7. Asylum Reports.

Some English County and Borough Asylums.

Brighton Borough.—This is the first report of the Committee since Brighton assumed the sole charge of Haywards Heath. The removal of the East Sussex patients left many vacant beds, which, however, were speedily filled by contracts, with the result that a profit of over £1600 was made. Of the 150 admissions from the Borough no less than twenty-two were general paralytics, and of them eight were female cases. Only two out of forty-six deaths resulted from phthisis.

Cumberland and Westmoreland.—Many of us hold that too great importance cannot be given to the causative influence of alcohol in relation to insanity, but there is one aspect of the question that must not be lost sight of. Dr. Farquharson, in stating that it does not appear to increase as a cause in his counties, and has less effect than it may have in large towns, writes:

"There is an idea, somewhat widely prevalent, that a large proportion of the inmates of asylums have brought on their insanity by their own vicious habits; our statistics show that this is not so in these two counties. It is well that these facts should be borne in mind; if we realise that the vast majority of the patients in our asylum are here through no fault of their own, but through disease of the brain, induced by causes over which they had no control, we shall be more likely to extend towards them our practical sympathy, and to grudge nothing that will increase their chances of recovery, and promote their welfare while under care in the asylum."

Derby Borough.—Dr. Macphail notes that, of eighty-eight admissions, seventeen had been in the asylum before. Of these fourteen were relapses, in seven cases after one, in three after two, and in four after three previous attacks. The average time between the attacks in all fourteen cases was one year and nine months. The large number of eight deaths out of thirty-two was due to cardiac disease. A comfortable detached block for thirty private female cases has been completed.

Hants.—This county is one of the few in which occurring insanity appears to be declining in frequency. In each of the last four years there has been a drop in the admissions of twenty, and now Dr. Worthington writes that it is necessary to go back to 1889 to find as low an admission rate as obtained in 1904. No reason is suggested for this. The average residence, however, remains the same. Tuberculosis accounts for nearly 30 *per cent.* of the deaths.

Kesteven.—The committee have ascertained the full cost of this asylum, finding it to be about £157,000. The 420 beds provided thus work out at about £370 each. At first sight this may appear to be an unduly large amount, but it has to be remembered that a period of abnormally high prices existed during its construction, probably causing an increase of at least 20 *per cent.* on structure. One hears a good deal said at times about the relative cost of institutions per bed, and among the laity this method of reckoning is much used for aggressive comparison. But to those who know it is a most fallacious method in the absence of controlling data. For instance, the price and

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size of the estate, the number of cottages provided and so forth must be taken into consideration. Some committees can afford to let their staff hire house accommodation outside the estate, and thus keep down capital expenditure, while others are forced to build cottages, since there may be no such accommodation available. Nowadays committees generally provide extensive heating arrangements and electrical plants, thus swelling capital expenditure, while but a little time ago wards depended chiefly on open fires, and gas was often laid on from outside, capital expenditure being thus kept low. But, if future maintenance rates are taken into consideration, it will generally be found that the interest on extra capital is more than saved in current expenditure. Interest will moreover cease, while the other is permanent. So, too, with the walls of passages. Glazed bricks are more expensive than common bricks, but, beyond being more irreproachable in the eyes of the Commissioners, they are eventually less expensive than any other material. These and many other similar considerations should be borne in mind when strong things are being said about the huge cost of modern asylums, and especially when such cost is charged, somewhat unjustly, on the requirements of the Commissioners. It may safely be remembered that in such matters committees have the real control, and are likely to justify their selection by business methods in the face of the growing outcry against local burdens.

Lincoln.—The following is worthy of note:

We have at present in this institution a patient who was admitted from H.M. Prison, Lincoln, in August, 1898. In June, 1900, on the expiration of his sentence, he was transferred to the pauper class. Since his admission he has been a constant source of trouble, irritating, annoying, and inciting to insubordination his fellow patients. In addition to this he has committed nineteen assaults upon patients and attendants, besides threatening to murder the Medical Officers. I wrote to the Commissioners in Lunacy some time ago, asking them if it was possible that he could be removed to Broadmoor Criminal Asylum as being dangerous, and totally unfit to remain in this asylum. The answer I received was not consolatory, "There is no way that we know of, except for him to commit a crime."

