

On the State of Lunacy and the Legal Provision for the Insane

ON THE **STATE OF LUNACY** AND
THE **LEGAL PROVISION FOR THE
INSANE**, WITH OBSERVATIONS ON THE
CONSTRUCTION AND ORGANIZATION OF
ASYLUMS.

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TO THE RIGHT HONOURABLE THE EARL
OF SHAFTESBURY, CHAIRMAN OF THE
COMMISSION OF LUNACY, WHOSE LONG-CONTINUED
AND UNTIRING EFFORTS IN BEHALF OF THE **INSANE** HAVE
EARNED FOR HIM THE HIGHEST ESTEEM AND ADMIRATION OF ALL
WHO FEEL INTERESTED IN THE WELFARE OF THAT CLASS OF THE
AFFLICTED, **THIS TREATISE** IS, BY
PERMISSION, RESPECTFULLY DEDICATED BY HIS LORDSHIP'S MOST
OBEDIENT HUMBLE SERVANT, **THE AUTHOR.**

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PREFACE.

The writer of a book is usually expected to show cause for its production,—a custom which, however commendable as a sort of

homage to his readers for challenging their attention to his lucubrations, must often put the ingenuity of an author to the test. Indeed the writer of this present treatise would feel some embarrassment in accounting for its production, did he not entertain the conviction that he has, in however imperfect a manner, supplied a work on several important subjects which have never before been so placed before the public, and which, moreover, occupy just now a most prominent position among the topics of the day.

In the last Parliament, up to the period of its dissolution, a Special Committee of the House of Commons was engaged in examining into the condition of lunatics and the laws of lunacy; and the present Government has re-appointed the Committee, in order to resume the inquiry preparatory to the introduction of new enactments into the Legislature. The subjects treated of in the following pages relate to the same matters which have engaged the attention of Parliament, and elicited the special inquiry mentioned, viz. the present state of Lunacy and of the legal provision for the Insane with reference to their future wants.

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In order to a better appreciation of the existing provision for the insane, and of its defects, the author has introduced certain preliminary chapters on the number of the insane, on the increase of insanity, on the inadequacy of the existing public provision for the insane, and on the curability of insanity. In reviewing the character and extent of the provisions for the insane, the course adopted has been to regard them in reference to their effects on recovery, and to discover the conditions inimical to it, whether without or within asylums. Hence the evils of private treatment and of workhouse detention of lunatics, particularly of the latter, have largely claimed attention. The condition of pauper lunatics boarded with their friends or with strangers demanded special notice, as did the long-complained-of evils of sending unfit cases to the county asylums, often to the exclusion of recent and curable ones, which

might by proper treatment be restored to health and society. Turning to the consideration of our public asylums, considered as curative institutions, the disposition to extend them to an unmanageable size, and to substitute routine for treatment, has called for animadversion, as an error pregnant with numerous evils to their afflicted inmates. Another error pointed out is that of appointing too small a medical staff to asylums; and in proving this, as well as in estimating the proper size of asylums, the experience and opinions of both English and foreign physicians are copiously referred to.

The future provision for the insane forms an important chapter, which, in order to consider the several

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schemes proposed, is divided into several sections, viz. concerning the propriety of building separate asylums for recent and for chronic cases—of constructing distinct sections—of distributing certain patients in cottage homes—of erecting separate institutions for epileptics and for idiots.

The registration of lunatics has appeared to the author's mind of so great necessity and value that he has devoted several pages to unfold his views and to meet probable objections; and, in order to render the plan effectual, he has propounded as a complementary scheme the appointment of District Medical Officers, and entered into detail respecting the duties to be imposed upon them.

Viewing the Commission of Lunacy as the pivot upon which any system of supervising and protecting all classes of lunatics must turn, it became necessary to examine into the capability of the present Board for its duties; and the result of that examination is, that this Board is inadequate to the effectual performance of the duties at present allotted to it, and that it would be rendered still more so by the adoption of any scheme for a thoroughly complete inspection and guardianship of all lunatics. This conclusion

suggests the proposition to enlarge the Commission, chiefly or wholly, by the appointment of Assistant Commissioners, charged particularly with the duties of Inspectors.

The concluding chapter, on asylum construction, may be considered supplementary. Its chief intent is to develop a principle generally ignored, although (unless the arguments in support of it fail) one of great

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importance if asylums are to serve, not as simple refuges for lunatics, but as instruments for treating them.

This *résumé* of the heads of subjects discussed in the ensuing pages will, on the one hand, show that the present is not to be reckoned as a medical treatise, but as one addressed to all who are interested either in the legislation for Lunatics or in their well-being and treatment; and, on the other, make good, it is trusted, the assertion that it occupies an untrodden field in the literature of insanity, and that its matter is good, even should its manner be thought not so.

Assuming the publication of the book to be justifiable, it only remains for the author to add that he has not undertaken its composition without bringing to the task thirteen years' study and practical experience among the insane, treated in private houses, in licensed houses, and in public asylums, together with the fruits of observation gathered from the visitation of most of the principal asylums of France, Germany, and Italy.

In conclusion, he hopes that this small volume may in some measure contribute towards the amelioration of the condition of the insane, who have such especial claims on public sympathy and aid.

J. T. A.

Kensington, July 1859.

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THE STATE OF LUNACY, AND THE LEGAL PROVISION FOR THE INSANE.

PRELIMINARY OBSERVATIONS.

The number of the Insane, and the legal provision requisite for their protection, care, and treatment, are subjects which will always recommend themselves to public attention and demand the interest alike of the political economist, the legislator, and the physician. To the first, the great questions of the prevalence of Insanity in the community, its increase or decrease, its hereditary character, and others of the same kind, possess importance in relation to the general prosperity and advance of the nation; to the second devolves the duty of devising measures to secure the protection both of the public and the lunatic, with due regard to the personal liberty, and the proper care and treatment, of the latter; to the last belongs the practical application of many of the provisions of the law, besides the exercise of professional skill in the management and treatment of the insane.

Moreover it will not be denied that, owing to the intimate manner in which he is concerned with all that relates to the lunatic, with all

the details of the laws regulating his custody and general treatment, as well as with the institutions in which he is detained, with the features of his malady, and with all his wants, the physician devoted to the care of the Insane is well qualified to offer suggestions and recommendations to the legislator. Hence the present pages, in which the aim is to examine

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the present state of lunacy; the advantages to be gained by early treatment; and the adequacy of the existing legal provision for the Insane; and to offer some suggestions for improving the condition, and for amending the laws relating to the care and treatment, of this afflicted class of our fellow-creatures.

The whole subject of the efficiency of the Lunacy Laws and of their administration, occupies just now a prominent place in public attention, owing to the rapid multiplication of County Asylums and the constantly augmenting charges entailed by them; to the prevalent impression that Insanity is rapidly increasing; to recent agitation in our Law Courts respecting the legal responsibility of the Insane and the conditions under which they should be subjected to confinement, and still more to the proposed legislation on the matter during the present Session of Parliament. It would be a great desideratum could the Lunacy Laws be consolidated, and an arrest take place in the almost annual additions and amendments made to them by Parliament; but, perhaps, this is next to impracticable, owing to the attempts at any systematic, effectual, and satisfactory legislation for the Insane, being really of very recent date, and on that account subject to revisions enforced by experience of its defects and errors. However, the present time appears singularly suited to make the attempt at consolidation, so far as practicable, inasmuch as the appointment of a special committee of the House of Commons on the Lunacy Laws, furnishes the means for a complete investigation into existing defects, and for receiving information and suggestions from those practically acquainted with

the requirements of the Insane, and with the operations of existing enactments.

To fulfil the objects taken in hand, and, in the first place, to sketch the present state of Lunacy in this country, it will be necessary to investigate the number of the Insane, and the annual rate of their increase; then to examine the extent of the present provision for them in asylums and of probable future wants. This done, after a brief essay on the curability of insanity, as a means of judging what may be done to mitigate the evil, we shall review the present provision for lunatics, point out its defects, and suggest various remedial measures, calculated in our opinion to improve the condition of the Insane, diminish the evil of the accumulation of chronic cases, and render asylums more serviceable and efficient.

In carrying out our design, we shall be found in some measure occupying ground already taken up by the Commissioners in Lunacy, and by some able essayists in the Medical Journals. We do not regret this, although it may deprive us somewhat of the merit of originality of conception and elucidation, as it will

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strengthen our positions and enhance the value of our remarks. Fortunately, too, we coincide generally with the opinions from time to time put forth by the Lunacy Commissioners, to whom so great merit is due for their labours in the interests of the insane, and for the character and position our County Asylums enjoy in the estimation of our own people and of foreign nations.

To attempt the character of a reformer when the affairs of Lunacy and Lunatic Asylums are in such good hands may be deemed somewhat ambitious; yet as sometimes an ordinary looker-on may catch sight of a matter which has eluded the diligent observer, and, as the views and suggestions advanced are the result of mature and independent thought, aided by experience of considerable length, and very varied, the undertaking may, we trust, be received with

favour.

At all events, we flatter ourselves that the representation of the state of Lunacy in England and Wales; the estimate of its increase and of the provision made for it; the evils of workhouses as primary or permanent receptacles for the Insane; the ill consequences of large asylums, and some of the legal amendments proposed, are in themselves subjects calculated to enlist the attention of all interested in the general welfare of our lunatic population, and in the administration of the laws and institutions designed whether for its protection or for its care and treatment.

Chap. I.—Of the Number of the Insane.

This inquiry must be preliminary to any consideration of the provision made or to be made for the Insane. In carrying it out, we have chiefly to rely upon the annual Reports of the Commissioners in Lunacy along with, so far as pauper lunatics are concerned, those of the Poor-Law Board. However, these reports do not furnish us with complete statistics, and the total number of our insane population can be only approximately ascertained. The Lunacy Commission is principally occupied with those confined in public asylums and hospitals, and in Licensed Houses, and publishes only occasional imperfect returns of patients detained in workhouses or singly in private dwellings. On the other hand, the Poor-Law Board charges itself simply with the enumeration of pauper lunatics supported out of poor-rates, whether in asylums or workhouses, or living with friends or elsewhere. Hence the returns of neither of these public Boards represent the whole case; and

hence, too, the chief apparent discrepancies which occur when those returns are compared.

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To show this, we may copy the tables presented in Appendix H of the Report of the Commissioners in Lunacy for 1857, p. 81.

“Increase of Lunatics of all classes during the last five years, according to Commissioners’ Reports

1852

Paupers

Private Patients

“According to returns published by Poor Law Board during same period

1852

County and Borough

Asylums

Licensed Houses

Workhouses

With friends or elsewhere

This very considerable difference of 2603 patients between the two estimates is mainly due—as reference to the summary (at p. 53) proves—to the omission, on the part of the Lunacy Commissioners, of those resident in workhouses and “with friends, or elsewhere,” reckoned in the Table of the Poor-Law Board. This explanation, however, is only partial, for, after allowing for it, the two estimates are found to diverge very considerably. Thus, on adding the numbers in the categories last named, viz. $5055 + 4107 = 9162$, in 1852,—and $6800 + 5497 = 12,297$, in 1857 to the total given by the Commissioners in each of those years, viz. to 17,412 and 21,344, respectively, we obtain a total of 26,574 in 1852, and one of 33,641 in 1857; a variation of 5416 in the former, and of

5948 in the latter year, from the results given in the Table presented by the Poor-Law Board. Much of this wide difference is explicable by the Board last mentioned not having reckoned the private patients, who amounted in 1852 to 4430, and in 1857 to 4687. Still, after all attempts to balance the two accounts, there is a difference unaccounted for, of 986 in 1852, and of 1261 in 1857.

No clue is given in the official documents to the cause of this discrepancy, and we are left in doubt which estimate of our lunatic population is the more correct. The excess occurs in the Commissioners' Returns; for on adding together, in each year in question, the numbers reported by the Poor-Law Board, as detained in County and Borough Asylums and in Licensed

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Houses, we find that the totals respectively are less than the whole number of paupers as calculated by the Lunacy Commissioners, by the precise difference we have made out, viz. 986 in 1852 and 1261 in 1857. Of the two returns before us, we accept that of the Lunacy Commission, viz. that there were, including those in workhouses, and with friends or elsewhere, 26,574 reported Lunatics in 1852, and 33,641 in 1857; and account for this larger total by the fact that the Poor-Law Board Returns apply only to Unions and omit the lunacy statistics of many single parishes, under local acts, and some rural parishes under 'Gilbert's Act,'—containing in them together above a million and a half people more than are found in unions. Moreover, the Poor-Law Board returns do not include County and Borough Patients. Looking to these facts, the excess of 986 in 1852, and of 1261 in 1857, over and above the totals quoted from the Summary of the Poor-Law Board, is not surprising; indeed, taking the average usually allowed of one lunatic in every 700, the number in one million and a half would be above 2000; that is, more than half as many again as 1261; a result, which would indicate the Commissioners' total to be within the truth.

We have just used the term ‘reported lunatics,’ for, besides those under certificates and those returned as chargeable to parishes, comprised in the foregoing numbers, there are very many of whom no public board has cognizance. Most such are private patients supported by their own means, disposed singly in the residences of private persons, throughout the length and breadth of the country, and, with few exceptions, without the supervision, in reference to their accommodation and treatment, of any public officer. The Lunacy Commissioners justly deplore this state of things; lament their inability, under existing Acts, to remedy it, and confess that not a tithe of such patients is reported to them, according to the intention of the law (16 & 17 Vict. cap. 96. sect. xvi.). It would appear that less than 200 such cases are known to them; and it would not be an extravagant or unwarrantable estimate to calculate their whole number at about half that of the inmates of Licensed Houses, viz. at 2000. This number would comprise those found lunatic by Inquisition, not enumerated in the Commissioners’ summary, although under the inspection of the “Medical Visitors of Lunatics.” According to the returns moved for by Mr. Tite “of the total number of Lunatics in respect of whom Commissions in Lunacy are now in force,” there were, on the 27th July, 1858, 602 such lunatics, and 295 of them were, according to the Commissioners’ tables, detained in asylums or Licensed Houses, leaving 347 not reckoned upon. In addition to this

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class of the insane there is an unascertained small number of persons of unsound mind in the horde of vagrant paupers, alluded to occasionally in the Lunacy Commissioners’ Reports.

The number of Criminal Lunatics in asylums is noted in the returns, but that of those in jails is not reckoned. Although this is comparatively small, owing to the usual custom of transferring prisoners, when insane, to asylums, yet, at any one period, a proportion sufficient to figure in a calculation of the whole insane

population of the country will always be found. Nay more, besides such scattered instances in County Prisons, there is a very appreciable number in the Government Jails and Reformatories, as appears from the returns presented to Parliament (Reports of the Directors of Convict Prisons, 1858.)

The prisons included in these reports are:—Pentonville, Millbank, Portland, Portsmouth, Dartmoor, Parkhurst, Chatham, Brixton, Fulham Refuge, and Lewes. In the course of 1857, 216 persons of unsound mind were confined, some for a longer or shorter period, others for the whole of the year, in one or other of those prisons. Making allowance for those of the 216 who by removal from one prison to another (a transfer apparently of common occurrence, the rationale of which we should find it difficult to explain), might be reckoned twice, it may be safely stated that at least 150 were in the prison-infirmaries in question the whole year. In fact, the Infirmary of Dartmoor Prison has wards specially appropriated to insane patients, and actually constitutes a criminal asylum of no insignificant magnitude. For instance, the report tells us that on the 1st of January, 1857, there remained in that prison 102 cases; that 41 were received during the year; 37 discharged (where, or how, we are not told, except of 3, who were sent to Bethlem Hospital); and 106 remained on the 1st of January 1858.

It is also worth noting that in this Dartmoor Prison Infirmary, 38 epileptics remained on January 1st, 1857; 22 were admitted, 13 discharged, and 47 remained on January 1st, 1858. The total of epileptics coming under notice in the infirmaries of the several prisons in question, in the course of 1857, amounted to 135. The remarks on some of these cases of epilepsy by the medical officers, are sufficient to show that the convulsive malady has seriously affected the mental health, and that they might rightly be placed in the category of the insane.

However, having no wish to enhance the proportion of the subjects for Lunatic Asylums, we will deal only with those enumerated as

mentally disordered. These amounted, according to the preceding calculations, in the Government Prisons, to 150, and it would seem no exaggerated estimate to assert that an equal number may be found in the various other prisons and

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reformatories throughout the country. To put the matter in another form, 300 lunatics are to be found in English prisons at any date that a census may be taken. Consequently this sum of 300 must be added in calculating the total of insane persons in this kingdom.

To establish still further the proposition with which we set out, that our public statistics of Insanity are incomplete, the history of every County Asylum might be adduced: for, notwithstanding very considerable pains have been taken, on the proposition to build a new asylum, to ascertain the probable number of claimants, and a wide margin over and above that estimate has been allowed in fixing on the extent of accommodation provided, yet no sooner has the institution got into operation, than its doors have been besieged by unheard-of applicants for admission, and within one-half or one-third of the estimated time, its wards have been filled and an extension rendered imperative. Such is a *résumé* of the general history of English County Asylums, attested in the strongest manner by that of the Middlesex, the Lancashire, and the Montgomery Asylums; and confirmatory of the fact of the augmentation of insanity in the country at a rate exceeding, more or less, that collected from county returns and public statistics. It is, moreover, to be observed, that the official statistics represent the total of lunatics existing on one particular day, usually the first of January, in each year, and take no account of those many who are admitted and discharged within the year, and who rightly should be reckoned in an estimate of the total number of the insane belonging to that period.

