galvanism, and the auditory nerves seem to be too deeply seated for a weak current to have much effect.

There is one form of insanity which seems to find its affinities not with the neuroses, but with a very different class of diseases. I mean the affection called "typhomania," or Bell's disease, the "délire aigu" of the French, which, as its name implies, has been repeatedly recognised as resembling the typhoid condition of the continued fevers. As far as I know, there are only two explanations of this state: Liebermeister considers it to be produced by a high temperature acting upon the nerve-centres; while Dr. Murchison gives conclusive reasons for rejecting this view, and for supposing that the non-elimination of the products of tissue-change poisons the blood, and brings about a condition of the nervous system much akin to that caused by uræmia or acute atrophy of the liver. It is probable, then, that typhomania is due to some such state of blood-poisoning, and, at any rate, it is worth while to try, in such a very critical and difficult disease, the remedies which have been found most useful in the typhoid states of the continued fevers. Of these, digitalis has seemed to me more beneficial than any others my limited experience has enabled me to try; it might also be well to see whether belladonna was as great a specific as Dr. J. Harley's study of it would lead us to believe.

I fear I have more than fulfilled my promise that my remarks would be very unsystematic and fragmentary, but my purpose will be amply served if anything I have said should relieve any one else (as it does myself) from the feeling of helplessness which our specialty, above all others, produces.

A Visit to an Insane Colony.

By P. Maury Deas, M.B. Lond., Medical Superintendent, Cheshire County Asylum, Macclesfield.

(Read at a Meeting of the East Cheshire Medical Association, Oct 1st, 1875.)

In thinking over a subject on which to write a short paper for this meeting, it seemed to me that it would be better to select one connected with my own specialty, as more likely to possess elements of interest and novelty to the members, than if I chose one out of the ordinary domain of Medicine or Surgery, in which they have a much wider field of observation than I can have.

With that view, it occurred to me that some account, derived from personal observation, of a curious and unique

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

establishment for the care of the insane, which exists in a remote district of Belgium, might not be devoid of interest.

At the present day, there is perhaps no more pressing social problem than to find out the best means of dealing with the enormous and ever increasing numbers of our insane population; and we may derive useful hints, and have our ideas on the subject much modified, by studying a system of dealing with the insane which is totally at variance with those which, through long habit, prevail in this country.

A holiday run upon the Continent, in the summer of 1873, afforded me the opportunity, which I had long looked for, of paying a visit to the insane community or colony which has been in existence at Gheel for many centuries.

The leading principle of the system so long practised there is, that the patients, instead of being confined in a large asylum, under more or less unnatural conditions, are boarded out with the inhabitants of the district. They live in their houses, are, in fact, members of the family in every way, and are free to go out and in without any restraint. A great deal has been written about this colony, and very opposite opinions expressed, some maintaining that it was a sort of earthly paradise of the insane, where, under a rule of love and kindness, they enjoyed perfect freedom and the pleasures of family life; while others have denounced it as a sham, asserting that the liberty was more apparent than real, and was accompanied by great abuses—such as the extensive employment of mechanical restraint, and the exercise of tyrannical authority, if not positive cruelty. The existence of preconceived opinions and prejudices could alone account for such differences of opinion. In the account which follows, I shall simply state the results of my own observations, without any bias whatever.

The first question which suggests itself to any one who knows the instinctive aversion and prejudice with which, in all countries, the insane have been regarded, is how did this colony originate? how did such a system first come into operation? From time immemorial, the insane have been regarded as outcasts—to be shunned and avoided, or treated with gross cruelty and neglect. How does it come to pass that for centuries in this district the insane have been housed and cared for in the homes of the people? The answer is a striking instance of the power which tradition possesses among a simple and primitive people, and also of the force of hereditary instincts, and of early custom and example.

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

Nearly 1000 years ago, tradition says, an Irish princess, called Dymphne, was converted to Christianity, and, to escape her father's anger, fled to Gheel, whither, however, he pursued her, and where he beheaded her with his own hand. In time she was canonised as Saint Dymphne, and in some way her shrine acquired a reputation for curing the insane, who were consequently brought on a pilgrimage from all parts. Some, it may be, were cured by the priests' prayers, the intervention of the saint, or change of air; but many, it may be believed, remained unaltered.