The London County Council Asylums.

This report grows yearly in size, and certainly does not decrease in value. The Committee, in their own report, which opens a volume of over 200 folios, indulge in a justifiable growl against their colleagues on the Metropolitan Asylums Board. They very truly say that they themselves have not only to provide for the acute lunacy, but also for the chronic cases, for whose accommodation the other Board has power to build asylums, but does not. We are quite of the same opinion as the Committee about the absurdity of two public bodies providing for lunacy in one area, especially as one can provide or not as it chooses, and in any case leaves the other to be blamed for shortage. This dual system in London has always been a puzzle to us. If there were any definite border-line between the responsibilities of the two authorities such a system might be made practicably efficient, if not advantageous. But as it is there must be an immense waste of energy and money and want of proper co-ordination. For instance we read in the Colney Hatch

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report that thirty-two boys under sixteen years of age were admitted, for some of whom vacancies were found in the schools of the Metropolitan Asylums' Board, and Dr. Seward states that these might just as well have been sent there direct from the parishes. The cost of maintaining the insane under the two authorities has gradually approximated, in fact, including the imbecile schools, etc., the Board's weekly charge is almost identical with the average charge of the Council, being for 1904 11*s.* 2·2*d.* against 11*s.* 3·58*d.* So there is no ground for advancing economy as an excuse for duality.

The yearly total increase of resident lunacy for 1904 is 704, of which an increase of 640 is found in the asylums under the County. This is an excess of 128 cases above the fifteen-year average of residence. We need not wonder that, though the new Long Grove Asylum is due to be finished in the spring of 1907, the Committee have got out plans for yet an eleventh asylum to accommodate 2000 more patients. In speaking of the numerous cases of senile decay sent in the Committee point out that as much stress is nowadays laid on heredity as a cause of insanity, it does not seem just that a family of a man whose mind has become enfeebled though old age should be stigmatised with insanity because the only place provided for his treatment is the county asylum. Some of these cases were actually discharged a few days after admission as having shown no signs of insanity. In this direction evidently a considerable amount of good would be effected by unified and enlightened administration. The Committee report that they have made attempts to put in action Section 57 of the Lunacy Act, which provides for suitable cases being boarded out with relatives or friends, but that the machinery was found to be so cumbersome that no success attended the trial. A large amount of work was found at Long Grove for the unemployed last winter, and though the progress of the work was slow by reason of the freshness of the work to many, and on account of the poor physical health of those taken on, the Committee were quite satisfied with the result.

We are most pleased to see that the known liberality in the matter of pensions which the Committee have shown to those who were in the service before the days of the London County Council is continued to those who have entered since. We note that Mr. Partridge, who for so many years has been the Clerk of the Council Committee and of its predecessor, has retired. Not only is graceful acknowledgment made of his great services, but he has also been accorded a pension. Probably few men know so much about the insane, their ways, their cost, and their law as he does. The Committee make mention of the unfortunate scandal which arose in connection with the Horton Asylum. This has been so thoroughly discussed from every aspect that we are glad of this excuse to pass it by in silence.

Banstead.—Dr. Johnston Jones has been experimenting with diet at the request of his Committee. He finds that the substitution of a second pudding course for half the allowance of meat is very satisfactory. It is pleasant to the patients, there is no waste and the weight books show a decided increase. And in the matter of turbulence and excitement there is gain.

