering more fully into the arena of public medical life. The treatment of insanity does not appeal so directly to the attention as in the case of the operating surgeon or the general physician, and, of course, the proportion of cases is very much less; but as for the results of asylums, taking 40 per cent. as an average of cures, they may be said to speak for the general efficiency. I contend, then, that whilst in county asylums much is done for the cure and treatment of the insane, it is an incomplete system, temporising only with the subject, and too heavily weighted, by competition and other considerations, to be taken as a standard of what the treatment of the insane should be; that comparisons between county asylums are impossible in the face of the differences that exist in the characters of their populations, the mode of their conduction, their situation, and their

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special completeness and aptitude for convenient treatment and accommodation. Is there then no advantage in large asylums? There is no doubt that they might if desired be built more cheaply; that they are not always so simply arises from the fact that building committees do not always feel bound to keep within the strictest economical limits. When they do so, as seen in the cost of the Metropolitan Imbecile Asylums, they are successful. That they contain a larger proportion of feeble cases than would be found in smaller asylums is, I think, no disadvantage for the patient. The outcry at one time was to remove all persons of unsound mind from the workhouses and to place them in asylums. Now that these "chronic" cases are sent to asylums, and the demand has arisen for more accommodation, the desire is expressed to send back many of the harmless patients to the workhouses, and to reserve the asylums for the violent and curable cases. It would be a pity to revert to the old system of keeping great numbers of lunatics in workhouses, for there is no doubt that they are far better looked after in asylums; and, moreover, I doubt if there is one asylum in the country (I am speaking of the county asylums) that could afford to dispense with its harmless and quiet population, for this reason, that the existing accommodation is not suited for the treatment of any but a mixed class, and of a class too which contains a preponderating element of harmless patients. If acute and violent cases only are to have asylum treatment, then the smaller the asylum the better; but Dr. Chapman has shown that it is possible to have large asylums comparing in all respects more favourably in the results of management than small or medium-sized ones, mixed cases being under treatment.

What would have been the expense for Middlesex if, instead of having three asylums, there had been six? It might have been less, *but almost certainly it would have been much more*, for the extra sum expended in land would have reached many thousands of pounds, and it is difficult to believe that the cost of building the six would not have cost more than that of the three, whilst the charge for removal of patients backwards and forwards would have been a lasting source of expense, much greater than it now is.

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