Loth to believe their maladies hopeless, and strong in faith, cases were left behind, boarded at first in a small building near the church, afterwards in neighbouring cottages. Those who had charge of them would thus look on it as a religious duty to be kind and attentive to those who were under the special protection of their patron saint; and when we add to this the intimate knowledge of the peculiarities of the insane, which, in the course of years, would thus be acquired and handed down, we can understand the way in which the great essentials of the system grew up, viz., kindness and sympathy, with confidence and want of fear.

Begun in this accidental way, the colony, in course of centuries, became greatly expanded, and acquired a wide reputation. Of late years it has been taken in hand by Government, and placed under the control of a Commission or Board of Governors.

Gheel itself, which forms the centre of the colony, is a small country town, of about 2000 inhabitants, situated in a district called the Campine, in the province of Antwerp, from which town it is reached by train to Herrenthals, thence by a primitive, old-fashioned diligence, for about nine miles.

The town is situated in the midst of a moor, from which the cultivated land has been reclaimed; but in the outlying districts there is much waste, unproductive land. This is divided into small plots of two to six acres, owned by cotter farmers, living in scattered cottages of the poorest class, similar to what are found in some parts of Scotland and Ireland. The whole colony comprises about 30,000 acres, with a population of 11,000; and among this population are scattered about the large number of 1,300 insane, who are boarded out in about 800 houses.

In the centre of the town there is a small hospital or central asylum, erected a few years ago, containing about 50 beds. The medical director of the colony resides here; and

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

here all cases are received in the first instance, to be drafted off in a few days to some portion or other of the colony, at his discretion. Here, also, serious cases of illness may be sent, as well as cases which, from temporary excitement, may have become unsuitable to be at large. It should be added that only the milder forms of insanity are under treatment, as a rule, at Gheel; those decidedly dangerous to themselves or others not being sent there.

The keynote, as it were, of the system is struck in the names given to the patient and his guardian. The latter is termed "nourricier," a nourisher or foster-father; the former, "pensionnaire," or boarder. These terms are invariably and naturally used, and strictly express the relationship. No half-veiled aversion or dread finds expression in such terms as "lunatic," "madman," "keeper," "warder," so common, I am sorry to say, still in this country.

A register of "nourriciers" is kept, on which is inscribed all householders willing to receive "pensionnaires," and who can satisfy the direction as to their respectability. They must also be able to provide the accommodation prescribed, which is a room containing 500 cubic feet for each patient, with iron or wood bedstead, wool or hair mattress, straw palliasse, bedding, &c. This is for the poor who are paid for by their commune; but there are in the colony about 100 patients, paid for by their friends, who are boarded in a similar way in the families of well-to-do people; in some cases the accommodation being very superior, and the patients of a high class.

The colony is divided into four sections, and to each of these there is a physician and an inspector.

With one of the inspectors, or "garde de sections," I made a tour of a portion of the colony. He was a most intelligent and superior man, understanding his work thoroughly, and possessing a good knowledge of insanity generally. Yet this man only had 600 francs a year, just about half what we pay for ordinary attendants, who know little or nothing.

He had under his care 300 patients in 160 houses, all of whom he visited every week, having to go as far as four miles to visit some of them.

The first day, we confined ourselves to the town itself. Here the quieter of the patients are boarded; also epileptics and idiots, as well as most of the private patients. The town is a rambling, irregular place, composed mainly of small cot-

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

tages, white and clean looking, and most of them clean and fairly comfortable inside. We entered a large number of the houses, inspecting the accommodation, and conversing with the "pensionnaires" and their "nourriciers" where practicable, but many knew little French, and spoke only Flemish, or the peculiar Walloon dialect. There were mostly two pensionnaires in each house, seldom or never more, and in many cases only one.