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Bexley.—Speaking of the difficulty in getting accurate family histories Dr. Stansfield relates that he has sometimes been the first to tell of a previous attack in a patient to the husband or wife, so ignorant are married people often of the antecedents of each other. He found insane heredity in 53·9 *per cent.* of eighty-nine cases, in which he was supplied with a full history. He considers that on account of the frequent ignorance mentioned above even this high ratio is an understatement. He found evidences of syphilis in 20 *per cent.* of the total admissions, and in the general paralytics it afforded a percentage of 78 for the males, and 70 for the females. General arterio-sclerosis was found in 143 cases, or 32·6 of the total admissions.

It is stated that some brilliant work on the part of Dr. Knobel, formerly an Assistant Medical Officer at Bexley, in the study of asylum dysentery "tends to refute the ideas as to the great infectivity and mode of propagation of the disease which have been put forward by Dr. Mott."

A spray bath has been introduced into one of the female wards for bathing the infirm and obese patients, the lifting of whom was before a severe task for the nurses and a risk of injury to the patients. The experiment has been attended with complete success.

Cane Hill.—In their report of this asylum the Commissioners pointedly mention the fact that though general paralysis caused 21 *per cent.* of the 219 deaths, yet in all these 219 deaths a bedsore was found *post-mortem* in one case only, and that existed on admission.

We wonder whether those who wish to leave asylum nurses outside a State Register can produce any better evidence of the success of nursing in its highest phase—the persistent and patient carrying out of medical instructions under the most difficult and depressing conditions from year's end to year's end. A want of recognition of such service can only argue utter ignorance of the requirements of one of the most extensive and important branches of the calling.

Claybury.—Dr. Robert Jones is not one of those who think that the problem of overcrowding can be solved by keeping senile cases in workhouse infirmaries, for which he rightly says they are quite unsuitable. But one would think that they could well be treated at Leavesden or Caterham instead of taking up space provided at great cost for more moving cases. This is another direction in which the want of co-ordination in London lunacy causes waste and inconvenience. Four *per cent.* of the patients resident are found to be phthisical, but some of them get well of their tubercle. In such cases the ordinary supply of fat food is doubled by an extra quantity of dripping fat with good results. Dr. Jones protests against the reception of five male and two female criminal lunatics on account of the harmful association of such persons with the innocent-minded and youthful of both sexes. The Committee allowed the Steward and Matron of the Cairo Asylum to be taken on the staff temporarily for training.

Colney Hatch.—The buildings now being put up in place of the iron wards, which were so disastrously swept away by fire, are to comprise five detached wards with covered passages connecting them with the main building, a villa for imbecile boys, and a special block for female

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patients suffering from tuberculosis with facilities for open-air treatment. One hundred and twenty-four Jewish patients were admitted, of whom the great majority were aliens of a low type.

Hanwell.—Dr. Alexander has to deplore recrudescence of dysentery. The previous experience as to its infectivity and its selection of particular wards, not necessarily overcrowded or imperfectly ventilated, is confirmed. He has been trying the Wakefield treatment, to which we adverted some little time back, of daily saline aperients for cases of habitual constipation. Success has attended the treatment, but Dr. Alexander has not had time yet to say definitely that the success is *propter hoc.* "Tram treats" are a new and much appreciated form of recreation. The Committee occasionally secure an electric tramcar, which takes the patients to a field at Uxbridge for a "happy day."

Horton.—Eighty-seven *per cent.* of the discharges are sent "on trial" to their homes with, as Dr. Bryan thinks, the best results. He has to regret very numerous changes in the female staff. He finds that a high percentage of applicants with previous asylum experience are useless, while the great range of service required, extending as it does from the highest form of nursing to ordinary housework, limits the area from which suitable candidates can be looked for. So much is this the case that he anticipates the coming of a time when some re-arrangements of lunatic attendance must be made.

Manor.—The want of ground labour has caused this asylum, which previously contained only females, to be increased by a new villa containing sixty male patients transferred from other asylums. The benefits arising from this introduction of labour have been at once apparent. Not only have the grounds and orchards been made more presentable, but the raising of flowers, fruit, and vegetables has at once reduced the maintenance. A fact of this sort must have its bearing on the cry that is frequently made for cheaper asylums for chronic cases. Who will do the necessary work for the acute population if such workers are removed elsewhere?