The average daily number resident in asylums would be a more

correct representation of their insane population than the total taken on any one day, although it would fail to show the lunacy of the year.

Lastly, to illustrate the point discussed, to indicate how imperfect our present estimate of the prevalence of insanity most probably is, and to show the difficulties and defects of any ordinary census, we may appeal to the experience of the special commission charged by the legislature of Massachusetts to examine the statistics of Lunacy and the condition of Asylums in that State, as recorded in their report, published in 1855.

“In 1848” (they write, p. 18), “a committee of the Legislature, appointed to ‘consider the whole subject connected with insanity within the commonwealth,’ ascertained and reported the number of insane in this State to be 1512, of whom 291 were able to furnish the means of their own support, and 1156 were unable to do so, and the pecuniary condition of 65 was not ascertained.

“In making that survey in 1848, the Commissioners addressed

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their letters of inquiry ‘to the municipal authorities of every city and town in the commonwealth.’

“These public officers had direct means of knowing the number and condition of the pauper insane, and probably this part of the report was complete; but they had no other facilities of knowing the condition of those lunatics who were in private families, and supported by their own property or by their friends, than other men not in office, and could only speak of those who were within their circle of personal acquaintance. Consequently the report included only a part of the independent insane who were then actually in, or belonged to, the State.”

“In 1850 (p. 11), the marshals, the agents of the national

government who were appointed to take the census, visited every family; and, among other items of information, they asked for the insane and idiots in the household.

“By this personal and official inquiry, made of some responsible member of every family, the marshals obtained the account of only 1680 insane persons and 791 idiots, which is but little more than two-thirds of the number ascertained by this Commission.

“Making all due allowance for the increase of population, and consequently of the insane and idiots, these figures undoubtedly show far less than the real amount of lunacy and idiotcy at that time, and render it extremely probable that many concealed the facts that the law required them to state to the marshals.”

Thus the marshals discovered the number of insane to be in 1850 nearly double that returned in 1848, and from their apparently searching inquiry, it might have been presumed that they had made a near approximation to the truth in the figures they published. However, the most pains-taking and varied investigations of the Special Commissioners in 1854, prove the marshals to have much underrated the number, for the result arrived at was, that in the autumn of the year just named, there were 3719 lunatics, of whom 1087 were idiots, in the State of Massachusetts.

The partial explanation of the divergence in numbers, viz.:—“that it is probable that many of the families refused or neglected to report to the marshals the insane and idiots who were in their households,”—is of itself an indication of one of the impediments to a correct enumeration of the insane members of a community, even when such is attempted under favourable circumstances. It is one likewise which, however operative in the United States, where the public asylums are open to, and resorted to by, all classes of the community, must be still more so in this country, where family pride endeavours in every way to ignore and keep secret the mental affliction of a member, as though it were a plague spot. Besides

this, in no English

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census yet taken, has the enumeration of the insane constituted a special subject of inquiry.

This illustration from American experience, coupled with the considerations previously advanced, suffice to demonstrate that the published statistics of insanity in England and Wales are incomplete and erroneous, and that the machinery hitherto employed for collecting them has been imperfect. The corollary to this conclusion is, that the number of lunatics mentioned in the public official papers is much below the real one. However, the facts and figures in hand justify the attempt to fix a number which may be taken to represent *approximatively* the total insane population of this kingdom.

In their last Report (1858), the English Commissioners in Lunacy state that, on January 1st, 1858, there were confined in asylums, hospitals, and Licensed Houses, 17,572 pauper, and 4738 private patients, exhibiting an increase of 915 pauper and of 51 private cases upon the returns of the year preceding.

Pauper lunatics in workhouses are stated (10th Annual Report of the Poor Law Board, 1858) to have numbered 6947, and those receiving out-door relief 12,756; making a total of 20,703. By the kindness of Mr. Purdy, the head of the Statistical Department of the Poor-Law Office, we are enabled to explain that it is the custom of the office to reckon pauper lunatics in Asylums and Licensed Houses among those receiving out-door relief; consequently the sum of 12,756 comprises both those patients provided for as just specified, and others boarded with their friends or elsewhere. We, however, learn further, from the same excellent authority, that, owing to the imperfection of the periodical returns, only a comparatively small portion of the pauper insane confined in Asylums and Licensed Houses is included in that total. Indeed,

the fact of its being very much smaller than that of the lunatics in Asylums and Licensed Houses, clearly enough shows that the latter are not reckoned in it except partially.

Considering that the Poor Law Board obtain no record of the pauper insanity in one million and a half of the population of England and Wales, nor of the number of insane belonging to counties and boroughs,—for this reason, that their cost of maintenance is not directly defrayed out of the poor-rates, there must necessarily be a much greater number in workhouses at large than the 6947 mentioned, and no inconsiderable proportion of poor lunatics dispersed abroad in the country not enumerated in the 5500 counted as existing in January 1st, 1857. On these grounds, we assume 8000 as an approximative figure to represent the total of insane poor not under confinement in Asylums and Workhouses, believing fully that it will be found, on the

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publication of the returns for this year (1859), within the mark.

Private patients not in Asylums, or Licensed Houses, often confined without certificates, and the majority unknown to the Lunacy Commissioners, we have put down, at a moderate estimate, at 2000. The present state of the law does not enable the Commissioners or others to discover these, often, we fear, neglected patients: and, on the other hand, the operation of the laws regulating asylums, and the feeling evoked by certain public trials of individuals confined in Licensed Houses, have, together, combined to render them more numerous, by inducing friends to keep them at home, to send them abroad to Continental institutions, or to place them under the care of private persons or attendants in lodgings.

This completes our enumeration; and the figures stand thus, on the 1st of January, 1858:—

	<i>Pauper.</i>	<i>Private.</i>	<i>Total.</i>
In Asylums and Licensed Houses	17,572	4,738	22,310
In Workhouses	6,947	...	6,947
With Friends, or elsewhere	8,000	2,000	10,000
In Prisons, Vagrants, &c.	300	...	300
	<hr/> 32,819	<hr/> 6,738	<hr/> 39,557

To extend the estimate to the commencement of the present year (1859), we require to add the gross increase of lunatics during 1858 to the total just arrived at: 39,557. What this increase may be cannot be decisively stated; but to anticipate the estimate of it, which we shall presently arrive at, viz. 1600 per annum, the result is, that *on the 1st of January* 1859 there were in England and Wales, in round numbers, 41,000 persons of unsound mind, or, to employ the legal phraseology, lunatics and idiots.

It perhaps should be explained, and more particularly with reference to those detained in workhouses or supported by their parishes at their own houses, that besides idiots, or those congenitally deficient, a very large proportion of them is composed of weak and imbecile folk, who would, in olden times, have been considered and called "fools," and not lunatics, and been let mix with their fellow-men, serve as their sport or their dupes, and exhibit their hatred and revenge by malicious mischief and fiendish cruelty. But, thanks to modern civilization and benevolence, these poor creatures are rightly looked upon as proper objects for the supervision, tending and kindness of those whom Providence has favoured with a higher degree of intelligence. This act of philanthropy, effected at a great cost, elevates

at the same time, very materially, the ratio of insane persons to the population, and thereby gives cause of alarm at the prevalence of mental disorder, and makes our sanitary statistics contrast unfavourably with those of foreign lands, where the same class of the sick poor has not been so diligently sought out and brought together with a view to their moral and material well-being.

Chap. II.—On the Increase of Insanity.

The only data at hand to calculate the gross increase of the insane in this country, year by year, or over a series of years, are those contained in the Official Reports of the Commissioners in Lunacy and of the Poor-Law Board. These, as we have just shown in the preceding chapter, are incomplete as records of the state of lunacy, since they take no notice of numerous patients not in recognized asylums. Moreover, the annual summary of the returns made by the Commissioners of insane patients confined in Asylums and Licensed Houses, represents a compound quantity, made up of the increment by accumulation in past years, and of the fresh cases admitted in any particular year, and remaining at its close. The same is true of the figures supplied by the Poor-Law Board. Now, though these summaries are useful to show the rate of accumulation of the insane in the various receptacles for them, annually or over any fixed period, they do not tell us how many persons are attacked by madness in any year, or other space of time; or, in other words, they do not inform us whether there is an actual increase, or a decrease in the annual number of persons becoming insane.

This question of the simple increase or decrease of insanity cannot be correctly answered. It is elucidated in some measure, so far as licensed institutions for the insane are concerned, by the tables of admission for different years furnished by the Reports of the Lunacy Commissioners; and it may be assumed to be partially answered by the returns of the number of lunatics in workhouses published by the Poor-Law Board, after an allowance made for the diminution caused by deaths which have taken place in the twelvemonth; but no means whatever exist of discovering the number of persons annually attacked with mental disorder, who do not fall under the cognizance of the public boards.

With the materials in hand, let us in the first place examine the results which follow from a comparison of the Lunacy statistics of the Commissioners, instituted at intervals of more or fewer years. By this course we shall attain, not indeed an estimate of the progressive increase of our insane population, but a

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valuable comparative return of the number of those enjoying the advantages of asylum care and management in different years. The summary presented in each annual report shows that there were in

		<i>Mal</i>	<i>Femal</i>	<i>Tota</i>	
		<i>es.</i>	<i>es.</i>	<i>l.</i>	
1843	Private patients	1,989	1,801	3,790	} 11,272
—	Pauper patients	3,532	3,950	7,482	
1853	Private patients	2,331	2,099	4,430	} 17,412
—	Pauper patients	5,916	7,066	12,982	
1858	Private patients	2,508	2,230	4,738	} 22,310
—	Pauper patients	7,572	7,572	15,144	

Pauper	7,98	9,587	=	17,5
patients	5			72

From these tables it therefore appears that the accumulation of insane persons in Asylums in the ten years between 1843 and 1853, equalled 6140; and in the five years between 1853 and 1858, 4898; or progressed at the rate of 614 per annum in the ten years, and of 979.6 (or in round numbers 980) per annum in the five years under review, or upwards of 50 per cent. faster in the latter space of time.

In their Twelfth Report (1858) the Commissioners in Lunacy attempt to calculate the probable demands for asylum accommodation on the 1st of January 1860, from the increased number of lunatics in the space of one year, from January 1st, 1857, to January 1st, 1858, amounting to 915. But as we have pointed out in a paper in the "Journal of Mental Science" (vol. v. 1859, p. 249), the conclusion drawn from such data must be fallacious. For instance, a calculation on the result of one year's statistics is evidently worth little. There are many causes at work in asylums which materially affect the relative number of admissions and discharges, and consequently produce an inequality in the rate of increase viewed year by year. Moreover, where the same plan of calculation has been adopted in determining what asylum accommodation was necessary, experience has soon exhibited the fallacy, and both the admissions and the demands for admission have far exceeded the total reckoned upon. To arrive at a nearer approximation to the truth, the augmentation in the number of lunatics ought to be noted for a space of several years; and to make the deduction more satisfactory, the increase of the general population, the conditions of the period affecting the material prosperity of the people, and its political aspects; and, lastly, the mere circumstance of the opening of new asylums,—a circumstance always followed by an unexpected influx of patients, need be taken into account.

In the preceding considerations only the returns of lunatics in Asylums, Hospitals, and Licensed Houses are discussed; but, as we have seen, there is an almost equally large number

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detained in workhouses, or boarded with their relatives, or other persons, at the expense of their parishes, whose increase or decrease is a matter of kindred importance. On reviewing the returns of their numbers at periods when they have been taken cognizance of by the Lunacy Commission, we find that there were in workhouses and elsewhere, together, in

18

43

	<i>In Workhouses.</i>	<i>With Friends and elsewhere.</i>
18 47	4,490	3,465
18 57	6,800	5,497

exhibiting an increase of 4342 in the ten years between 1847 and 1857, and a decrease in the four between 1843 and 1847 of 1384, owing, doubtless, to the opening of new asylums during that space of time. The returns of the two classes of Pauper Lunatics together being both so infrequently made, and, as before shown (p. 8), open to criticism on account of their incompleteness, we shall attempt to arrive at a more correct estimate of increase than that just made. In the first place, with respect to Union Workhouses, the Summary of Indoor Paupers, published by the Poor Law Commission (10th Report, p. 196), affords the necessary data. According to this tabular statement, we find, that, there were on the 1st of January in each of the ensuing years the following numbers of pauper lunatics:—

18

4,4

47	90
18	4,8
49	42
18	4,6
50	59
18	5,0
51	29
18	4,7
52	44
18	4,9
53	54
18	5,4
54	59
18	5,9
55	60
18	6,4
56	80
18	6,4
57	88
18	6,9
58	47

These columns show, that since 1847 the minimum number of insane, at a corresponding date in each year, occurred in 1850. Once indeed since, but at a different period of the year, viz. on July 1st, 1851, the number fell to 4574, or 75 less than at the date before named. Two or three years excepted, the increment has been progressive; at one time, indeed, much more rapidly so than at another. The fluctuations observable are, in the first place, due to the opening of new, or the repletion of existing, asylum accommodation; and in a lesser degree, to the rise or fall of pauperism in the community at large, or to an increased mortality at times, as, for example, in 1849, when cholera prevailed—an event which in part, at least, explains the smaller figure of insane inmates in 1850.

But whatever the fluctuations observable year by year may be, there is a most distinct increase in the space of any five or ten

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years selected from the list, suggestive of the unwelcome fact that, notwithstanding the very large augmentation of asylum accommodation and the reduction of numbers by death, the rate of accumulation has proceeded in a ratio exceeding both those causes of decrease of workhouse inmates combined. Thus, to take the decennial period between 1847 and 1857, we discover an increase of just 2000, or an average annual one of 200; and, what is remarkable, as large a total increase, within a few units, is met with in the quinquennial period between 1853 and 1858, and consequently the yearly average on the decennial period is doubled; viz. 400 instead of 200. This doubling of the average in the last five years would be a more serious fact, were it not that in 1853 the number of workhouse inmates had been reduced upon 1851, and had only slightly advanced above that of 1849.

Rejecting the maximum rate of accumulation, we will calculate the average of the last three years cited, from 1855 to 1858, a period during which there has been no notable cause of fluctuation, and no such increase of population as materially to affect the result, and for these reasons better suited to the purpose. In this space of time the increment equalled 987, or an average of 329 per annum; which may fairly be considered to represent the rate of accumulation of lunatics in Union Workhouses at the present time.

The absence of returns of lunatics in the workhouses of parishes under local Acts, is an obstacle to a precise computation of them; however, on the assumption that the proportion of lunatics in those workhouses to the population (1,500,000) of the parishes they belong to, is equal to that of those in Union Workhouses to the estimated population (18,075,000) of the Unions, and that the average increase is proportionate in the two cases, this increase

should equal $\frac{1}{12}$ th of 329, or somewhat more than 27, per annum; making the total average rate of accumulation in workhouses at large 356 annually.

Unfortunately, no separate record is regularly kept of those poor insane persons who are boarded with friends or others, and their number has been only twice published, viz. in 1847 and 1857, when, as seen in a preceding page, it was, respectively, 3465 and 5497. These two sums exhibit an increase of 2032 to have accrued in the ten years included between those dates, or an average one of 203 per annum.

We have, above, calculated the average annual increase on those in Union Workhouses and those with friends, at 434 annually; and consequently that of the latter being 203, the yearly increase of the former stands, according to the returns employed, at 231. However, we have proved that the average increase, in Union Workhouses, has reached in the last three

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years the amount of 329, and in workhouses at large 356, which, added to 203, produces 559, or in round numbers, 560, as the sum-total of accumulation of pauper lunatics not in Asylums, Hospitals, or Licensed Houses. Adding the annual rate of increase of the insane in Asylums, viz. 980, to that among paupers, unprovided with asylum accommodation, 560, we obtain the total accumulation per annum of 1540 lunatics reported to the public boards. To this sum there should rightly be added the accumulative increase among insane persons not known to those boards, and which, in the absence of any means to ascertain its amount, may be not extravagantly conceived to raise the total to 1600.

We come now to the second part of our present task, viz. to discover the comparative number of new cases in several past years, so as to obtain an answer to the question,—Has there been an increase of the annual number of persons attacked with lunacy

during that period? for previous figures leave no doubt there is an augmented ratio of insane persons in the population of the country. At the outset of this inquiry an insuperable difficulty to a correct registration of the number arises from the circumstance that, during any term of years we may select, the accommodation for the insane has never, even for one year, been fixed, but has been progressively increased by the erection of new, and the enlargement of old asylums. This occurrence, necessarily, very materially affects the returns made by the Commissioners of the number of admissions into asylums and Licensed Houses. Even if the comparison of the annual admissions into any one County Asylum only, were of value to our purpose, the same difficulty would ensue by reason of the enlargement of the institution from time to time, and of the circumstance that, as it progressively filled with chronic cases, the number of admissions will have grown smaller. Likewise, the farther that the inquiry is extended back, the more considerable will this difficulty in the desired computation be. In short, it may be stated generally, that the proportion of admissions will vary almost directly according to the accommodation afforded by asylums, and the inducements offered to obtain it.

On the other hand, the consequences of the variations in asylum accommodation upon the total of admissions are to a certain extent compensated for by the fluctuations they produce upon the number of lunatics not provided for in asylums; for this reason, that where a County Asylum opens for the reception of patients, the majority of these are withdrawn from Licensed Houses and workhouses, and thereby a reduction is effected in the number of inmates of those establishments.