The time of our visit was very favourable for observing the confidence placed in the patients. The great annual festival of the Kermesse was going on, and in many houses we found that the patients had been left in charge of the establishment, while the nourriciers were away at the *fête*. One man, a shoemaker, was thus left in charge. He was extremely voluble, and in a state of sub-acute mania. He showed us his bedroom, which was up a break-neck stair, which would undoubtedly not be up to the requirements of official inspection in this country, but had the advantage of being homely and what he was used to. It was very clean, and contained a good bed and ample clean bedding. When we went in he was in his shirt-sleeves, and working at his trade. Others whom we saw were engaged in various domestic offices. One woman showed us some lace made by herself, the proceeds of which would be her own property. It was beautifully fine and well made. But the favourite occupation of the women patients was nursing the children. Nothing was more interesting in the whole place than to watch the care and interest shown for the children; and, on the other hand, the affection and confidence which they exhibited towards the patients. In one or two instances I asked the mothers if they were not afraid. They did not seem to comprehend at first, then quite laughed at the idea, the pensionnaire herself even appearing to enjoy the joke. Watching this, it was easy to see how the system here perpetuates itself, and remains always successful. The children, from their earliest years, are brought up among the patients, are taught to look upon them as members of the family, and thus not only have no fear of or aversion from them, but grow up looking on them as their best friends. Constant familiarity with their ways and peculiarities takes away the temptation to idle curiosity, or to ridicule. Brought up in this atmosphere, they are thus admirably qualified in time to become "nourriciers" in their turn, and to hand down the art to their children. I was particularly struck with the naturalness of their manner to their

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

charges; no sign in it, or in their way of speaking, showed that they had charge or authority over them. Hence the obvious confidence and mutual sympathy. Hence also, to a great extent, the secret of their confidence being so seldom misplaced, or the liberty taken advantage of. There is, as it were, no temptation to do things which, being never forbidden, probably never occur to them. It is the old saying, that there must be a law before there can be a transgression.

What I have said may seem highly coloured, and no doubt there must be exceptions; but from many examples it was quite plain that it was exactly as I have stated; and that the confidence and the liberty were both great and undoubted.

We met and spoke with many walking alone in the streets; some displaying in their manner and gestures evidence of their malady; others presenting nothing noticeable, but all alike moving about at "their own sweet will," no one noticing them any more than other passers-by; indeed, not attracting a tenth part of the curiosity which the sight of an English lady and gentleman evidently aroused.

One man whom we thus met, intelligent looking, and a watchmaker by trade, had lived in England for some time, and spoke English a little. He did not present anything amiss at first, till he said he had lived near Brighton in the Palace of the Devil; that the English wanted to make him Emperor of France; that he was specially charged to arrange intermarriages among the English, Germans, and French; and that he was the best watchmaker in the world. He became very voluble and excited, as he went on. Another said he was anxious to go home; when asked where it was, replied, "au ciel." He had been eleven years at Brussels and four here, but he was going "home" very soon now. He added, that all the people in the world, including ourselves, would ultimately be at his disposal.

I mention these instances to show that those who were going about at large were not merely imbecile or demented, but suffering from active insanity. We visited one of the Pensions for high-class patients, with accommodation for three or four. There were all the appointments of a good modern house; large, handsome rooms, almost luxuriously furnished; a fine garden, &c. There was not a sign anywhere of anything special. The owner of the honse was a most superior, intelligent man, by business a china merchant. I had a good deal of conversation with him. He told us of a Russian prince who had been there. For nearly a year before he

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

came, he had been almost constantly restrained by the camisole, or in seclusion, and he was brought under the care of four attendants. Within a month he was living as one of the family; his own doctor came to see him, and was astounded to see him dining at the family table. Before long he became well enough to return home.

This is a striking example of the beneficial effects of the "free" system, as contrasted with the excessive use of mechanical restraint, still so much practised abroad. Even at Gheel mechanical restraint is freely used in the Central Asylum, and in spite of the striking evidence of the freedom which may be accorded to the insane, as shown in the colony, views of medical treatment quite at variance with this prevail in the asylum, as they do in others on the Continent, showing that there are bad traditions as well as good traditions, and that both are very powerful. In the asylum, containing only some 40 patients, I found four women and one man fastened in what are called "chaises de force;" strapped down in chairs of peculiar construction. Two of these had also their ankles strapped, and one was fastened by a belt round his waist. There were besides two in seclusion. The man was a case of general paralysis of two years' standing. He seemed very quiet. The women seemed more helpless than violent. There was no nurse to be seen near them, and one of the many evils of such restraint is that it relieves the nurses from the necessity for constant watchfulness. In the colony the "nourriciers" are not allowed to use restraint except by medical order; but it is used at times under this restriction. The chief mode is a leather band round the ankles, to prevent those who have a tendency to escape from going far. It allows of walking, but slowly—like a horse, when hobbled; I only saw one man in the course of my visit thus fastened.