The Colony.—Dr. Bond invents the useful term of *pseudo-convalescent* for those who are quite sane between attacks of acute insanity which will recur from time to time with certainty, this certainty providing the necessity for detention. It is over such cases, not necessarily epileptic, that the legal and the medical mind enter into fruitless dispute. Dr. Bond reports the general tendency of things and people to justify the aims and objects of the institution. He says that there is an increasing readiness to send patients direct from the parishes instead of their being filtered through asylums. He strongly advocates the granting of powers to public asylums for the reception of voluntary boarders. He receives many applications from friends for admission of epileptics sane at the time, and therefore inadmissible under the present lunacy law, such friends valuing the preventitive rather than the curative treatment. There is a large contribution of statistical information which, under the experienced hands of Dr. Bond, cannot fail to be of the highest accuracy and value. It cannot be appropriately dealt with here, and we must repeat our suggestion of last year that he should some day contribute to the JOURNAL a full report of the conclusions to which he

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comes and the grounds on which they are formed. His experience is, in a sense, unique, and he occupies a ground on which the elements of sanity and insanity can be compared and contrasted with greater completeness than at any other institution. We much regret that he should have been the subject of a ferocious attack at the hands of a patient. At the same time we are most happy to be able to congratulate him on recovery.

The Pathological Report of Dr. Mott.—As usual this is full of interest, and we regret that it is impossible to make here more than a few passing remarks. Dr. Mott conducted a systematic *post-mortem* examination in all cases of death occurring in Colney Hatch and Claybury Asylums with a view to arriving at a conclusion as to the frequency of tubercular disease, active or quiescent, diagnosed or undiscovered. He found a slightly lower proportion in the older asylum, for which fact he offers the suggestion that in it more old people of long residence had died with lungs free from tubercle. His very strong opinion is "that the great majority of the patients who die with active or obsolescent tubercle, undetected on admission, were, nevertheless, then the subjects of the disease." It is not so stated specifically in the report, but we gather that Dr. Mott does not regard the asylum-manufacture of phthisis as an important theory. He points out that tuberculosis is the common cause of death in dementia præcox, for, out of twenty-three cases in which the notes indicated this mental affection, seventeen died of tuberculosis. The equivalent of dementia præcox used by Dr. Mott is "dementia of adolescence," which seems to us to come nearer to a true description of the disease than do any of the other groupings of symptoms known by the name.

Dealing with heredity, at the request of the Commission on the Feeble-minded, he, like others, finds how hard it is to get a real history. He thinks that "potential insanity in its protean aspect, as epilepsy, especially petit mal, eccentricity, weak moral control, and other forms of feeble-mindedness, is almost as important, from an hereditary point of view, as the fact that some relative has been in an asylum." Some statistics which he has been able to produce tend to show that in the great majority of recurrent cases heredity is found. This is in accordance with older statistics, which go to show that heredity is, if anything, rather in favour of a case recovering from a given attack, slighter causes upsetting an unstable mind being more easily thrown off.

The Statistics.—As before pointed out by us, the statistical tables dealing as they do with such a large mass of patients as to afford much material for elucidating points of interest and value, are in many important directions of comparatively little use, because from the diversity in methods of enumeration it is impossible to totalise the returns of individual asylums. Without that totalisation truth cannot be arrived at, for, in face of the fact that external factors decide the admission of particular cases into that or this asylum, none of the asylums can be profitably compared with its fellows or with any other asylum in the kingdom. We are glad therefore to hear that a sub-committee has it in hand to bring up a new set of tables that will lead

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to better results. There is no indication as to whether the Association tables as lately revised will be adopted or not, but we may hope that they will find due favour. But, whatever the final shape given to the revision may be, it will be a great good if the same methods are used in the asylums of the Metropolitan Board. Then there would be a full array of figures dealing with practically all the insanity of the area covered by the two authorities.