After the above considerations, it is clear that an estimate of

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the number of insane persons in any year, as gathered from the

statistics of those brought under treatment in asylums or elsewhere, can be only an approach to the truth. Still it is worth while to see what results follow from an examination of the Returns of Admissions, as collected by the Commissioners in Lunacy. It would be of no service to extend the inquiry far backward in time, on account of the rapidity with which asylum accommodation has been enlarged; we will therefore compare the admissions over the space of four years, viz. 1854, 1855, 1856, and 1857, during which the changes in asylums have been less considerable.

Table of Admissions.

1854	County and Borough	4,620
—	Asylums	868
	Hospitals	2,161
	Licensed Houses	<u>7,649</u>
	Total	
1855	County and Borough	4,342
—	Asylums	828
	Hospitals	2,196
	Licensed Houses	<u>7,366</u>
	Total	
1856	County and Borough	4,538
—	Asylums	777
	Hospitals	2,091
	Licensed Houses	<u>7,406</u>
	Total	
1857	County and Borough	4,781
—	Asylums	790
	Hospitals	2,324
	Licensed Houses	<u>7,895</u>
	Total	

There is a remarkable degree of uniformity in the sum of admissions in each of these four years; and if each several sum could be taken to represent the accession of new cases of insanity in the course of the year, there would appear no actual progressive increase of the disease in the community during the four years considered. The average of the admissions for that period is 7579; those therefore of 1854 and 1857 are in excess,

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and those of 1855 and 1856 are within it. The widest difference is observed in 1857, when a sudden rise takes place, which, by the way, is not explicable by the greater provision of asylum accommodation in that year than in the three preceding. Yet this increase is not so striking when viewed in relation to the totals of other years; for it exceeds the average only by 316, a sum little greater than that expressing the decrease of 1855 upon the total of 1854.

It is difficult to decide what value should be assigned to these results, deducible from a comparison of the yearly admissions, in determining the question of the increase of insanity, viewed simply as that of the comparative number attacked year by year,—it would, however, seem a not unreasonable deduction from them, that the proportion of persons attacked by mental disorder advances annually at a rate little above what the progressive increase of population is sufficient to explain. If this be so, the increase by accumulation of chronic and incurable cases becomes so much the more remarkable, and an investigation of the circumstances promoting, and of those tending to lessen, that accumulation, so much the more important.

There are, as heretofore remarked, very many insane persons who are not sent to asylums or private houses, at least to those in this country, and whose relative number yearly it is impossible, in the absence of all specific information, to compute. Although the

agitation of the public mind respecting private asylums, and the facility and economy of removing insane persons abroad, may have latterly multiplied the number of such unregistered patients, yet there is no reason to assume that their yearly positive increase is other than very small.

The pauper lunatics living in workhouses have as yet been omitted from the present inquiry. Their yearly number is affected not only by the introduction of fresh cases, but also by removals to asylums and by deaths; or, in other words, it is a compound quantity of new inmates received and of the accumulation of old. However, the returns above quoted (p. 13) show that between 1855 and 1858 there was an increase of almost exactly 1000, or, as before calculated, an average of 329 annually. The Poor Law Board Report unfortunately gives no returns of the annual admissions; hence we do not possess the means of discovering what proportion of the growing increase observed is due year by year to the accession of fresh inmates. The advancing growth in numbers of those pauper insane receiving out-door relief is not clearly discoverable: from the few data in possession, as before quoted (p. 14), about 200 are annually added.

It appears pretty clearly, then, that there are at least 1600 reported lunatics added to the insane population of the country

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yearly, and of this increase only 60, or 1 in 26·66, are supported out of their own resources in asylums; the remainder, with some few exceptions, falling upon the rates for their entire maintenance.

It would therefore be difficult to exaggerate the importance of the question of the provision for the insane poor in this country, both to the political economist and to the legislator. There are certainly more than 1300 persons yearly so affected in mind as to be unfit or unable to take care of themselves, and to obtain their own livelihood, and who, under this distressing infliction of Providence,

demand the care and charity of their neighbours, and the succour of the State, properly to protect and provide for them. To perform this duty at the least cost, compatible with justice to these afflicted individuals, involves a tax upon the community of which few persons have any adequate conception. Supposing, by way of illustration, that the number mentioned required the accommodation of an asylum, the cost of providing it, according to the system hitherto in vogue, would nearly equal that incurred in the establishment and maintenance of the Middlesex County Asylum at Colney Hatch, or a sum of £300,000 for land, buildings, and fittings (equal, at 5 per cent. to a yearly rental of £15,000), and an annual charge of £30,000 for maintenance. The example of Colney Hatch, chosen for illustration, is a very fair one, and the figures used in round numbers are actually within the average expenditure in and for the establishment of County Asylums in this country, as may be seen on reference to Appendix D. (Commissioners' Report, 1854), and to the table of asylums in course of erection, printed at p. 2 of their Twelfth Report (1858).

On applying these results to the total number of pauper lunatics in Asylums, which, according to the return on the 1st of January 1858, amounted to 15,000, the sum of £4,500,000 (not including interest) will have been expended in providing them accommodation, and an annual charge incurred of £450,000 for their care and maintenance. All this, too, is independent of the cost on account of those maintained in Licensed Houses, in workhouses, and in lodgings with friends or others, the amount of which we do not possess sufficient information to determine.

The Commissioners in Lunacy, in their elaborate Report in 1844, took the population of England and Wales at 16,480,082, and reckoned on the existence of 20,893 lunatics on the 1st January of that year, of whom 16,542 were paupers. The latter, they calculated, stood in the proportion of 1 to 1000 in the population, or, more correctly, 1 in 997; and the total lunatics as 1 to 790. On

the 1st of January 1857, they found the pauper lunatics to be in the proportion of 1 in 701; whilst pauper and private together equalled 1 in 600, to the estimated

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population, 19,408,364. Adopting the figures arrived at in the preceding discussion, viz. that there are 41,000 insane persons in this country, and assuming the population on the 1st of January, 1859, to have been 19,800,000, the proportion of the insane would be as high as 1 in 483 persons.

This much-enlarged ratio of insanity to the population admits of several explanations, without a resort to the belief that the disease is actually and fearfully on the increase. As before said, we regard the accumulation of chronic and incurable lunatics to be the chief element in raising the total number, and this accumulation is favoured by all causes operating against the cure of insanity; by the increased attention to the disease, and by all those conditions improving the value of life of the insane, supplied, at the present day, in accordance with the improved views respecting their wants, and the necessity of placing them under conditions favourable for their health, care and protection. On the operation of these causes, favouring the multiplication of insane persons in the community, we shall, however, not at present further enter, but proceed to inquire how far the existing provision for the insane is adequate to their requirements.

Before entering on this inquiry, a few words are wanting to convey a suggestion or two respecting the collection of the statistics of pauper lunatics. It is most desirable we should be able to discover, from the official returns of the public boards, with precision, what number of insane persons is wholly or partially chargeable to the Poor Rates, what to Borough, and what to County Rates. The returns of the Poor-Law Office ought not to be marred by the omission of the statistics of parishes, which by local or special acts

escape the direct jurisdiction of the board. If the central board be denied a direct interference in their parochial administration, it ought to be informed of the number of their chargeable poor, including lunatics. It is equally unsatisfactory, that the pauper registry kept by the Poor-Law Board is not rendered complete by the record of all those chargeable to counties and boroughs, as this could be so readily done by the clerks of county and borough magistrates.

An amendment, too, is desirable in the practice of the Poor-Law Office of reckoning together in their tables pauper lunatics in asylums among the recipients of out-door relief with those boarded with their friends or elsewhere, whence it is impossible to gather the proportion of such class. This technicality of considering workhouse inmates as the only recipients of *in-door* relief, to the exclusion of asylum patients who are in reality receiving it in an equal degree, although in another building than the workhouse, is an official peculiarity we can neither explain nor approve; and it appears to us most desirable that lunatic

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paupers in asylums should be arranged in a distinct column, and that the same should be done with those living with their friends or others. By the adoption of this plan the questions of the number of the pauper insane, of their increase and decrease, whether in asylums or elsewhere, and of the adequacy of accommodation for them, could be ascertained by a glance at the tables. We would likewise desire to see those paupers belonging to parishes not in union and under Local Acts, and those chargeable to Counties and Boroughs, tabulated in a similar manner.

A practical suggestion, connected with the statistics of insanity, we owe to Mr. Purdy, viz. that section 64 of the "Lunatic Asylums' Act, 1853" (16 & 17 Vict. cap. 97) should be amended by the insertion of a few words requiring the clerks of unions to make the

returns of the number of chargeable lunatics on a specified day, as on the first of January in each year. This practice was formerly enjoined, and probably its omission from the Act now in force was accidental. The present enactment requires that the clerks of unions “shall, on the first day of January in every year, or as soon after as may be, make out and sign a true and faithful list of all lunatics chargeable to the union or parish;” and the only alteration required is the addition of two or three words at the end of this paragraph, such as:—‘on the first day of January of that year.’ The want of a fixed date of this kind, Mr. Purdy says, imposes great trouble in getting the clerks to make their returns with reference to the same day in the several unions and parishes.

Chap. III.—state of the present provision for the insane in asylums.—its inadequacy.

In their Report for 1857, the Commissioners in Lunacy have presented us with a memorandum of the present accommodation afforded in County Asylums, and of that in course of being supplied, and have attempted further a calculation of the probable requirements on the 1st of January 1860. The former may be accepted as nearly correct, but the latter affords, as before noticed, a rough, and not sufficiently accurate, estimate.

Their statement is, that on the 1st of January, 1858, 16,231 beds were provided in public asylums; that, by the projected enlargement of existing institutions, 2481 others would be

obtained, and, by the completion of eight asylums in course of erection, there would be added 2336 more—a total of 4817, on or before January 1860. Of the increase in additional buildings, 1000 beds, or thereabouts, would not be ready at so early a date as that named; and in calculating existing provision, need be deducted from the total of 2,336; consequently the accommodation

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in County Asylums would, according to the Commissioners, in this year, 1859, reach 20,000, and in 1860, 21,048.

The County Asylum accommodation on January 1st, 1858, expressed by the sum of 16,231, exceeded the total of pauper lunatics returned as actually partaking its advantages at that date, viz. 14,931, by the large number of 1300; showing a surplus to that amount, including beds, in infirmary wards. What may be the precise number of the last, or, in other words, of those generally inapplicable to ordinary cases, labouring under no particular bodily infirmity, we cannot tell, but we feel sure that 1000 of them would be available; in fact, the whole number by classification might be rendered so. Be this so or not, the Commissioners have omitted any reference to this present available accommodation, in calculating what may be necessary in 1860.

On the other hand, they have rather over-estimated the future provision in asylums, by adding together that in the Beds., Herts., and Hunts. Asylum now in use, viz. 326, with that to be secured in the new one, viz. 504, instead of counting on the difference only, 178, as representing the actual increase obtained,—for the intention is to disuse the old establishment as a county institution.

To proceed. The Commissioners calculate on an addition of 4817 beds to the number provided in January 1858 (according to our correction, in round numbers, 4500), and proceed to say, that “if to this estimate ... we apply the ratio of increase in the numbers requiring accommodation observable during the last year, some

conclusion may be formed as to the period for which these additional beds are likely to be found sufficient to meet the constantly increasing wants of the country, and how far they will tend towards the object we have sought most anxiously to promote ever since the establishment of this Commission, namely, the ultimate closing of Licensed Houses for pauper lunatics. On the 1st of January, 1857, the number of pauper lunatics in County and Borough Asylums, Hospitals, and Licensed Houses, amounted to 16,657. On the 1st of January, 1858, this number had increased to 17,572, showing an increase during the year of 915 patients; and of the total number 2467 were confined in the various metropolitan and provincial Licensed Houses.

“Assuming, then, that during the next two years the progressive increase in the number of pauper lunatics will be at least equal to that of the year 1857, it follows, that on the 1st of January, 1860, accommodation for 1830 additional patients will be required; and if to this number be added the 2467 patients who are now confined in Licensed Houses, there will

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remain, to meet the wants of the ensuing year, only 520 vacant beds. It is obvious, therefore, that if Licensed Houses are to be closed for the reception of pauper lunatics, some scheme of a far more comprehensive nature must be adopted in order to provide public accommodation for the pauper lunatics of this country.”

This conclusion must indeed be most unwelcome and discouraging to the rate-payers, and to the magistracy, in whose hands the Government reposes the duty of providing for the due care of pauper lunatics in County Asylums. To the latter it must be most dispiriting, when we reflect on the zeal and liberality which have generally marked their attempts to secure, not merely the necessary accommodation, but that of the best sort, for the insane poor of their several counties. It is, indeed, an astounding statement for the

tax-payer to hear, that, after the expenditure of one or two millions sterling to secure the pauper lunatics of this country the necessary protection, care, and treatment, and the annual burden for maintenance, that a far more comprehensive scheme is demanded. No wonder that the increase of insanity is viewed as so rapid and alarming; no wonder that every presumed plan of saving expense by keeping patients out of asylums should be readily resorted to.

The value of the conclusion, and of the facts whereon it rests, certainly merit careful examination; and after the investigation made as to the number of the insane, and their rate of increase and accumulation, such an examination can be more readily accomplished.

To revert to the figures put forward by the Commissioners, of the number of beds existing in asylums on the 1st of January, 1858, and of that to be furnished by 1860. They reckoned on 16,231 beds at the former date, and on the addition of 4817 by the year 1860, or a total of 21,048. We have, however, shown, that in January 1858 there were 1300 vacant beds, and that there was an over-estimate of the future increase by about 300, leaving, without reckoning the number in progress, 1000 to meet coming claims. This sum being therefore added, gives a total of 22,048 to supply the wants of the pauper insane between the 1st of January, 1858, and the completion of the new asylums in 1860. Using the average increase adopted by the Commissioners, viz. 915 per annum, there would be at the commencement of the year 1860, 1830 applicants for admission, to be added to the 2467 confined in Licensed Houses, whom the Lunacy Commissioners are so anxious to transfer to county institutions, making in all 4297. But according to our corrected valuation, there would be in the course of 1860, room for 5817 patients, that is, a surplus accommodation for 1520.

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It must be admitted as incorrect on the part of the Commissioners, in the Report just quoted, to calculate on the whole number of beds

obtained by new buildings, as available in January 1860, when, in all probability, 1000 of them will not be ready much before the close of the year; still, after making allowance for the increased number of claimants accruing between that date and the opening of the new asylums, there would, according to the data used, remain vacancies for some thousand or more, instead of the 520 reckoned upon by the Commissioners.

Our review, therefore, is thus far favourable, and suggestive of the possibility of a breathing time before the necessity of a scheme of a "far more comprehensive nature" need be adopted. But, alas! the inquiries previously gone into concerning the number and increase of the insane render any such hope fallacious, and prove that the Commissioners have very much underestimated the number to be duly lodged and cared for in asylums; unless indeed, after having secured the transfer of those now in Licensed Houses to County Asylums, they should consider their exertions on behalf of the unfortunate victims of mental disorder among the poor brought to a close. Such an idea, however, is, we are persuaded, not entertained by those gentlemen, who have, on the contrary, in their Reports frequently advocated the provision of asylums for all the pauper insane with few exceptions, and distinctly set forth the objections to their detention in workhouses.

In fact, every well-wisher for the lunatic poor, is desirous to see workhouses disused as receptacles for them, and it naturally appears more important to transfer some of their inmates to proper asylums than to dislodge those detained in Licensed Houses, where, most certainly, the means of treatment and management available are superior to those existing in workhouse wards.

But our efforts on behalf of the insane poor must not cease even when those in workhouses are better cared for, since there then remains that multitude of poor mentally disordered patients scattered among the cottagers of the country, indifferently lodged, and not improbably, indifferently treated, sustained on a mere

pittance unwillingly doled out by Poor-Law Guardians, and under no effectual supervision, either by the parish medical officers or by the members of the Lunacy Board. Some provision surely is necessary for this class of the insane; some effectual watching over their welfare desirable; for the quarterly visits required by law (16 & 17 Vict. cap. 97, sect. 66) to be made to them by the overworked and underpaid Union Medical Officers cannot be deemed a sufficient supervision of their wants and

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treatment. These visits, for which the noble honorarium of *2s. 6d.* is to be paid, whatever the distance the medical officer may have to travel,—are intended by the clause of the Act to qualify the visitor to certify “whether such lunatics are or are not properly taken care of, and may or may not properly remain out of an asylum;” but practically nothing further is attained by them than a certificate that the pauper lunatic still exists as a burden upon the parish funds; and even this much, as the Commissioners in Lunacy testify, is not regularly and satisfactorily obtained. A proper inquiry into the condition of the patient, the circumstances surrounding him, the mode of management adopted, and into the means in use to employ or to amuse him, cannot be expected from a parish medical officer at the remuneration offered, engaged as he is in arduous duties; and, more frequently than not, little acquainted with the features of mental disease, or with the plans for its treatment, alleviation, or management.

Even in the village of Gheel in Belgium, which has for centuries served as a receptacle for the insane, where there is a well-established system of supervision by a physician and assistants, and where the villagers are trained in their management, those visitors who have more closely looked into its organization and working, have remarked numerous shortcomings and irregularities. But compared with the plan of distributing poor demented patients and idiots, as pursued in this country, in the homes of our poorer

classes and peasantry, unused to deal with them, too often regarding them as the subjects of force rather than of persuasion and kindness, and under merely nominal medical oversight four times a year, Gheel is literally “a paradise of fools.” Indeed a similar plan might with great advantage be adopted, particularly in the immediate vicinity of our large County Asylums.