We visited the church, which is a fine old building, dating back to the 12th century. We saw the cells which used to be occupied by those brought to be cured by exorcism, and the intervention of Saint Dymphne. This is still done some few times a year, and two of the cells are still used, and what is more, the old chains and gyves, by which their feet are bound together, and then fixed by a chain to a staple in the wall. They are then prayed over by a priest, who, in spite of all the precautions, is still perched up at a safe distance in a small gallery! They are received for nine days, then for nine more, if wished. It seems that at the end of this time they

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

usually find their way to the asylum considerably worse than when they came; but occasionally they do recover rather suddenly; then, "a miracle, a miracle" is the cry. My intelligent guide, who gave me these particulars, was evidently not one of the "devout," and not at all a believer in the efficacy of St. Dymphne.

The shrine, said to contain her relics, is of silver, and very beautiful. The altar piece is a fine piece of sculpture in white marble, representing full-size figures of the insane appealing to the Virgin, and having gilt manacles on their legs, showing how common the idea of restraint must have been when it could be seized upon by art to indicate the person intended to be represented.

The following day I went on a tour, still accompanied by my intelligent *garde de section*, through some of the more outlying portions of the colony. In these, as a rule, the more troublesome, noisy, and violent cases are boarded. They have the great advantage of plenty of space for exercise on the open moor, which everywhere encroaches on the cultivated patches round the cottages, and find healthy and useful occupation in assisting the nourricier to derive a scanty and hardly-earned subsistence from the poor soil, or in helping the wife with the cow, pigs, or in domestic work. The cottages are very poor; many of them built of clay and osiers, and thatched with heather. Not much can be said for their cleanliness, but they were homely, and what the patients had been used to. The room for the pensionnaire was always the best and most comfortable, provided with a good bed, &c., and clean. This may be partly, no doubt, due to the fact that the cottagers are very anxious to have boarders, as the sum, small as it is, which is paid for them, and the value of their labour, are a material assistance to them in the struggle for existence. Although the patients, as a rule, were of a lower and more troublesome class than those in the town, the same salient features were observed. The patients were treated as integral members of the family; they appeared to be well cared for; there was the same freedom to go out and in as they liked; there was no trace of any harshness or ill-treatment, and they seemed, as a rule, happy and contented. Many of the cases which I saw would be considered bad cases, even in an asylum. Several exhibited a good deal of excitement, but there was no restraint put upon them; they were free to come and go as they liked. Outside one cottage there were two women considerably

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

excited. They were walking about; one singing and dancing; the other gesticulating and shaking her fist, and brandishing a stick, but there was plenty of room; no one to notice her, and no one to fight with her. The nourricier and family in this case had gone to the Kermesse, and a *patient* from an adjoining cottage, who was convalescent, was in temporary charge of the establishment and the two patients. A number who were said to be at times much excited were employed in various ways; churning butter, peeling potatoes, attending to the cows, or to domestic matters. One man, a chronic melancholic, had just got up, and the woman of the house was dressing him. In another, a young woman was completing her toilette in her own room; and conversed affably and laughingly with us through the small window. Everywhere my guide seemed to be a favourite, and to be received as a friend. As we walked along he gave me much general information as to the working of the colony.

The payment made to the nourriciers is about 3s. per week; and for the more troublesome cases about sevenpence a week extra. Clothes are provided by the administration, and a list kept in a small book.

The dietary is usually as follows:—There are four meals a day. For breakfast coffee, with bread and butter. At noon soup, with potatoes, or other vegetables, and a little bacon. At four, buttermilk and cakes. At night coffee again. The bread is chiefly rye, and very black and coarse.

Enquiring as to accidents and escapes, I was informed that there had been three or four suicides in 18 years, that serious accidents were very rare, and that the attempts at escape were not frequent. The locality being remote, there is not much temptation; and the police of the neighbouring communes, as a rule, recognise them and bring them back at once. After making due allowance for the fact that the cases sent are selected to a certain extent, the freedom from serious accidents among such a large number of insane cannot but be regarded as remarkable. From my personal observation the selection of cases is by no means a very narrow one.