City of London.—The report is the last from the hand of Dr. Ernest White, whose retirement is duly dealt with under complimentary circumstances. We can congratulate him on a long and successful tenure of a highly responsible position. His services have not been acknowledged solely by word of mouth, a handsome pension being the practical appreciation of his work. We may wish his successor, Dr. Steen, as long a career, as great a measure of credit, and as happy an apotheosis.

Suffolk.—Dr. Whitwell gives expression to a difficulty that must be felt by all, and one which deprives of their accuracy the records of successful treatment of mental disease, though, over a large area of differing opinion, a fairly trustworthy average result can be arrived at.

"The recovery rate for the year has been exceedingly low, the lowest for many years, and this has been in part due to the very hopeless character of the admissions, and also to a most critical use of the word recovery. This word is one which gives a great deal of trouble when really analysing cases and results; that which is called recovery in bodily disease will not hold good to the same extent in mental disease, the standard is necessarily different on account of the complexity of nervous structure and mental disease, and the essential interdependence of the various parts of the brain; thus many patients recover from this or that disease with the loss of, say, an appendix, or a finger, the result of this on the individual as a world-inhabitant is frequently of little moment, but a damaged brain, in so many cases affects the entire harmonious working of the whole as an organ, and though the physical deficiency is as small or smaller than in bodily disease the efficiency of the organ as an instrument is impaired, and the function of the individual in the social-complex as a world-inhabitant correspondingly diminished."

East Sussex.—The committee record that a female industrial trainer has been engaged for the idiot children with highly satisfactory results. Dr. Taylor, in speaking of the great demand for private accommodation, suggests the erection of two more villas for this class. For the purpose of tracing infection in colitis cases a nightly record is kept of the beds in which all patients sleep. A very curious cause of death of a patient is recorded. A female died from exhaustion from duodenal fistula, resulting from the extrusion of a dessert fork, which she stated was swallowed by accident at another asylum some three years before, aad which gave rise to no symptoms until the prongs protruded through the anterior abdominal wall. We note that in the causation table Dr. Taylor takes as his basis only "direct" admissions, ignoring those transferred to his care. He thus follows the lead of the Statistical Committee. This is, undoubtedly, the only safe method.

West Sussex.—We are glad to see that the pension question is being considered at Graylingwell. Dr. Kidd writes:

"The subject of a scale of superannuation allowances is now receiving the attention of the committee. During the year five attendants, two of them married

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men and holding charge appointments, left within three weeks at short notice to take up private nursing. It is within my knowledge that these men frequently give up their appointments and years of service only to find out afterwards that their best policy is to re-enter asylum service at some other institution. The mischief is, that this institution loses in this way men of good experience whom it would be an economy and an advantage to retain by every possible means."

Some Scottish District Asylums.

Ayr.—Dr. Easterbrook is one who takes infinite pains to arrive at satisfactory histories in his admissions. He states that in no case has it been found to be impossible to get a sufficient *personal* history of the patient's present attack and past illnesses, his habits, traits, mode of life, etc. The results of inquiry into heredity have not been so successful, but he appears to have obtained more or less reliable information in all but 11 out of 138 cases. In 43 cases addicted to alcohol he found that in 19 only could the mental disease be attributed to the poison, in the others indulgence was symptomatic. We are entirely with him in his belief that in the majority of people what is called moderate drinking is more than enough, and we would go further in stating our belief that, while alcohol as a demonstrable cause of insanity may be over-rated, by no means is the influence of quiet destruction of function and organ sufficiently considered. But we think that he is in error when he takes a certain fixed amount of alcohol as denoting the universal margin of safety; that implies a similarity in man and his economy which is clearly wanting. Each one must have his own limit, in many the limit is zero. The statistical tables are elaborate, and, in many respects, unique.