But to return to the particular subject in question, viz. the proportion of insane poor in workhouses and elsewhere who should rightly find accommodation in asylums, a class of lunatics, as said before, not taken into account by the Commissioners in their estimate of future requirements.

We let pass the inquiry, what should be done for the 8000 poor imbecile and idiotic paupers boarded in the homes of relatives or others, and confine our observations to the 7947 inmates of workhouses. Now, although we entertain a strong conviction of the evils of workhouses as receptacles for the insane, with very few exceptions,—a conviction we shall presently show good grounds for, yet, instead of employing our own estimate, we shall endeavour to arrive at that formed by the Lunacy Commissioners, of the proportion of lunatics living in them, for whom asylum accommodation should be provided.

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The principal and special Report on Workhouses, in relation to their insane inmates, was published in 1847, and in it the Commissioners observe (p. 274), that they believe they “are warranted in stating, as the result of their experience, that of the entire number of lunatics in workhouses,—two-thirds at the least—are persons in whom, as the mental unsoundness or deficiency is a congenital defect, the malady is not susceptible of cure, in the proper sense of the expression, and whose removal to a curative Lunatic Asylum, except as a means of relieving the workhouse from dangerous or offensive inmates, can be attended with little or no benefit. A considerable portion of this numerous class, not less

perhaps than a fourth of the whole, are subject to gusts of passion and violence, or are addicted to disgusting propensities, which render them unfit to remain in the workhouse.... But although persons of this description are seldom fit objects for a curative asylum, they are in general capable of being greatly improved, both intellectually and morally, by a judicious system of training and instruction; their dormant or imperfect faculties may be stimulated and developed; they may be gradually weaned from their disgusting propensities; habits of decency, subordination, and self-command may be inculcated, and their whole character as social beings may be essentially ameliorated.”

In their Ninth Report (1855), speaking of those classed in the Workhouse In-door Relief Lists, under the head of Lunatics or Idiots, they observe:—“These terms, which are themselves vague and comprehensive, are often applied with little discrimination, and in practice are made to include every intermediate degree of mental unsoundness, from imbecility on the one hand, to absolute lunacy or idiotcy on the other; and, in point of fact, a very large proportion of the paupers so classed in workhouses, especially in the rural districts, and perhaps four-fifths of the whole, are persons who may be correctly described as harmless imbeciles, whose mental deficiency is chronic or congenital, and who, if kept under a slight degree of supervision, are capable of useful and regular occupation. In the remainder, the infirmity of mind is for the most part combined with and consequent upon epilepsy or paralysis, or is merely the fatuity of superannuation and old age; and comparatively few come within the description of lunatics or idiots, as the terms are popularly understood.”

Lastly, in the Eleventh Report (1857), the class of pauper insane, whose detention in workhouses is allowable, is indicated in the following paragraph:—“They (workhouses) are no longer restricted to such pauper lunatics as requiring little more than the ordinary accommodation, and being capable of associating with

the other inmates, no very grave objection rests against

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their receiving.... But these are now unhappily the exceptional cases.”

These extracts are certainly not precise enough to enable us to state, except very approximatively, what may be the estimate of the Lunacy Commissioners of the numbers who should be rightly placed in asylums. That first quoted appears to set aside one-third as proper inmates of a curative asylum, and amenable to treatment; and then to describe a fourth of the remaining two-thirds, that is, one-sixth, as proper objects of asylum care. On adding these quantities, viz. one-third to one-sixth, we get as the result, one-half as the proportion of workhouse insane considered to be fit subjects for asylums.

The second quotation by itself is of little use to our purpose, except in conjunction with the third one and with the context, as printed in the Report from which it is taken, relative to the general question of the evils of workhouses as receptacles for the insane. So examined in connection, the published statements and opinions of the Commission, lead to the conclusion that the great majority of the insane in workhouses should rightly enjoy the advantages of the supervision, general management, nursing, and dietary of asylums.

However, to escape the possible charge of attempting to magnify the deficiency of asylum accommodation, we will, for the time, assume that only one-half of the lunatic inmates of workhouses require asylum treatment; even then we had some 4000 to be provided with it at the beginning of 1858, and should have at the least 4500 by January 1860.

Having now reduced the estimate of the demands for asylum care to figures, it is practicable to calculate how far those demands can

be met by the existing provision in asylums and what may be its deficiency.

On the one side, there will be, at the most moderate computation, made as far as possible from data furnished by the Reports of the Lunacy Commissioners, 4500 inmates of workhouses, who should, on or before January 1st, 1860, obtain asylum care and treatment. On the other, there will be, as above shown, about 1000 beds unoccupied at the date mentioned, after accommodation is afforded to the pauper residents in Licensed Houses, and to the number of insane resulting from accumulation and increase in the course of two years from January 1858. The consequence is, that in January 1860, there will remain some 3500 pauper lunatics unprovided for in proper asylums.

In the course of the preceding arguments, we have kept as closely as possible to data furnished by the Lunacy Commissioners' Reports, and withal have made out, satisfactorily we trust, that the provision supplied by existing asylums and by

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those now in progress of erection, is inadequate to the requirements of the insane population of this country. The idea of its inadequacy would be very greatly enhanced by the employment of the statistical conclusions we have arrived at respecting the number of the insane and their rate of accumulation, and by the reception of the views we entertain against their detention, with comparatively few exceptions, in other receptacles than those specially constructed and organized for their care and treatment. The truth of our opinions we shall endeavour to establish in subsequent pages; and respecting the rate of accumulation of pauper cases, we feel confident that 1800 per annum is within the truth. To meet this increase, both the asylums in existence and those in course of erection are undoubtedly inadequate, and, as the necessary result, workhouse pauper inmates must continue to

multiply.

If the opinion were accepted that public asylum accommodation should be provided for all the pauper poor, not many more than one-half are at present found to be in possession of it, that is, 17,000 of the 33,000 in the country. Hence it would be required, to more than double the present provision in asylums for pauper lunatics, to give room for all and to meet the rapid annual rate of accumulation.

Chap. IV.—on the curability of insanity.

An inquiry into the curability of insanity forms a natural pendent to that concerning the provision required for the insane, and is at the same time a fitting prelude to an investigation of the insufficiency and defects of the present organization of asylums: for it is important to satisfy ourselves as to what extent we may hope to serve the insane, by placing them under the most advantageous circumstances for treatment, before incurring the large expenditure for securing them.

Now it may be most confidently stated that insanity is a very curable disorder, if only it be brought early under treatment. American physicians go so far as to assert, that it is curable in the proportion of 90 per cent., and appeal to their asylum statistics to establish the assertion. The Lunacy Commission of the State of Massachusetts (*op. cit.* p. 69) thus write:—"In recent cases the recoveries amount to the proportion of 75 to 90 per cent. of all that are submitted to the restorative process. Yet it is an equally well-

established fact, that these disorders of the brain tend to fix themselves permanently in the organization, and that they become more and more difficult to be removed with the lapse of time. Although three-fourths to nine-tenths may be healed if taken within a year after the first manifestation of the disorder, yet if this measure be delayed another year, and

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the diseases are from one to two years' standing, the cures would probably be less than one-half of that proportion, even with the same restorative means; another and a third year added to the disease diminishes the prospect of cure, and in a still greater ratio than the second; and a fourth still more. The fifth reduces it so low, as to seem to be nothing."

Dr. Kirkbride, Physician to the Pennsylvania Hospital for the Insane, in his book "On the Construction and Organization of Hospitals for the Insane," says (p. 2):—"Of recent cases of insanity, properly treated, between 80 and 90 per cent. recover. Of those neglected or improperly managed, very few get well."

This is certainly a very flattering estimate, and, inasmuch as it is founded on experience, cannot fairly be questioned. However, before comparing it with the results arrived at in this country, there are some circumstances which call for remark. In the first place, American public asylums are not branded with the appellation 'pauper,' they are called 'State Asylums,' and every facility is offered for the admission of cases, and particularly of recent ones, whatever their previous civil condition. Again, there is not in the United States the feeling of false pride, of imaginary family dishonour or discredit, to the same extent which is observed in this country, when it pleases Providence to visit a relative with mental derangement,—to oppose the transmission to a place of treatment. From these two causes it happens that in America the insane ordinarily receive earlier attention than in this country. Lastly, the

United States' institutions, by being more accessible, admit a certain proportion of cases of temporary delirium, the consequence of the abuse of alcoholic drinks, of overwrought brain and general excitement,—causes more active in that comparatively new, changing, and rapidly-developing country than in ours. But such cases, which for the most part get well, do not find their way into the asylums of this kingdom. Such are some of the circumstances influencing favourably the ratio of cures in America, which need be remembered when comparing it with that which is attained in our own land.

The proportion of recoveries above stated, is calculated upon cases of less than a year's duration. Let us see what can be effected in England under conditions as similar as practicable, though not equally advantageous. The most satisfactory results we can point to are those obtained at St. Luke's Hospital, London, where the cures have averaged 62 per cent. upon the admissions during the last ten years. At this and likewise at Bethlehem Hospital, the rules require that the disorder be not of more than one year's duration at the time of application for admission, and that it be not complicated with epilepsy or paralysis, maladies which so seriously affect its curability. Such are

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the conditions favourable to a high rate of recoveries enforced by rule. On the other hand, there are at St. Luke's not a few circumstances in operation prejudicial to the largest amount of success possible. Its locality is objectionable, its general construction unfavourable, its grounds for exercise and amusement very deficient, and the means of employment few. But apart from these disadvantages, so prejudicial to its utility and efficiency, there are other causes to explain its ratio of success being less than that estimated by our American brethren to be practicable. Though the rule excludes patients the benefit of the hospital if their disease be of more than a year's duration, yet from the great difficulties

attending in many cases the inquiry respecting the first appearance of the insanity; its sometimes insidious approach; the defect of observation, or the ignorance, and sometimes the misrepresentations of friends, resorted to in order to ensure success in their application to the charity, older cases gain admission. Again, of those admitted in any year, there are always several whose disorder is known to be of nine, ten, or eleven months' duration, and at least a fourth in whom it is of six months' date and upwards. Further, although the rules exclude epileptics and paralytics, yet at times the history of fits is withheld by the patients' friends, or the fits are conceived to be of a different character, or the paralysis is so little developed as not to be very recognizable; and as in all ambiguous cases,—whether it be the duration or the complication of the mental disorder which is in doubt, the Committee of the Hospital give the benefit of the doubt to the patient,—the consequence is, that several such unfavourable cases are received annually. On referring to the statistical tables of the institution, these “unfit” admissions are found to amount to 10 per cent.

We have thought these details desirable, on the one hand, to account for the difference in the ratio of cures attained in St. Luke's compared with that fixed by American writers; and on the other, to show that though the rate of recoveries at that London Hospital is highly gratifying, it might be rendered yet more so if certain impediments to success were removed, and that similar benefits could be realized elsewhere if due provision were made for the early and efficient treatment of the malady.

Were we at all singular in the assertion of the curability of insanity, we should endeavour to establish it by an appeal to the statistics of recoveries among recent cases in the different English asylums; but instead of advancing a novel opinion, we are only bearing witness to a well-recognized fact substantiated by general experience. This being so, it would be fruitless to occupy time in quoting many

illustrations from Asylum Reports: one will answer our purpose.

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At the Derby County Asylum, under the charge of Dr. Hitchman, a high rate of cures has been reached. In the Third Report that able physician writes (p. 5),—"It cannot be too often repeated, that the date of the patient's illness at the time of admission is the chief circumstance which determines whether four patients in a hundred, or seventy patients in a hundred, shall be discharged cured. Of the 151 cases which have been admitted into the asylum during the past year, eleven only have been received within a week of the onset of their malady; of these eleven, ten have been discharged cured,—the other has been but a short time under treatment." In his Sixth Report (1857, p. 22), the same gentleman observes,—“The cures during the past year have reached 60 per cent. upon the admissions; but the most gratifying fact has been, that of twenty patients, unafflicted with general paralysis, who were admitted within one month of the primary attack of their maladies, sixteen have left the asylum cured,—three are convalescent, and will probably be discharged at the next meeting of the Committee, and the other one was in the last stage of pulmonary consumption when she came to the asylum, and died in three weeks after her admission.”

After this review of what may be effected in restoring the subjects of mental disorder to reason and society, to their homes and occupations, by means of early treatment, it is discouraging to turn to the average result of recoveries on admissions obtained in our County Asylums at large. This average may be taken at 35 per cent., and therefore there will remain of every 100 patients admitted, sixty-five, or, after deducting 10 per cent. of deaths, fifty-five at the end of the year. This number, fifty-five, might fairly be taken to represent the annual per centage of accumulation of the insane in asylums, were the data employed sufficient and satisfactory. But so far as we have yet examined the point, this proportion is larger than a calculation made over a series of years,

and may be approximatively stated at 35 per cent. on the admissions.

How great would be the gain, alike to the poor lunatic and to those chargeable with his maintenance, could this rapid rate of accumulation be diminished, by raising that of recoveries, or, what is tantamount to it, by securing to the insane prompt and efficient care and treatment! How does it happen that this desideratum is not accomplished by the asylums in existence? what are the impediments to success discoverable in their organization and management, or in the history of their inmates prior to admission? and what can be done to remedy discovered defects, and to secure the insane the best chances of recovery? Such are some of the questions to be next discussed.

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Chap. V.—on the causes diminishing the curability of insanity, and involving the multiplication of chronic lunatics.

In the preliminary chapters on the number and increase of the insane in this country, we limited ourselves to determine what that number and that increase were, and entered into no disquisition respecting the causes which have operated in filling our asylums with so many thousands of chronic and almost necessarily incurable patients. Nor shall we now attempt an investigation of them generally, for this has been well done by others, and particularly by the Lunacy Commissioners in their Ninth Report,

1855; but shall restrict ourselves to intimate that the increase of our lunatic population, mainly by accumulation, is due to neglect in past years; to the alteration of the laws requiring the erection of County Asylums for pauper lunatics generally; to the collection and discovery of cases aforesaid unthought of and unknown; to the extension of the knowledge of the characters and requirements of the insane both among professional men and the public; and, lastly, to the advantages themselves of asylum accommodation which tend to prolong the lives of the inmates.

Such are among the principal causes of the astounding increase in the number of the insane of late years, relatively to the population of the country, some of which fortunately will in course of time be less productive. Those, however, which we now desire to investigate, are such as directly affect the curability of insanity, either by depriving its victims of early and efficient treatment, or by lessening the efficiency and usefulness of the public asylums.

The history of an insane patient is clearly divisible into three portions: 1st, that before admission into an asylum; 2nd, that of his residence in an asylum; and 3rd, of that after his discharge from it. The last division we have at present nothing to do with; and with reference to the causes influencing his curability, these group themselves under two heads parallel to the first two divisions of the patient's history; viz. 1, those in operation external to, and 2, those prevailing in, asylums.

A. Causes external to Asylums.

The chief cause belonging to this first class is that of delay in submitting recent cases to asylum care and treatment. This delay, as we have sufficiently proved, operates most seriously by diminishing the curability of insanity, and thereby favours the accumulation of chronic lunatics. It takes place in consequence

either of the desire of friends to keep their invalid relatives at

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their homes; or of the economical notions of Poor-Law Officers, who, to avoid the greater cost of asylums, detain pauper lunatics in workhouses. Other causes of incurability and of the accumulation of incurables are found in injudicious management and treatment before admission, and in the transmission of unfit cases to asylums. To discuss the several points suggested in these considerations will require this chapter to be subdivided; and first we may treat of the Detention of Patients in their own homes.

§ *Detention of Patients in their own homes.*

Although the immense importance of early treatment to recent cases of insanity is a truth so well established and so often advocated, yet the public generally fail to appreciate it, and from unfortunate notions of family discredit, from false pride and wounded vanity, delay submitting their afflicted relatives to efficient treatment. Unless the disorder manifest itself by such maniacal symptoms that no one can be blind to its real character, the wealthier classes especially will shut their eyes to the fact they are so unwilling to recognize, and call the mental aberration nervousness or eccentricity; and as they are unwilling to acknowledge the disorder, so are they equally indisposed to subject it to the most effectual treatment, by removing the patient from home, and the exciting influence of friends and surrounding circumstances in general, to a properly organized and managed asylum. Usually a patient with sufficient resources at command, is kept at home as long as possible, at great cost and trouble; and if he be too much for the control of his relatives and servants, attendants are hired from some Licensed House to manage him; the only notion prevailing in the minds of his friends being that means are needed to subdue his excitement and to overcome his violence.

There are, in fact, no curative agencies at work around him, but on the contrary, more or fewer conditions calculated to exalt his furor, to agitate and disquiet his mind, and to aggravate his malady. The master of the house finds himself checked in his will; disobeyed by his servants; an object of curiosity, it may be, of wonder and alarm; and sadly curtailed in his liberty of action. The strange attendants forced upon him are to be yielded to only under passionate protests, and probably after a struggle. In all ways the mental disorder is kept up if not aggravated, and every day the chances of recovery are diminished. Perhaps matters may grow too bad for continued residence at home, or the malady have lasted so long, that the broken-up state of family and household can no longer be tolerated, and a transfer from home is necessitated. Yet even then removal to an asylum,—the only step which can hold out a fair prospect of

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recovery, is either rejected as quite out of the question, or submitted to usually after still longer delay,—a “trial” being made of a lodging with a medical man or other person, probably with an asylum attendant. By this plan certainly the patient is saved from the presence and excitement of his family, and placed under altered conditions, calculated to exercise in some respects a salutary influence on his mind; still many others are wanting, and no guarantee is attainable of the manner in which he is treated; for as a single patient, and as is usually the case, restrained without certificates, he is almost invariably unknown to the Commissioners, and virtually unprotected, even though a medical man be paid to attend him occasionally. At last, however, except for a few, the transfer to the asylum generally becomes inevitable, and too often too late to restore the disordered reason; and years of unavailing regret fail to atone for time and opportunity lost.