As to the number of recoveries, I could not get very definite information, but they do not seem to be very numerous. My guide estimated that there were only six in his section, containing 300 patients, who might be regarded as probably curable. On the whole the system seems better suited for chronic cases than for acute cases where there is

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

hope of cure. There is a monotony in the life—a want of the variety of interest and amusement which exists in a well-managed asylum; and above all, there is the want of immediate and constant watching of the cases, and of direction of the treatment by a medical man. This last seems the great blot on the Gheel system. The china merchant, whom I mentioned before, stated most strongly that the great evil in Gheel was the want of efficient medical supervision. It seems that the medical men in charge of the sections only visit their patients, as a rule, once in three months. But for the intelligence and judgment of the gardes de sections, who visit them every week, this evil would be more felt than it is; and the person before referred to, said indeed, in answer to a remark on this subject, that the inspector was, in fact, the doctor. Even for chronic cases, if they are at all of a superior class, and have much mind left, life in such a place must be dreary and monotonous. We had a striking instance of this in the case of a lady patient, whose acquaintance we made, and who spent some time with us. She had lived 10 years in England, spoke English perfectly, and in the intervals of attacks of periodic mania was to all appearance quite well. She was highly accomplished; and played and sang most beautifully. It was easy to gather from her conversation, and the wistful way in which she spoke, how dull her life was, and how cut off she felt herself from the world.

These considerations, however, cannot blind us to the great fact which faces us at Gheel, viz., that it is possible to have upwards of 1,000 insane persons living in a community as part of it, enjoying the advantages and freedom of family life; happy, contented, well-cared for, and yet under little or no restraint, controlled only by kindness and the mutual confidence which exists between them and their guardians. This is the great lesson which Gheel teaches, and which all in this country who have to do with the insane should lay well to heart. To found anything like a Gheel in this country would be utopian, impossible—such a system could only *grow up*, and that under most exceptional circumstances. But it is a great and important fact to know, and one which might be turned easily to practical advantage, that a vast number of the chronic insane might, under favourable circumstances, enjoy much greater freedom, and live a more natural, homely life than is possible for them in any close asylum. In a carefully arranged and supervised system of boarding out, is, I believe, a solution to be looked for ulti-

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press

mately for that deadlock which at present only leads to the building of one huge asylum after another, with elaborate machinery and arrangements, well adapted for recent, curable cases, or for those with strongly marked insanity; but quite unnecessary for the majority of cases of chronic insanity. But before this can be done, public opinion needs a great deal of education. Many old prejudices must be done away with; a state of things must be brought about in which an insane person should not be, in a special sense, merely an object for idle curiosity and remark, but treated as one possessed of any other infirmity, such as blindness or deafness, would be, with pity and consideration; and, above all, with a manner showing no fear or aversion; treating them, in fact, as much as possible on an equal footing, as far as their faculties go. This may seem very utopian, and perhaps it is so; but I believe that a visit to Gheel would convince any unprejudiced mind that it is, at any rate, possible; as I think it would also show them how utterly mistaken and cruel is the mental attitude which the majority of people adopt in reference to the insane, not intentionally, but from habit and prejudice. Until, however, this attitude is very much altered, progress in the direction which I have indicated is quite impossible, and any attempt would probably end in failure. I have faith, however, myself, that a time will come when our present ordinary ideas as to the insane will become as obsolete and seem as strange as their treatment by chains and fetters, or the attempt to cure them by the exorcising of a priest and the intervention of St. Dymphne.

Notes on Lunacy in British Guiana. By JAMES S. DONALD, M.B., Edin. Resident Surgeon, Lunatic Asylum, Berbice.

Few countries, if any, afford better opportunities for the study of insanity, as exhibited among different races, than British Guiana. Here, gathered together in one asylum, are West Indians, Coolies* from India, Chinese, Portuguese, and Africans; and, although the types of insanity are very similar in all, yet there are some distinctive features, worthy, I think, of being noted. Many difficulties arise in investigating

* "Coolie" in this country is a term exclusively applied to labourers imported from the East Indies, and their descendants. Labourers from China are always spoken of as Chinese.

https://doi.org/10.1192/bjp.22.97.66 Published online by Cambridge University Press