Argyll and Bute.—Nearly one third of the cases admitted were re-admissions. This high proportion is probably due to the broad and liberal views (to quote the remarks of the Commissioners) that Dr. Cameron displays in giving cases a chance of residing outside the asylum. No less than 138 out of 451 resident had had such a chance given them. An average duration of absence from the asylum of three and a half years would appear to justify the trials thus given. The Commissioners likewise commend the large amount of liberty given, 90 out of 204 men and 16 out of 217 women being allowed unrestricted liberty within the asylum grounds. It is satisfactory to read that only one man escaped during the year.

Glasgow, Gartloch.—Dr. Parker regards 37 *per cent.* of recoveries as sufficiently satisfactory in view of the fact that much acute lunacy in Glasgow is taken to the mental wards over which Dr. Carswell presides, and is thus prevented from coming on to the asylum and swelling recoveries. On the other hand he complains with justice that of his 297 admissions only 85 were first attacks and received within twelve months of the onset. Thirty *per cent.* of the deaths resulted from general paralysis. Dr. Parker attributes the reduction of death-rate from phthisis to 11 *per cent.* from the former 20 *per cent.* entirely to the institution of the sanatorium. The condition of the patients in the hospital led the Commissioner (Dr. Macpherson) to state that they presented a good example of the benefits of efficient care and nursing. The recently-admitted cases were all confined to bed, and showed, in

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his opinion, no disposition to be restless or refractory. These cases included all kinds of acute mental affection, but the more prominent symptoms were evidently greatly modified by the form of treatment and by the surroundings. Several patients (about six of each sex) suffering from acute mental symptoms were being treated by rest in bed in the open air, their beds being placed in the verandah opening off the sick wards. The results are said to be encouraging. The state of unrest among the nurses, which has lately become so acute, is foreshadowed by the numerous changes among them as reported. The nursing day has been reduced from fourteen to nine and a half hours, and there is a comfortable home for the nurses. The reason for the state of dissatisfaction is not made apparent by any of the reports.

Inverness.—In this asylum the removal of suitable but unrecovered cases to the care of friends or others continues to be a feature of the administration, 37 having thus been disposed of in this way during last year. They all go out on a twelve months' probation. Of 140 sent out in the last four years only twenty-two have had to return. The system, besides offering a more natural style of life to the individual, has undoubtedly had the effect of stalling off building. Dr. Campbell, the new Medical Superintendent, states that he has no difficulty in finding suitable homes for industrious patients, while the reverse holds good for the idle. The allowance is so small that some little help in work from the patient is requisite. Dr. Campbell speaks, as both the Commissioners do, warmly of the share taken by his predecessor, Dr. Keay, in bringing the asylum up into the first rank. We note that out of a list of thirty-five attendants and nurses who had taken the certificate of the Association prior to 1904 only three remained in the service. Men and women have left in equal proportions.

Lanark.—Dr. Kerr adverts to a decreased admission-rate in spite of increase in population, but he does not put any great weight on this fact, as it may be due to a passing period of bad trade. When we turn, as one naturally does, to the statistical tables to see how the actual figures compare we find that there is no Table III; in fact there are no tables that give the particulars for any years other than the one under review. This is much to be deprecated, for many of us take interest in such matters, and have no other way of estimating the work of an asylum. We cannot but believe also that sooner or later some occasion will arise when the authorities of Hartwood itself will want to know a little of its own doings in the past without being put to the great inconvenience of collating yearly reports. We read of a high recovery-rate (49·2 *per cent.*) which, indeed, is stated to be a record. Here, too, we are deprived of information, the seeking of which is suggested by the figures above. Two recoveries after six years' residence in each case are mentioned, mental symptoms in each, curiously enough, disappearing after a severe attack of pneumonia.

Roxburgh.—Dr. Carlyle Johnstone is also a firm believer in sending patients out on probation and clearing the asylum of as many patients as are reasonably entitled by their conduct to have a trial. He records that out of 351 resident at the time of report, no less than 40 *per cent.* had had, at one time or another, such a trial in their own homes.

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