The same unwillingness to subject their insane friends to asylum care and treatment pervades, moreover, the less wealthy classes,

and even the poorer grades of the middle class of society. Madness, to their conceptions likewise, brings with it a stigma on the family, and its occurrence must, it is felt, be kept a secret. Hence an asylum is viewed as an evil to be staved off as long as possible, and only resorted to when all other plans, or else the pecuniary means, are exhausted. If it be the father of the family who is attacked, the hope is, that in a few days or weeks he may resume his business or return to his office, as he might after ordinary bodily illness, without such loss of time as shall endanger his situation and prospects, and without the blemish of a report that he has been the inmate of a madhouse. If it be the wife, the hope is similar, that she will shortly be restored to her place and duties in her family. Should progress be less evident than desired, a change away from home will probably be suggested by the medical attendant, and at much expense and trouble carried out. But too frequently, alas! the hopes are blighted and the poor sufferer is at length removed with diminished chance of cure to an asylum.

For the poorer members of the middle class, and for many moving in a somewhat higher circle of society, whom the accession of mental disorder impoverishes and cuts off from independence, there are, it is most deeply to be regretted, few opportunities of obtaining proper asylum care and treatment. In very many instances, the charges of even the cheapest private asylum can be borne for only a limited period, and thus far, at the cost of great personal sacrifices and self-denial. Sooner or later no refuge remains except the County Asylum, where, it may be, from the duration of his disorder, the patient may linger out the

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remainder of his days. How happy for such a one is it—a person unacquainted with the system of English County Asylums, might remark—that such an excellent retreat is afforded! To this it may be replied, that the public asylum ought not to be the *dernier ressort* of those too poor to secure the best treatment and care in a

well-found private establishment, and yet too respectable to be classed and dealt with as paupers entirely and necessarily dependent on the poor's rate. Yet so it is under the operation of the existing law and parochial usages, there is no intermediate position, and to reap the benefits of the public asylum, the patient must be classed with paupers and treated as one. His admission into it is rendered as difficult, annoying, and degrading as it can be. His friends, worn out and impoverished in their charitable endeavours to sustain him in his independent position as a private patient, are obliged to plead their poverty, and to sue as paupers the parish officials for the requisite order to admit their afflicted relative to the benefits of the public asylum as a Pauper Lunatic. In short, they have to pauperize him; to announce to the world their own poverty, and to succumb to a proceeding which robs them of their feelings of self-respect and independence, and by which they lose caste in the eyes of their neighbours. As for the patient himself, unless the nature and duration of his malady have sufficiently dulled his perception and sensibilities, the consciousness of his position as a registered pauper cannot fail to be prejudicial to his recovery; opposed to the beneficial influences a well-regulated asylum is calculated to exert, and to that mental calm and repose which the physician is anxious to procure.

In the class of cases just sketched, we have presumed on the ability of the friends to incur the cost of private treatment for a longer or shorter period; but many are the persons among the middle classes, who if overtaken by such a dire malady as insanity, are almost at once reduced to the condition of paupers and compelled to be placed in the same category with them. As with the class last spoken of, so with this one, the law inflicts a like injury and social degradation, and at the same time operates in impeding their access to proper treatment.

No one surely, who considers the question, and reflects on the necessary consequences of the present legal requirement that, for a

lunatic to enjoy the advantages of a public asylum, towards which he may have for years contributed, he must be formally declared chargeable to the rates as a pauper,—can deny the conclusion that it is a provision which must entail a social degradation upon the lunatic and his family, and act as a great impediment to the transmission of numerous recent cases to the County Asylum for early treatment.

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It will be urged as an apology for it, that the test of pauperism rests on a right basis; that it is contrived to save the rate-payer from the charge of those occupying a sphere above the labouring classes, who fall, as a matter of course, upon the parochial funds whenever work fails or illness overtakes them. It is, in two words, a presumed economical scheme. However, like many other such, it is productive of extravagance and loss, and is practically inoperative as a barrier to the practice of imposition. If it contributes to check the admission of cases at their outbreak into asylums, as no one will doubt it does, it is productive of chronic insanity and of permanent pauperism; and, therefore, besides the individual injury inflicted, entails a charge upon the rates for the remaining term of life of so many incurable lunatics.

If, on the contrary, our public asylums were not branded by the appellation “Pauper;” if access to them were facilitated and the pauperizing clause repealed, many unfortunate insane of the middle class in question, would be transmitted to them for treatment; the public asylum would not be regarded with the same misgivings and as an evil to be avoided, but it would progressively acquire the character of an hospital, and ought ultimately to be regarded as a place of cure, equivalent in character to a general hospital, and as entailing no disgrace or discredit on its occupant.

The Commissioners in Lunacy, in their Ninth Report (1855, p. 35), refer to the admissions into County Asylums, of patients from the less rich classes of society reduced to poverty by the occurrence of

the mental malady, and hint at their influence in swelling the number of the chronic insane, owing to their transfer not taking place until after the failure of their means and the persistence of their disorder for a more or less considerable period. This very statement is an illustration in point; for the circumstance deplored is the result of the indisposition on the part of individuals to reduce their afflicted relatives to the level of paupers by the preliminaries to, and by the act of, placing them in an asylum blazoned to the world as the receptacle for paupers only; an act, whereby, moreover, they advertise to all their own poverty, and their need to ask parish aid for the support of their poor lunatic kindred.

On the continent of Europe and in the United States of America we obtain ample evidence that the plan of pauperizing patients in order to render them admissible to public asylums, is by no means necessary. Most continental asylums are of a mixed character, receiving both paying and non-paying inmates, and care is taken to investigate the means of every applicant for admission, and those of his friends chargeable by law with his maintenance. Those who are paid for are called “pensioners”

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or boarders, and are divided into classes according to the sum paid, a particular section of the asylum being assigned to each class. Besides those pensioners who pay for their entire maintenance, there are others whose means are inadequate to meet the entire cost, and who are assessed to pay a larger or smaller share of it. Lowest in the scale of inmates are those who are entirely chargeable to the departmental or provincial revenue, being devoid of any direct or indirect means of support. Probably the machinery of assessment in the continental states might not accord with English notions and be too inquisitorial for adoption *in toto*; but at all events, on throwing open public asylums for the reception of all lunatics who may apply for it, without the brand of pauperism being inflicted upon them, some scheme of fairly estimating the

amount they ought to contribute to their maintenance should be devised. For the richer classes a plan of inquisition into their resources is provided, and there seems no insuperable difficulty in contriving some machinery whereby those less endowed with worldly goods might, at an almost nominal expense, have their means duly examined and apportioned to their own support and that of their families. Overseers and relieving officers are certainly not the persons to be entrusted with any such scheme, nor would we advocate a jury, for in such inquiries few should share; but would suggest it as probably practicable that the amount of payment might be adjudged by two or three of the Committee of Visitors of the Asylum with the Clerk of the Guardians of the Union or Parish to which the lunatic belonged.

In the United States of America, every tax-payer and holder of property is entitled as a tax-payer, when insane, to admission into the Asylum of the State of which he is a citizen. He is considered as a contributor to the erection and support of the institution, and as having therefore a claim upon its aid if disease overtake him. The cost of his maintenance is borne by the township or county to which he belongs, and the question of his means to contribute towards it is determined by the county judge and a jury. Most of the asylums of the Republic also receive boarders at fixed terms, varying according to the accommodation desired; hence there are very few private asylums in the States. In the State of New York there is a special legal provision intended to encourage the early removal of recent cases to the asylum; whereby persons not paupers, whose malady is of less than one year's duration, are admitted without payment, upon the order of a county judge, granted to an application made to him, setting forth the recent origin of the attack and the limited resources of the patient. Such patients are retained two years, at the end of which time they are discharged, their

friends being held responsible for the removal. Their cost in the asylum is defrayed by the county or parish to which they belong.

We have said above, that the requirement of the declaration of pauperism is ineffectual in guarding the interests of the rate-payer against the cost of improper applicants. Indeed, the proceeding adopted to carry it out is both absurd and useless, besides being, as just pointed out, mischievous in its effects.

In the interpretation clause of “the Lunatic Asylums’ Act, 1853,” it is ordered that a “Pauper shall mean every person maintained wholly or in part by, or chargeable to, any Parish, Union, or County.” Hence when insanity overtakes an unfortunate person who is not maintained by a parish or union, it is required that he be made chargeable to one, or, as we have briefly expressed the fact, that he be pauperized. To effect this object, the rule is, that the patient shall reside at least a day and a night in a workhouse. This proceeding, we repeat, carries absurdity on the face of it. Either it may be a mere farce privately enacted between the parish officers and the friends of the patient, to the complete frustration of the law so far as the protection of the rate-payers is contemplated; or, it may be made to inflict much pain and annoyance on the applicants by the official obstructiveness, impertinent curiosity, obtuseness, and possible ill-feeling of the parish functionaries in whose hands the law has practically entrusted the principal administration of the details regulating the access to our public asylums.

It is no secret among the superintendents of County Asylums, that by private arrangements with the overseers or guardians of parishes, cases gain admission contrary to the letter and spirit of the law, and to the exclusion of those who have legally a prior and superior claim. We have, indeed, the evidence of the Lunacy Commissioners, to substantiate this assertion. In their Ninth Report (1855, p. 34) they observe,—“In some districts a practice has sprung up, by which persons, who have never been themselves in receipt of parochial relief, and who are not unfrequently

tradesmen, or thriving artisans, have been permitted to place lunatic relations in the County Asylums, as pauper patients, under an arrangement with the guardians for afterwards reimbursing to the parish the whole, or part, of the charge for their maintenance. This course of proceeding is stated to prevail to a considerable extent in the asylums of the metropolitan counties, and its effect in occupying with patients, not strictly or originally of the pauper class, the space and accommodations which were designed for others who more properly belong to it, has more than once been made the subject of complaint.”

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Desiring, as we do, to see our County Asylums thrown open to the insane generally, by the abolition of the pauper qualification, it is rather a subject of congratulation that cases of the class referred to do obtain admission into them, even when contrary to the letter of the law. But we advance the quotation and assertion above to show, that the pauperizing provision of the Act is ineffective in the attainment of its object; and to remark, that the opportunities at connivance it offers to parochial officials, must exercise a demoralizing influence and be subversive of good government. If private arrangements can be made between the applicants for an assumed favour, and parish officers, who will undertake to say that there shall not be bribery and corruption?

Sufficient, we trust, has been said to demonstrate the evils of the present system of pauperizing patients to qualify them for admission into County Asylums, and the desirability of opening those institutions to all lunatics of the middle classes whose means are limited, and whose social position as independent citizens is jeopardized by the existence of their malady. This class of persons, as before said, calls especially for commiseration and aid; being so placed, on the one hand, that their limited means must soon fail to afford them the succour of a private asylum; and on the other, with the door of the public institution closed against them, except at the penalty of pauperism and social degradation.

What we would desire is, that every recent case of insanity should at once obtain admission into the public asylum of the county or borough, if furnished with the necessary medical certificates and with an order from a justice who has either seen the patient or received satisfactory evidence as to his condition (see remarks on duties of district medical officers), and obtained from the relatives an undertaking to submit to the assessment made by a commission as above proposed, or constituted in any other manner thought better; or the speedy admission of recent cases might otherwise be secured by prescribing their attendance and that of their friends before the weekly Committee of the Visitors of the Asylum, by whom the order for reception might be signed on the requisite medical certificates being produced, and the examination for the assessment of the patient's resources formally made, with the assistance possibly of some representative of the parish interests,—such for instance as the Clerk to the Board of Guardians.

In the County Courts the judges are daily in the habit of ordering periodical payments to be made in discharge of debts upon evidence offered to them of the earnings or trade returns of the debtor; and there seems no *a priori* reason against the investigation of the resources of a person whose friends apply

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for his admission into a County Asylum. It is for them to show cause why the parish or county should assume the whole or the partial cost of the patient's maintenance, and this can be done before the Committee of the Asylum or any private board of inquiry with little annoyance or publicity. Rather than raise an obstacle to the admission of the unfortunate sufferer, it would be better to receive him at once and to settle pecuniary matters afterwards.

We must here content ourselves with this general indication of the machinery available for apportioning the amount of payment to be

made on account of their maintenance by persons not paupers, or for determining their claim upon the Asylum funds. Yet we cannot omit the opportunity to remark that the proceedings as ordered by the existing statute with a similar object are incomplete and unsatisfactory. These proceedings are set forth in *sects. xciv. and civ. (16 & 17 Vict. cap. 97)*. The one section of the Act is a twin brother to the other, and it might be imagined by one not “learned in the law,” that one of the two sections might with little alteration suffice. Be this as it may, it is enacted that if it appear to two Justices (*sect. xciv.*) by whose order a patient has been sent to an asylum, or (*sect. civ.*) “to any Justice or Justices by this Act authorized to make any order for the payment of money for the maintenance of any Lunatic, that such Lunatic” has property or income available to reimburse the cost of his maintenance in the asylum, such Justices (*sect. xciv.*) shall apply to the nearest known relative or friend for payment, and if their notice be unattended to for one month, they may authorize a relieving officer or overseer to seize the goods, &c. of the patient, whether in the hands of a trustee or not, to the amount set forth in their order. *Sect. civ.* makes no provision for applying to relatives or friends in the first instance, but empowers the justice or justices to proceed in a similar way to that prescribed by *sect. xciv.*, to repay the patient’s cost; with the additional proviso that, besides the relieving officer or overseer, “the Treasurer or some other officer of the County to which such Lunatic is chargeable, or in which any property of the Lunatic may be, or an officer of the Asylum in which such Lunatic may be,” may proceed to recover the amount charged against him.

Concerning these legal provisions, we may observe, that the state of the lunatic’s pecuniary condition is left to accidental discovery. The justices signing the order of admission (*sect. xciv.*) have no authority given them to institute inquiries, although they may learn by report that the patient for whom admission is solicited is not destitute of the means of maintenance. Nor are the justices who make the order for payment (*sect. civ.*) in any

better position for ascertaining facts. There is, in short, no authorized and regular process for investigating the chargeability of those who are not actually in the receipt of parochial relief on or before application for their admission into the County Asylum, or who must necessarily be chargeable by their social position when illness befalls them. Again, according to the literal reading of the sections in question, no partial charge for maintenance can be proposed; no proportion of the cost can be assessed, where the patient's resources are unequal to meet the whole. Lastly, the summary process of seizing the goods or property of any sort, entrusted to those who are most probably the informers of the justices, namely overseers and relieving officers; and, by *sect. civ.*, carried out without any preliminary notice or application, and without any investigation of the truth of the reports which may reach the justices, is certainly a proceeding contrary to the ordinary notions of equity and justice.

§ *Detention of Patients in Workhouses.*

In the case of the insane poor, whose condition, circumstances, and social position have been such that whenever any misfortune, want of work, or sickness has overtaken them, the workhouse affords a ready refuge, the requirement of pauperization to qualify for admission to the County Asylum is in itself no hardship and no obstacle to their transmission to it. Probably the prevailing tactics of parish officers may at times contribute to delay the application for relief, but the great obstacle to bringing insane paupers under early and satisfactory treatment in the authorized receptacle for them—the County Asylum, is the prevalence of an economical theory respecting the much greater cheapness of workhouse compared with asylum detention. The practical result of this theory is, that generally where a pauper lunatic can by any means be

managed in a workhouse, he is detained there. If troublesome, annoying, and expensive, he is referred to the County Asylum; this is the leading test for the removal; the consideration of the recent or chronic character of his malady is taken little or no account of.

In fresh cases the flattering hope is that the patients will soon recover, and that the presumed greater cost of asylum care can be saved; in old ones the feeling is that they are sufficiently cared for, if treated like the other pauper inmates, just that amount of precaution being attempted which may probably save a public scandal or calamity.

To the prevalence of these economical notions and practice may be attributed the large number of lunatics detained in workhouses (nearly 8000), and the equally large one living with their friends or others. Now it is very desirable to inquire whether these

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theories of the superior economy of workhouses compared with asylums as receptacles for the insane, are true and founded on facts. This question is in itself twofold, and leaves for investigation, first, that of the mere saving in money on account of maintenance and curative appliances; and secondly, that of the comparative fitness or unfitness, the advantages or disadvantages, the profit or loss, of the two kinds of institutions in relation to the welfare, the cure, and the relief of the poor patients placed in them. These questions press for solution in connexion with the subject of the accumulation of lunatics and the means to be adopted for its arrest, or, what is equivalent to this, for promoting the curability of the insane.

On making a comparative estimate of charges, it is essential to know whether the same elements of expenditure are included in the two cases; if the calculated cost per head for maintenance in workhouses and asylums respectively comprises the same items, and generally, if the conditions and circumstances so far as they

affect their charges are rightly comparable. An examination we are confident, will prove that in no one of these respects are they so.

In the first place, the rate of maintenance in an asylum is calculated on the whole cost of board, clothing, bedding, linen, furniture, salaries, and incidental expenditure; that is, on the total disbursements of the establishment, exclusive only of the expenditure for building and repairs, which is charged to the county. On the contrary, the “in-maintenance” in workhouses comprises only the cost of food, clothing, and necessaries supplied to the inmates (see Poor-Law Board Tenth Report, p. 144). The other important items reckoned on in fixing the rate of cost per head in asylums are charged to the “establishment” account of the workhouse, and are omitted in the calculation of the rate of maintenance. Reference to the Tables given in the Poor-Law Board Returns (Tenth Report, p. 61, sub-column *e* and a portion of *f*) will prove that the expenditure on account of those other items must be nearly or quite equal to that comprehended under the head of “in-maintenance” cost.

We have no means at hand to calculate with sufficient precision what sum should be added to the “in-maintenance” cost of paupers per head in workhouses, but it is quite clear that the figures usually employed to represent it, cannot be rightly compared with those exhibiting the weekly charge of lunatics in asylums. At the very least half as much again must be added to a workhouse estimate before placing it in contrast with asylum cost.

Since the preceding remarks were written, Dr. Bucknill has favoured us with the Thirteenth Report of the Devon Asylum,

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in which he has discussed this same question and illustrated it by a special instance. To arrive at the actual cost of an adult sane pauper in a union-house, he gathered “the following particulars relative to the house of the St. Thomas Union in which this asylum is placed;

a union, the population of which is 49,000, and which has the reputation of being one of the best managed in the kingdom. The cost of the maintenance of paupers in this union-house is 2*s.* 6*d.* per head, per week, namely, 2*s.* 2*d.* for food and 4*d.* for clothing. The establishment charges are 1*s.* 0½*d.* per head, per week, making a total of 3*s.* 6½*d.* for each inmate. The total number of pauper inmates during the twelfth week of the present quarter was 246; and of these 116 were infants and children, and 130 youths above sixteen and adults. A gentleman intimately acquainted with these accounts, some time since calculated for me that each adult pauper in the St. Thomas's Union-house cost 5*s.* a week. Now the average cost of all patients in the Devon Asylum at the present time is 7*s.* 7*d.*, but of this at least 2*s.* must be set down to the extra wages, diet, and other expenses needful in the treatment of the sick, and of violent and acute cases, leaving the cost of the great body of chronic patients at not more than 5*s.* 7*d.* a week. Now if a sane adult pauper in a union-house costs even 4*s.* 6*d.* a week, is it probable that an insane one would cost less than 5*s.* 7*d.*? For either extra cost must be incurred in his care, or he must disturb the discipline of the establishment, and every such disturbance is a source of expense."

This quotation is really a reiteration of Dr. Bucknill's conclusions as advanced in 1857, in an excellent paper in the 'Asylum Journal' (vol. iv. p. 460), and as a pendant to it the following extract from this paper is appropriate; viz. "that the cost of a chronic lunatic properly cared for, and supplied with a good dietary, in a County Asylum, is not greater than that of a chronic lunatic supplied with a coarse and scanty dietary, and detained in neglect and wretchedness as the inmate of a union workhouse."

Another most important circumstance to be borne in mind when the cost of workhouses and asylums is contrasted, is that in the former establishments more than two-thirds of the inmates are children. Thus the recipients of in-door relief on the 1st of January,

1858, consisted, according to the Poor-Law Returns, of 74,141 adults, and 50,836 children under sixteen years of age. Now as the rate of maintenance is calculated on the whole population of a workhouse, adults and children together, it necessarily follows that it falls much within that of asylums, in which almost the whole population is adult. This very material difference in the character of the inmates of the two

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institutions may fairly be valued as equivalent to a diminution of one-fourth of the expense of maintenance in favour of workhouses; and without some such allowance, the comparison of the cost per head in asylums and union-houses respectively is neither fair nor correct.

Again, there is another difference between asylums and workhouses, which tells in favour of the latter in an economical point of view, whilst it proves that the expenditure of the two is not rightly comparable without making due allowance for it along with the foregoing considerations. This difference subsists in the character of the two institutions respectively; namely, that in the asylum the movements of the population are slight, whereas in the workhouse they are very considerable by the constant ingress and egress of paupers; driven to it by some passing misfortune or sickness, it may be for a week or two only or even less, and discharging themselves so soon as the temporary evil ceases to operate or the disorder is overcome: for the poor generally, except the old and decrepit who cannot help themselves, both dread a lodging in the workhouse, and escape from it as soon as possible; in fact, even when they have no roof of their own to shelter them, they will often use the union accommodation only partially, leaving it often by day and returning to it by night. All this implies a large fluctuation of inmates frequently only partially relieved, whether in the way of board or clothing; and consequently when the average cost per head of in-door paupers is struck, it appears in

a greater or less degree lower than it would have done had the same constancy in numbers and in the duration and extent of the relief afforded prevailed as it does in asylums.

The effect of the fluctuations in population in union-houses ought, we understand, to be slight, if the “Orders in Council” laid down to guide parochial authorities in the calculation of the cost of their paupers, were adhered to; viz. that for all those belonging to any one parish in union, who may have received in-door relief during the year or for any less period of time, an equivalent should be found representing the number who have been inmates throughout the year; or the total extent of relief be expressed by estimating it to be equal to the support of one hypothetical individual for any number of years equivalent to the sum of the portions of time the entire number of the paupers of the particular parish received the benefits of the establishment. We do not feel sure that these plans of calculating the cost per head are faithfully and fully executed; the rough method of doing so, viz. by taking the whole cost of “in-maintenance” at the end of the year and dividing it by the number of its recipients, and assuming the quotient to represent the expenditure for

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each. Whether this be the case or not, these daily changes among its inmates, the frequent absence of many for a great part of the day and the like, are to be enumerated among the circumstances which tend to keep down expenditure of workhouses; and which are not found in asylums.

There is yet another feature about workhouses which distinguishes them from asylums, and is of considerable moment in the question of the comparative cost of maintenance in the two: this is, the circumstance of the population of workhouses being of a mixed character, of which the insane constitute merely a small section; while, on the contrary, that of asylums is entirely special, and each

of its members to be considered a patient or invalid demanding particular care and special appliances. Therefore, *a priori*, no comparison as to their expenditure can justly be drawn between two institutions so dissimilar. Yet even this extent of dissimilarity between them is not all that exists; for the union-house is so constituted by law as to serve as a test of poverty; to offer no inducements to pauperism, and to curtail the cost of maintenance as far as possible. It has properly no organization for the detention, supervision, moral treatment and control, nor for the nursing or medical care of the insane; and when its establishment is attempted it is a step at variance with its primary intention, and involves an extra expenditure.

Consequently, before overseers or guardians can with any propriety contrast the workhouse charges of maintenance with those of asylums, it is their business to estimate what an adult pauper lunatic costs them per week, instead of, as usual, quoting the cost per head calculated on the whole of the inmates, old and young, sane and insane.

Once more, even after a fair estimate of the cost of an adult insane inmate of a workhouse is obtained, there is still another differential circumstance favourable to a less rate than can be anticipated in asylums; for this reason:—that in the former institutions the practice is to reject all violent cases, the major portion of recent ones, and, generally, all those who give particular annoyance and trouble; whilst the latter is, as it rightly should be, regarded as the fitting receptacle for all such patients;—that is, in other words, those classes of patients which entail the greatest expense are got rid of by the workhouses and undertaken by the asylums.

Dr. Bucknill has well expressed the same circumstances we have reviewed, in the following paragraph (Report, Devon Asylum, 1858, p. 13):—“In estimating the cost of lunatic paupers in asylums, the important consideration must not be omitted, that the charge made for the care and maintenance of lunatics in County

Asylums is averaged upon those whose actual cost is

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much greater, and those whose actual cost is less than the mean; so that it would be unfair for the overseers of a parish to say of any single patient that he could be maintained for a smaller sum than that charged, when the probability is that there are or have been patients in the asylum from the same parish, whose actual cost to the asylum has been much greater than that charged to the parish. I have shown, that the actual cost of chronic patients in an asylum exceeds that of adult paupers in union-houses to a much smaller extent than has been stated: but if all patients of this description were removed from the asylum, the inevitable result must be that the average cost of those who remained would be augmented, so that the pecuniary result to the parishes in the county would be much the same. The actual cost of an individual patient, if all things are taken into calculation, is often three or four times greater than the average. Leaving out of consideration the welfare of the patients, it would be obviously unfair to the community, that a parish having four patients in the asylum, the actual cost of two of whom was 12s. a week, and of the other two only 4s. a week, should be allowed to remove the two who cost the smaller sum, and be still permitted to leave the other two at the average charge of 8s.”

The conclusion of the whole matter is, that *cæteris paribus*, *i. e.* supposing workhouses to be equally fitting receptacles for the insane as asylums, the differential cost of the two can only be estimated when it is ascertained that the items of maintenance are alike in the two, and after that an allowance is made for the different characters of their population and of their original purpose; that is, in the instance of workhouses, for the very large number of juvenile paupers; for the great fluctuations in the residents; for the mixed character of their inmates, of sane and insane together, and the small proportion of insane, and for the

exclusion of the most expensive classes of such patients. Let these matters be fairly estimated, and we doubt much if, even *primâ facie*, it can be shown that the workhouse detention of pauper lunatics is more economical than that of properly constructed and organized asylums.

Should we even be so far successful as to make Poor-Law Guardians and Overseers perceive that the common rough-and-ready mode of settling the question of relative cost in asylums and workhouses, by contrasting the calculated rate per head for in-door relief with that for asylum care, is not satisfactory; we cannot cherish the flattering hope that they will be brought to perceive that, simply in an economical point of view, no saving at all is gained by the detention of the insane in workhouses. Those Poor-Law officials generally are so accustomed to haggle about fractional parts of a penny in voting relief, to look at an

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outlay of money only with reference to the moment, forgetful of future retribution for false economy, and to handle the figures representing in their estimate the economical superiority of the workhouse for the insane, when they desire to silence an opponent;—that the task of proving to them that their theory and practice are wrong, is equivalent to the infelicitous endeavour to convince men against their will.

Still, however unpromising our attempt may appear, it is not right to yield whilst any legitimate arguments are at hand; and our repertory of them, even of those suited to a contest concerning the pounds, shillings, and pence of the matter, is not quite exhausted; for we are prepared to prove, that asylum accommodation can be furnished to the lunatic poor at an outlay little or not at all exceeding that for workhouses.

Now this point to be argued, the cost of asylum construction, is not, like the foregoing considerations, chiefly the affair of Poor-

Law Guardians and Overseers, but concerns more particularly the County Magistrates, inasmuch as it is defrayed out of the County instead of the Poor Rate. But although this is the case, there is no doubt that the very great expense of existing asylums has acted as an impediment to the construction of others, and has seemed to justify, to a certain extent, the improper detention of many insane persons in workhouses: for, on one side, asylums are found to have cost for their construction and fittings, £150, £200, and upwards per head, whilst on the other, workhouses are built at the small outlay, on an average, of eighty-six such establishments, of £22 per head. The "Return" made to the House of Commons, June 15, 1857, "of the cost of building Workhouses in England and Wales, erected since 1840," shows indeed a very wide variation of cost in different places, from £13 per head for the Congleton Union House; £14 for the Erpingham; £16 for the Stockton and Tenterden, to £47 for the Kensington; £50 for the Dulverton; £59 for the City of London; £60 for St. Margaret Westminster; and £113 for the Paddington. This enormous difference of expenditure on workhouse lodging,—for, unlike asylum costs, it does not include fittings, extending from £13 to £113 per inmate,—is really inexplicable, after allowing for the varying ideas of parish authorities as to what a workhouse should be, and for the slight differences in the cost of building materials and labour in some parts of the country than in others. Either some workhouses must be most miserable and defective habitations even for paupers, or others must be very extravagant and needlessly expensive in their structure.

There is this much to be said in explanation of the contrast of cost in different workhouses, that in those belonging to large

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town populations, infirmary accommodation becomes an item of importance and involves increased expenditure, whilst in those situated in agricultural districts, this element of expense is almost

wanting. Moreover it is in town workhouses generally that lunatic inmates are found, who, if not in the infirmary, are lodged in special wards, often so constructed as to meet their peculiar wants, and therefore more costly than the rest of the institution occupied by the ordinary pauper inmates. This is the same with saying that where workhouses are used as receptacles for the insane, it greatly enhances the cost of their construction.

It will be evident to every thinking person that the costs of asylum and of workhouse construction are not fairly comparable. The asylum is a special building; an instrument of treatment; peculiarly arranged for an invalid population, affording facilities for classification, recreation, and amusements; and fitted with costly expedients for warming and ventilation; whereas the workhouse is essentially a refuge for the destitute, necessarily made not too inviting in its accommodation and internal arrangements; suited to preserve the life of sound inmates who need little more than the shelter of a roof and the rude conveniences the majority of them have been accustomed to. Now these very characteristics of workhouses are among the best arguments against the detention of lunatics within these buildings; but of these hereafter.

There is doubtless a permissible pride in the ability to point to a well-built asylum, commanding attention by its dimensions and architectural merits, and we would be the last to decry the beauties and benefits of architecture, and know too, that an ugly exterior may cost as much or more than a meritorious one; yet we must confess to misgivings that there has been an unnecessary and wasteful expenditure in this direction. Nevertheless it is with asylums as with railways, the present race of directors are reaping instruction from the extravagances and errors its predecessors fell into.

The change of opinion among all classes respecting the character and wants of the insane and their mode of treatment, is of itself so great, that many of the structural adaptations and general

dispositions formerly made at great cost, are felt to be no longer necessary, and the very correct and happy persuasion daily gains ground, that the less the insane are dealt with as prisoners, and treated with apprehension and mistrust, the more may their accommodation be assimilated to that of people in general, and secured at a diminished outlay.

All this suggests the possibility of constructing asylums at a much less cost than formerly, and of thereby lessening the force of one of the best pleas for using workhouses as receptacles for the

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insane. The possibility of so doing has been proved both theoretically and practically. In an essay 'On the Construction of Public Asylums,' published in the "Asylum Journal" for January 1858 (vol. iv. p. 188), we advocated the separation of the day- from the night-accommodation of patients, and the abolition of the system of corridors with day- and sleeping-rooms, or, as we briefly termed it, "the ward-system," and showed that by so doing a third of the cost of construction might be saved, whilst the management of the institution would be facilitated, and the position of the patients improved. By a careful estimate, made by a professional architect, with the aid of the necessary drawings, for a building of considerable architectural pretension, it was calculated that most satisfactory, cheerful, and eligible accommodation could be secured, including farm-buildings, and fittings for warming, ventilation, drainage, gas, &c., at the rate of £90 per head for patients of all classes, or at one-half of the ordinary cost.

Experience has shown that chronic lunatics, at least, can be accommodated in an asylum at a lower rate, in fact, at little more than half the expense that we calculated upon.

Like other County Asylums, the Devon became filled with patients; still they came, and after attempts to cram more into the original edifice, by slight alterations, and by adding rooms here

and there, it was at length found necessary to make a considerable enlargement. Instead of adding floors or wings to the old building, which would have called for a repetition of the same original expensive construction of walls, and of rooms and corridors, the Committee, with the advice of their excellent physician, wisely determined to construct a detached building on a new plan, which promised every necessary convenience and security with wonderful cheapness; and, for once in a way, an architect's cheap estimate was not exceeded. Instead of £200 or £250 per head, as of old, accommodation was supplied at the rate of £38: 10s. per patient, including fittings for all the rooms and a kitchen:—a marvel, certainly, in asylum construction, and one which should have the effect of reviving the hopes and wishes of justices, once at least so laudably entertained, to provide in County Asylums for *all* pauper lunatics of the county.

It is only fair to remark, that, as Dr. Bucknill informs us (*Asylum Journal*, 1858, p. 323), this new section of the Devon Asylum is dependent on the old institution for the residences of officers, for chapel, dispensary, store-rooms, &c. “It is difficult,” writes Dr. Bucknill, “to estimate the proportion which these needful adjuncts to the wards of a complete asylum bear to the expense of the old building; they can scarcely, however, be estimated at so high a figure as one-eighth of the whole.” But, as

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a set-off against the increased cost per patient involved in supplying the necessary offices described by Dr. Bucknill, we may mention that there are twenty single sleeping-rooms provided in the building, and that a greater cost was thereby entailed, than many would think called for, where only chronic, and generally calm patients, were to be lodged.

These illustrations of what may be done in the way of obtaining good asylum accommodation for pauper lunatics at no greater rate,

we are persuaded, than that incurred in attempting to provide properly for them in workhouses, furnish a most valid reason for discontinuing their detention in the latter, and the more so, if, as can be demonstrated, they are unfit receptacles for them.

The possibility of constructing cheap asylums being thus far proved, the question might be put, whether the internal cost of such institutions could not be lessened? We fear that there is not much room for reform in this matter, if the patients in asylums are rightly and justly treated, and the officers and attendants fairly remunerated. In producing power, an asylum exceeds a workhouse, and therein derives an advantage in diminishing expenditure and the cost of maintenance. On the other hand, the expenditure of a workhouse is much less in salaries, particularly in those given to its medical officer and servants, a form of economy which will never repay, and, we trust, will never be tried in asylums. Warming, ventilation, and lighting are less thought of, little attempted, and therefore less expensive items in workhouse than in asylum accounts. With respect to diet and clothing, workhouses ought to exhibit a considerable saving; but this saving is rather apparent than real, and certainly in the wrong direction; for lunatics of all sorts require a liberal dietary, warm clothing, and, from their habits frequently, more changes than the ordinary pauper inmates; yet these are provisions, which, except there is actual sickness or marked infirmity, the insane living in a workhouse do not enjoy; for they fare like the other inmates, are clothed the same, and are tended or watched over by other paupers; the saving, therefore, is at the cost of their material comfort and well-being. Excepting, therefore, the gain to be got by the labours of the patients, there is no set-off in favour of asylum charges; in short, in other respects none can be obtained without inflicting injury and injustice. On the other hand, workhouse expenditure need be raised if the requisite medical and general treatment, nursing, dietary, employment, and recreation are to be afforded; which is the same as saying, that workhouses, if receptacles for the insane at all, should be

assimilated to asylums,—a principle, which, if admitted and acted upon, overturns at once the only argument for their use as such, viz. its economy.

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The perception on the part of parochial authorities, that something more than the common lodging and attendance of the workhouse is called for by the insane inmates, has led to the construction of “Lunatic Wards” for their special accommodation, a scheme which may be characterized as an extravagant mistake, whether viewed in reference to economical principles or the welfare of the patients. If structurally adapted to their object, they must cost as much as a suitable asylum need; and if properly supervised and managed, if a sufficient dietary be allowed, and a proper staff of attendants hired, no conceivable economical advantage over an asylum can accrue. On the contrary, as Dr. Bucknill has remarked (*Asylum Journal*, vol. iv. p. 460), any such attempts at an efficient management of the insane in small and scattered asylums attached to Union Workhouses, will necessarily increase their rate of maintenance above that charged in a large central establishment, endowed with a more complete organization and with peculiar resources for their management.

Dr. Bucknill returns to the discussion of this point in his just published report (*Rep. Devon Asylum*, 1858, p. 11). He puts the question, “Would a number of small asylums, under the denomination of lunatic wards, be more economical than one central asylum?” and, thus proceeds to reply to it:—“The great probability is that they would not be; 1st, on account of the larger proportion of officials they would require; 2nd, on account of the derangement they would occasion to the severe economy which is required by the aim and purpose of union-houses as tests of destitution. Where lunatics do exist in union-houses in consequence of the want of accommodation in the County Asylum, the Commissioners in Lunacy insist upon the provision of what they consider things essential to the proper care of insane persons

wherever they be placed. The following are the requirements which they insisted upon as *essential* in the Liverpool Workhouse:—a sufficient staff of responsible paid nurses and attendants; a fixed liberal dietary sanctioned by the Medical Superintendent of the asylum; good and warm clothing and bedding; the rooms rendered much more cheerful and better furnished; the flagged court-yards enlarged and planted as gardens; the patients frequently sent to walk in the country under proper care; regular daily medical visitation; and the use of the official books kept according to law in asylums. If the direct cost of such essentials be computed with the indirect cost of their influence upon the proper union-house arrangements, it will require no argument to prove that workhouse lunatic wards so conducted would effect no saving to the ratepayers. The measures needed to provide in the union-house kitchen a liberal dietary for the lunatic wards and a restricted one for the sane

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remainder, to control the staff of paid attendants, to arrange frequent walks into the country for part of the community, while the other part was kept strictly within the walls;—these would be inevitable sources of disturbance to the proper union-house discipline, which would entail an amount of eventual expenditure not easily calculated.”

If, on economical grounds, the system of Lunatic Wards has no evident merit, none certainly can be claimed for it on the score of its adaptation to their wants and welfare.

Indeed, the argument for workhouse accommodation, on the plea of economy, loses all its weight when the well-being of the insane is balanced against it. For, if there be any value in the universally accepted opinions of enlightened men, of all countries in Europe, of the requirements of the insane, of the desirability for them of a cheerful site, of ample space for out-door exercise, occupation and

amusement, of in-door arrangements to while away the monotony of their confinement and cheer the mind, of good air, food and regimen, of careful watching and kind nursing, of active and constant medical supervision and control, or to sum up all in two words, of efficient medical and moral treatment,—then assuredly the wards of a workhouse do not furnish a fitting abode for them.

The unfitness of workhouses for the detention of the insane, and the evils attendant upon it, have been repeatedly pointed out by the Commissioners in Lunacy in their annual reports, and by several able writers. We were also glad to see from the report of his speech, on introducing the Lunatic Poor (Ireland) Bill into the House of Commons, that Lord Naas is strongly opposed to the detention of the insane in workhouses, and therein agrees with the Irish Special Lunacy Commissioners (1858, p. 18), who have placed their opinion on record in these words:—“It appears to us that there can be no more unsuitable place for the detention of insane persons than the ordinary lunatic wards of the Union Workhouses.” This is pretty nearly the same language as that used by the English Commissioners in 1844, viz. “We think that the detention in workhouses of not only dangerous lunatics, but of all lunatics and idiots whatever, is highly objectionable.”

To make good these general statements, we will, at the risk of some repetition, enter into a few particulars. On the one hand, the presence of lunatics in a workhouse is a source of annoyance, difficulty, and anxiety to the official staff and to the inmates, and withal of increased expense to the establishment. If some of them may be allowed to mix with the ordinary inmates, there are others who cannot, and whose individual liberty and comfort must be

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curtailed for the sake of the general order and management, and of the security and comfort of the rest.

Some very pertinent observations occur in the Report of the

Massachusetts Lunacy Commission (*op. cit.* p. 166), on the mixing of the sane and insane together in the State Almshouses, which correspond to our Union Workhouses. They report that the superintendents “were unanimous in their convictions that the mingling of the insane with the sane in these houses operated badly, not only for both parties, but for the administration of the whole institution.” Further on, the Commissioners observe (p. 168), “By this mingling the sane and insane together, both parties are more disturbed and uncontrollable, and need more watchfulness and interference on the part of the superintendent and other officers.... It has a reciprocal evil effect in the management of both classes of inmates. The evil is not limited to breaches of order; for there is no security against violence from the attrition of the indiscreet and uneasy paupers with the excitable and irresponsible lunatics and idiots. Most of the demented insane, and many idiots, have eccentricities; they are easily excited and disturbed; and nothing is more common than for inmates to tease, provoke, and annoy them, in view of gratifying their sportive feelings and propensities, by which they often become excited and enraged to a degree to require confinement to ensure the safety of life.... The mingling of the state paupers, sane and insane, makes the whole more difficult and expensive to manage. It costs more labour, watchfulness, and anxiety to take care of them together than it would to take care of them separately.”

These sketches from America may be matched in our own country; and they truthfully represent the reciprocal disadvantages of mixing the sane and insane together in the same establishment.

Even supposing the presence of insane in workhouses involved, on the one hand, no disadvantages to the institutions, or to the sane inmates; yet on the other, the evils to the lunatic inhabitants would be condemnatory of it; for the insane necessarily suffer in proportion as the workhouse accommodation differs from that of asylums; or, inversely, as the economical arrangements and

management of a workhouse approach those of an asylum. They suffer from many deficiencies and defects in locality and organization, in medical supervision and proper nursing and watching, in moral discipline, and in the means of classification, recreation, and employment.

Workhouses are commonly town institutions; their locality often objectionable; their structure indifferent and dull; their

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site and their courts for exercise confined and small, and their means of recreation and of occupation, especially out of doors, very limited. Petty officers of Unions so often figure before the world, and have been so admirably portrayed by Dickens and other delineators of character, on account of their peculiarities of manner and practice, that no sketch from us is needed to exhibit their unfitness as guardians and attendants upon the insane. As to workhouse nurses, little certainly can be expected from them, seeing that they are only pauper inmates pressed into the service; if aged, feeble and inefficient; if young, not unlikely depraved or weak-minded; always ignorant, and it may be often cruel; without remuneration or training, and chosen with little or no regard to their qualifications and fitness.

However satisfactory the structure of the ward and its supervision might be rendered, its connexion with a Union Workhouse will be disadvantageous to the good government and order of the establishment, as above noticed, and detrimental to the welfare of the insane confined in it. Thus it must be remembered that very many of the lunatic inmates have been reduced to seek parochial aid solely on account of the distressing affliction which has overtaken them; before its occurrence, they may have occupied an honourable and respectable position in society, and, consequently, where consciousness is not too much blunted, their position among paupers—too often the subjects of moral degradation—must chafe

and pain the disordered mind and frustrate more or less all attempts at its restoration. To many patients, therefore, the detention in a workhouse is a punishment superadded to the many miseries their mental disorder inflicts upon them; and consequently, when viewed only in this light, ought not to be tolerated.

Of all cases of lunacy, the wards of a workhouse are least adapted to recent ones, for they are deficient of satisfactory means of treatment, whether medical or moral, and the only result of detention in them to be anticipated, must be to render the malady chronic and incurable. Yet although every asylum superintendent has reported against the folly and injury of the proceeding, and notwithstanding the distinct and strong condemnation of it by the Commissioners in Lunacy, the latter, in their Report for 1857, have to lament an increasing disposition, on the part of Union officers, to receive and keep recent cases in workhouses. Moral treatment we hold to be impossible in an establishment where there are no opportunities of classification, no proper supervision and attendance, and no means for the amusement and employment of the mind; but where, on the contrary, the place and organization are directly opposed to it, and the prospects of medical treatment are scarcely less unfavourable. An underpaid

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and overworked medical officer, in his hasty visits through the wards of the workhouse daily, or perhaps only three or four times a week, very frequently without any actual experience among the insane, cannot be expected to give any special attention to the Pauper Lunatics, who are mostly regarded as a nuisance in the establishment, to be meddled with as little as possible, and of whose condition only unskilled, possibly old and unfeeling pauper nurses, can give any account. Indeed, unless reported to be sick, it scarcely falls into the routine of the Union medical officer regularly to examine into the state and condition of the pauper lunatics. These remarks are confirmed by the statement of the

Lunacy Commissioners, in their 'Further Report,' 1847 (p. 276), that pauper inmates, "in their character of lunatics merely, are rarely the objects of any special medical attention and care," and that it "was never found (except perhaps in a few cases) that the medical officer had taken upon himself to apply remedies specially directed to the alleviation or cure of the mental disorder. Nor was this indeed to be expected, as the workhouse never can be a proper place for the systematic treatment of insanity."

It would unnecessarily extend the subject to examine each point of management and organization affecting the well-being of the insane in detail, in order to show how unsuitable in all respects a workhouse must be for their detention; yet it may be worth while to direct attention to one or two other matters.

Except when some bodily ailment is apparent, the lunatic fare like the ordinary inmates; that is, they are as cheaply fed as possible, without regard to their condition as sufferers from disease, which, because mental, obtains no special consideration. It is in the power of the medical officer, on his visits, to order extra diet if he observes any reason in the general health to call for it; but the dependent position of this gentleman upon the parish authorities, and his knowledge that extra diet and its extra cost will bring down upon him the charge of extravagance and render his tenure of office precarious, are conditions antagonistic to his better sentiments concerning the advantages of superior nutriment to his insane patients.

Moreover, the cost of food is a principal item in that of the general maintenance of paupers, and one wherein the guardians of the poor believe they reap so great an economical advantage over asylums. But this very gain, so esteemed by poor-law guardians, is scouted as a mistake and proved an extravagance, *i. e.* if the life and well-being of the poor lunatics are considered, by the able superintendents of County Asylums. Dr. Bucknill has well argued this matter in a paper "On the Custody of the Insane Poor"

(Asylum Journal, vol. iv. p. 460), and in the course

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of his remarks says,—“The insane cannot live on a low diet; and while they continue to exist, their lives are rendered wretched by it, owing to the irritability which accompanies mental disease. The assimilating functions in chronic insanity are sluggish and imperfect, and a dietary upon which sane people would retain good health, becomes in them the fruitful source of dysentery and other forms of fatal disease.”

In his just published Report, already quoted, the same excellent physician remarks (p. 9),—“A good diet is essential to the tranquil condition of many idiots and chronic lunatics, and is, without doubt, a principal reason why idiots are easily manageable in this asylum, who have been found to be unmanageable in union houses. The Royal Commission which has recently reported on the Lunatic Asylums in Ireland states this fact broadly, that ‘the ordinary workhouse dietary is unsuited and insufficient for any class of the insane.’ It is therefore my opinion, founded upon the above considerations, that neither the lunatics nor the idiots in the list presented are likely to retain their present state of tranquillity, and to be harmless to themselves and others, if they are placed in union houses, unless they are provided with those means which are found by experience to ensure the tranquillity of the chronic insane, and especially with a sufficient number of trustworthy attendants, and with a dietary adapted to their state of health. I have thought it desirable to ascertain the practice of charitable institutions especially devoted to the training of idiots, and I find that a fuller dietary is used in them than in this asylum.”

Until a recent date, it was the custom in workhouses, with few exceptions, to allow most of their insane inmates to mingle with the ordinary pauper inmates of the same age and sex, and in general to be very much on the same footing with them “in

everything that regards diet, occupation, clothing, bedding, and other personal accommodation” (Report, 1847, p. 276).

This mingling of the sane and insane, having been found subversive of good order and management, gave rise first to the plan of placing most of the latter class in particular wards, many of them in the infirmary, and, subsequently, owing to the advance of public opinion respecting the wants of the insane, to the construction, in many unions, of special lunatic wards, emulating more or less the character and purposes of asylums. The false economy of this plan has been already exposed; and although the Lunacy Commissioners have always set their faces against lunatic wards, yet their construction has of late been so rapid as to call forth a more energetic denunciation of it:—“Impressed strongly (the Commissioners write, Report, 1857, p. 17) with a sense of their many evils, it became our duty,

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during the past year, to address the Poor-Law Board against the expediency of affording any encouragement or sanction to the further construction, in connexion with Union Workhouses, of lunatic wards.”

The evils of lunatic wards, alluded to in the last-quoted paragraph, are thus enlarged upon in another page of the same Report (p. 15):—“It is obvious that the state of the workhouses, as receptacles for the insane, is becoming daily a subject of greater importance. They are no longer restricted to such pauper lunatics as,—requiring little more than the ordinary accommodation, and being capable of associating with the other inmates,—no very grave objection rests against their receiving. Indeed it will often happen that residence in a workhouse, under such conditions, is beneficial to patients of this last-mentioned class; by the inducements offered, from the example of those around them, to engage in ordinary domestic duties and occupations, and so to acquire gradually the habit of

restraining and correcting themselves. But these are now unhappily the exceptional cases. Many of the larger workhouses, having lunatic wards containing from 40 to 120 inmates, are becoming practically lunatic asylums in everything but the attendance and appliances which ensure the proper treatment, and above all, in the supervision which forms the principal safeguard of patients detained in asylums regularly constituted.

“The result is, that detention in workhouses not only deteriorates the more harmless and imbecile cases to which originally they are not unsuited, but has the tendency to render chronic and permanent such as might have yielded to early care. The one class, no longer associating with the other inmates, but congregated in separate wards, rapidly degenerate into a condition requiring all the attendance and treatment to be obtained only in a well-regulated asylum; and the others, presenting originally every chance of recovery, but finding none of its appliances or means, rapidly sink into that almost hopeless state which leaves them generally for life a burthen on their parishes. Nor can a remedy be suggested so long as this workhouse system continues. The attendants for the most part are pauper inmates, totally unfitted for the charge imposed upon them. The wards are gloomy, and unprovided with any means for occupation, exercise, or amusement; and the diet, essential above all else to the unhappy objects of mental disease, rarely in any cases exceeds that allowed for the healthy and able-bodied inmates.”

The subject had previously received their attention, and is thus referred to in their Ninth Report (p. 38):—“They are very rarely provided with any suitable occupation or amusement for

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the inmates. The means of healthful exercise and labour out of doors are generally entirely wanting, and the attendants (who are commonly themselves paupers) are either gratuitous, or so badly

organized and so poorly requited, that no reliance can be placed on the efficiency of their services. In short, the wards become in fact places for the reception and detention of lunatics, without possessing any of the safeguards and appliances which a well-constructed and well-managed lunatic asylum affords. Your Lordship, therefore, will not be surprised to learn that while we have used our best endeavours to remedy their obvious defects and to ameliorate as far as possible the condition of their inmates, we have from the first uniformly abstained from giving any official sanction or encouragement to their construction.”

They further make this general observation:—“So far as the lunatic and idiotic inmates are concerned, the condition of the workhouses which have separate wards expressly appropriated to the use of that class, is generally inferior to that of the smaller workhouses, and in some instances extremely unsatisfactory.”

Dr. Bucknill, whose excellent remarks on lunatic wards in their economical aspect we have already quoted, has very ably canvassed the question of their fitness as receptacles for the insane, and, in a paper in the ‘Asylum Journal’ (vol. iii. p. 497), thus treats on it:—“It is deserving of consideration, whether the introduction of liberally-conducted lunatic wards into a Union Workhouse would not interfere with the working of the latter in its legitimate scope and object. A workhouse is the test of destitution. To preserve its social utility, its economy must always be conducted on a parsimonious scale. No luxuries must be permitted within its sombre walls; even the comforts and conveniences of life must be maintained in it below the average of those attainable by the industry of the labouring poor. How can a liberally-conducted lunatic ward be engrafted upon such a system? It would leaven the whole lump with the taint of liberality, and the so-called pauper bastille would, in the eyes of the unthrifty and indolent poor, be deprived of the reputation which drives them from its portals.”

There is a general concurrence among all persons competent to

form any opinion on the matter, that workhouses are most unfit places for the reception of recent cases of insanity. On the other hand, there is a prevalent belief that there is a certain class of the insane, considered “harmless,” for whom such abodes are not unsuitable. The Lunacy Commissioners, in the extract from the Eleventh Report above quoted, partake in this opinion: let us therefore endeavour to ascertain, as precisely as we can,

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the class of patients intended, and the proportion they bear to the usual lunatic inmates of Union Workhouses.

In their ‘Further Report’ for 1847, the Commissioners enter into a particular examination of the characters of the lunatics found in workhouses, and class them under three heads (p. 257):—1st, those who, from birth, or from an early period of life, have exhibited a marked deficiency of intellect as compared with the ordinary measure of understanding among persons of the same age and station; 2ndly, those who are demented or fatuous; that is to say, those whose faculties, not originally defective, have been subsequently lost, or become greatly impaired through the effects of age, accident, or disease; and 3rdly, those who are deranged or disordered in mind, in other words, labouring under positive mental derangement, or, as it is popularly termed, “insanity.” Those in whom epilepsy or paralysis is complicated with unsoundness of mind, although their case requires a separate consideration, do not in strictness constitute a fourth class, but may properly be referred, according to the character of their malady and its effects upon their mental condition, to one or other of these three classes.

Further on in the Report, after remarking on the difficulties besetting their inquiry, they write (p. 274):—

“We believe, however, we are warranted in stating, as the result of our experience thus far, that of the entire number of lunatics in

workhouses, whom we have computed at 6020 or thereabouts, two-thirds at the least, or upwards of 4000, would be properly placed in the first of the three classes in the foregoing arrangement; or, in other words, are persons in whom, as the mental unsoundness or deficiency is a congenital defect, the malady is not susceptible of cure, in the proper sense of the expression; and whose removal to a curative lunatic asylum, except as a means of relieving the workhouse from dangerous or offensive inmates, can be attended with little or no benefit.

“A considerable portion of this numerous class, not less, perhaps, than a fourth of the whole, are subject to gusts of passion and violence, or are addicted to disgusting propensities, which render them unfit to remain in the workhouse; and it is the common practice, when accommodation can be procured, to effect the removal of such persons to a lunatic asylum, where their vicious propensities are kept under control, and where, if they cannot be corrected, they at least cease to be offensive or dangerous. But although persons of this description are seldom fit objects for a curative asylum, they are in general capable of being greatly improved, both intellectually and morally, by a judicious system of training and instruction; their dormant or imperfect faculties may be stimulated and developed; they may be gradually weaned

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from their disgusting propensities; habits of decency, subordination, and self-command may be inculcated, and their whole character as social beings may be essentially ameliorated.”

The conclusion to be deduced from these extracts is, that one-fourth or two-thirds, that is, one-sixth of the whole number of occupants in workhouses of unsound mind, found in 1846, were unfit for those receptacles, and demanded the provision of institutions in which a moral discipline could be carried out, and their whole condition, as social beings, ameliorated and elevated.

A further examination of the data supplied in the same Report will establish the conviction that, besides the proportion just arrived at, requiring removal to fitting asylums, there is another one equally large demanding the same provision.

In this number are certainly to be placed all those of the third class “labouring under positive mental derangement,” and who, although reported as “comparatively few” in 1846, have subsequently been largely multiplied, according to the evidence of the ‘Eleventh Report’ (*ante*, p. 56). Those, again, “in whom epilepsy or paralysis is complicated with unsoundness of mind,” are not suitable inmates for workhouse wards. No form of madness is more terrible than the furor attendant on epileptic fits; none more dangerous; and, even should the convulsive affection have so seriously damaged the nervous centres that no violence need be dreaded, yet the peril of the fits to the patient himself, and their painful features, render him an unfit inmate of any other than an establishment provided with proper appliances and proper attendants. As to the paralytic insane, none call for more commiseration, or more careful tending and nursing—conditions not commonly to be found in workhouses.

The Commissioners in Lunacy have not omitted the consideration of workhouses as receptacles for epileptics and paralytics, and have arrived at the following conclusions:—After treating, in the first place, of epileptics whose fits are slight and infrequent, and the mental disturbance mild and of short duration, they observe that, as such persons “always require a certain amount of supervision, and as they are quite incompetent, when the fits are upon them, to take care of themselves, and generally become violent and dangerous, it would seem that the workhouse can seldom be a suitable place for their reception, and that their treatment and care would be more properly provided for in a chronic hospital especially appropriated to the purpose.”

Concerning paralytics, they state that they are far less numerous than epileptics, and being for the most part helpless and bedridden,

are treated as sick patients in the infirmary of the workhouse. Their opinion is, however, that a chronic hospital would be a more appropriate receptacle for them,—a conclusion

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in which all must coincide, who know how much can be done to prolong and render more tolerable their frail and painful existence, by good diet and by assiduous and gentle nursing,—by such means, in short, as are not to be looked for in establishments where rigid economy must be enforced, and pauper life weighed against its cost.

To turn now to the second class of workhouse Lunatic Inmates, the demented from age, accident, or disease: these, we do not hesitate to say, are not suitably accommodated in workhouses, for, like the paralytic, they require careful supervision, good diet and kind nursing; they are full-grown children, unable to help or protect themselves, to control their habits and tendencies; often feeble and tottering, irritable and foolish, and, without the protection and kindness of others, the helpless subjects of many ills. For such, the whole organization of the workhouse is unsuited; even the infirmary is not a fitting refuge; for, on the one hand, they are an annoyance to the other inmates, and, on the other, pauper nurses—whose office is often thrust upon them without regard to their fitness for it,—are not fitting guardians for them. In fine, where age, accident or disease has so deteriorated the mental faculties, we have a complication of physical and mental injury to disqualify the patient from partaking with his fellow-paupers in the common accommodation, diet, and nursing.

In the reverse order which we have pursued, the first class of congenital, imbecile, and idiotic inmates comes to be considered last. This happens by the method of exclusion adopted in the argument; for the second and third classes have been set aside as proper inmates of some other institution than a workhouse, and it

now remains to inquire, who among the representatives of the first class are not improperly detained in workhouses. This class includes, as already seen, some two-thirds of the whole number of inmates mentally disordered; and among whom, we presume, are to be found those individuals who may, in the Commissioners' opinion, mix advantageously with the general residents of the establishment. The number of the last cannot, we believe, be otherwise than very small; for the very supposition that there is imbecility of mind, is a reason of greater or less force, according to circumstances, for not exposing them to the contact of an indiscriminate group of individuals, more especially of that sort to be generally found in workhouses. The evils of mingling the sane and insane in such establishments have already been insisted upon; and besides these, such imbecile patients as are under review, lack in workhouses those means of employment and diversion which modern philanthropy has suggested to ameliorate and elevate their physical and moral condition.

Lastly, if the remaining members of this class be considered,

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in whom the imbecility amounts to idiocy, the propriety of removing them from the workhouse will be questioned by few. Indeed, will any one now-a-days advocate the "*laissez faire*" system in the case of idiots? Experience has demonstrated that they are improveable, mentally, morally, and physically; and if so, it is the duty of a christian community to provide the means and opportunities for effecting such improvement. It cannot be contended that the workhouse furnishes them; on the contrary, it is thoroughly defective and objectionable by its character and arrangements, and, as the Commissioners report, (*op. cit.* p. 259) a very unfit abode for idiots.

On looking over the foregoing review of the several classes of lunatic inmates of workhouses distinguished by the Commissioners

in Lunacy, the opinion to be collected clearly is, that only a very few partially imbecile individuals among them are admissible into workhouses, if their bodily health, their mental condition, their due supervision and their needful comforts and conveniences are to be duly attended to and provided for. In accordance with the views we entertain, as presently developed, of the advantages of instituting asylums for confirmed chronic, quiet, and imbecile patients, we should permit, if any at all, only such imbecile individuals as residents in workhouses, who could pass muster among the rest, without annoyance, prejudice or discomfort to themselves or others, and be employed in the routine occupations of the establishment.

So much is heard among poor-law guardians and magistrates about a class of “harmless patients” suitably disposed of in workhouses and rightly removeable from asylums, that a few remarks are called for concerning them. To the eye of a casual visitor of an asylum, there does certainly appear a large number of patients, so quiet, so orderly, so useful and industrious, that, although there is something evidently wrong about their heads, yet the question crosses the mind, whether asylum detention is called for in their case. The doubt is not entertained by the experienced observer, for he knows well that the quiet, order, and industry observable are the results of a well-organized system of management and control; and that if this fails, the goodly results quickly vanish to be replaced by the bitter fruits generated by disordered minds. The “harmless” patient of the asylum ward becomes out of it a mischievous, disorderly, and probably dangerous lunatic. In fact, the tranquillity of many asylum inmates is subject to rude shocks and disturbances, even under the care and discipline of the Institution; and the inoffensive-looking patient of to-day may, by his changed condition, be a source of anxiety, and a subject for all the special appliances it possesses, to-morrow.

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Any Asylum Superintendent would be embarrassed to select a

score of patients from several hundred under his care whom he could deliberately pronounce to be literally “harmless” if transferred to the workhouse. He might be well able to certify that for months or years they have gone on quietly and well under the surrounding influences and arrangements of the asylum, but he could not guarantee that this tranquillity should be undisturbed by the change to the wards of the workhouse; that untrained attendants and undesirable associates should not rekindle the latent tendency to injure and destroy; that defective organization and the absence of regular and regulated means of employment and recreation should not revive habits of idleness and disorder; or that a less ample dietary, less watchfulness and less attention to the physical health, should not aggravate the mental condition and engender those disgusting habits, which a good diet and assiduous watching are known to be the best expedients to remedy.

Dr. Bucknill has some very cogent remarks on this subject in his last Report of the Devon Asylum (p. 6). “The term ‘harmless patients,’ or in the words of the statute, those ‘not dangerous to themselves or others’ (he writes), I believe to be inapplicable to any insane person who is not helpless from bodily infirmity or total loss of mind: it can only with propriety be used as a relative term, meaning that the patient is not so dangerous as others are, or that he is not known to be refractory or suicidal. It should not be forgotten, that the great majority of homicides and suicides, committed by insane persons, have been committed by those who had previously been considered harmless; and this is readily explained by the fact, that those known to be dangerous or suicidal are usually guarded in such a manner as to prevent the indulgence of their propensities; whilst the so-called harmless lunatic or idiot has often been left without the care which all lunatics require, until some mental change has taken place, or some unusual source of irritation has been experienced, causing a sudden and lamentable event. In an asylum such patients may truly be described as not dangerous to themselves or others, because they are constantly

seen by medical men experienced in observing the first symptoms of mental change or excitement, and in allaying them by appropriate remedies; they are also placed under the constant watchfulness and care of skilful attendants, and they are removed from many causes of irritation and annoyance to which they would be exposed if at large, in villages or union houses.

“It not unfrequently happens that idiots who have lived for many years in union houses, and have always been considered harmless and docile, under the influence of some sudden

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excitement, commit a serious overt act, and are then sent to an asylum. One of the most placid and harmless patients in this asylum, who is habitually entrusted with working tools, is a criminal lunatic, of weak intellect, who committed a homicide on a boy, who teased him while he was breaking stones on the road. If this is the case with those suffering only from mental deficiency, it is evidently more likely to occur in those suffering from any form of mental disease, which is often liable to change its character, and to pass from the form of depression to one of excitement. For these reasons I am convinced that all lunatics, and many strong idiots, can only be considered as ‘not dangerous to themselves or others,’ when they are placed under that amount of superintendence and care which it has been found most desirable and economical to provide for them in centralized establishments for the purpose.

“For the above reasons, I am unable to express the opinion that any insane patients who are not helpless from bodily infirmity or total loss of mind are *unconditionally* harmless to themselves and others. I have, however, made out a list of sixty patients who are incurable, and who are likely, *under proper care*, to be harmless to themselves and others.

“Of the patients in this list who are lunatic, only nine have sufficient bodily strength to be engaged in industrial pursuits. The

remaining twenty-three are so far incapacitated by the infirmities of old age, or by bodily disease, or by loss of mental power, that they are unable to be employed, and require careful nursing and frequent medical attendance. The patients who have sufficient bodily strength to be employed, are also with the least degree of certainty to be pronounced harmless to themselves and others. As the result of long training, they willingly and quietly discharge certain routine employments under proper watch; but it is probable, that if removed from their present position, any attempts made to employ them by persons unaccustomed to the peculiarities of the insane, will be the occasion of mental excitement and danger.

“The twenty-eight idiots have, with few exceptions, been sent to the asylum from union houses, where it has been found undesirable to detain them, on account either of their violent conduct, or of their dirty habits, or some other peculiarity connected with their state of mental deficiency; habits of noise or indecency for instance.”

Probably the following extract from the Report of the Committee of the Surrey Asylum (1856) may have more weight with some minds than any of the arguments and illustrations previously adduced, to prove that the detention of presumed “harmless patients” in workhouses will not answer. The declaration

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against the plan on the part of the Surrey magistrates is the more important, because they put it into practice with the persuasion that it would work well. But to let them speak for themselves, they write,—“The committee adverted at considerable length in their last Annual Report to the circumstance of the asylum being frequently unequal to the requirements of the County, and of their intention to attempt to remedy the defect by discharging all those patients, who, being harmless and inoffensive, it was considered might be properly taken care of in their respective union houses.

“The plan has been tried, and has not been successful. Patients who, under the liberal and gentle treatment they experience in the asylum, are quiet and tractable, are not necessarily so under the stricter regulations of a workhouse; indeed, so far as the experiment has been tried, the reverse has been found to be the case; most of the patients so discharged having been shortly afterwards returned to the asylum, or placed in some other institution for the insane, in consequence of their having become, with the inmates of the workhouse, ‘a mutual annoyance to each other.’ Any arrangement, short of an entire separation from the other inmates of the workhouse, will be found to be inefficient.” This is the same as saying that if lunatics are to reside in workhouses, a special asylum must be instituted in the establishment for their care, and the comfort and safety of the other inmates.

If the well-being of the insane were the only question to be settled, no difficulty would attend the solution, for experience has most clearly evidenced the vast advantages of asylums over workhouses as receptacles for insane patients, whatever the form or degree of their malady. Dr. Bucknill has some very forcible remarks in his paper on “The Custody of the Insane Poor” (*Asylum Journal*, vol. iv. p. 460), with illustrative cases; and in his Report last quoted, reverts to this subject of the relative advantages of asylums and workhouses; but we forbear to quote, if only from fear of being thought to enlarge unduly upon a question which has been decided long ago by the observation and experience of all those concerned in the management of the pauper insane; viz. that whatever the type and degree of mental disorder and of fatuity, its sufferers become improved in properly managed asylums, as intellectual, moral, and social beings upon removal from workhouses; and by a reverse transfer, are deteriorated in mind, and rendered more troublesome and more costly. To the workhouse the lunatic ward is an excrescence, and its inmates an annoyance: in its organization, there is an absence or deficiency of almost all those means

conducive to remedy or remove the mental infirmity, and the very want of which contributes as much as positive neglect and maltreatment to render

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the patient's condition worse, by lowering his mental and moral character. But such deterioration or degradation is not an isolated evil, or the mere negation of a better state; for it acts as a positive energy in developing moral evil, and brings in its train perverseness, destructiveness, loss of natural decency in habits, conversation and conduct, and many other ills which render their subjects painfully humiliating as human beings, and a source of trouble, annoyance, and expense to all those concerned with them.

In a previous page we have sought to determine what was the proportion of lunatic inmates found by the Lunacy Commissioners in workhouses considered to be not improperly detained in them, and have estimated it at one-half of the whole number. The foregoing examination, however, of the adaptation of workhouses for the several classes of lunatics distinguishable, leads to the conviction that a very much less proportion than one-half ought to be found in those establishments. For our own part, we would wish to see the proportion reduced by the exclusion of most of its component members, reckoned as "harmless" patients; a reduction which would well nigh make the proportion vanish altogether. What is to be done with the lunatics removed from workhouses, is a question to be presently investigated.

But before proceeding further, some consideration of the legal bearings of workhouse detention of lunatics is wanting, for it has been advanced by some writers that such detention is illegal.

Now, in the first place, it must be admitted that a workhouse is not by law, nor in its intent and purpose, a place of imprisonment or detention. Its inmates are free to discharge themselves, and to leave it at will when they no longer stand in need of its shelter and

maintenance. Whilst in it, they are subject to the general rules of workhouse-government, and to a superior authority, empowered, if not by statute, yet by orders of the Poor-Law Board, or by Bye-Laws of the Guardians, to exercise discipline by the enforcement of penalties involving a certain measure of punishment. Temporary seclusion in a room may be countenanced, although not positively permitted by law; but prolonged confinement, the deprivation of liberty, and a persistent denial of free egress from the house, are proceedings opposed to the true principles of English law.

Yet it may be that a plea for their detention might be sustained in the case of sick or invalid patients (with whom the insane would be numbered) under certificate of the parochial medical officer, provided no friend came forward to guarantee their proper care, or that they could not show satisfactorily the

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means of obtaining it; for, of such cases, the workhouse authorities may be considered the rightful and responsible guardians, required in the absence of friends to undertake their charge and maintenance. Upon such grounds, probably, cause might be shown for the detention of the greater part of workhouse lunatic inmates, although there is no Act of Parliament explicitly to sanction it. Should such a plea be admitted, the notion, entertained by Dr. Bucknill, that an action would lie for false imprisonment against the Master and Guardians of the workhouse, would be found erroneous.

The Lunacy Commissioners presented some remarks on this question, indicating a similar view to that just advanced in their 'Further Report,' 1847. For instance (p. 287, *op. cit.*), they observed:—

“How far a system of this kind, which virtually places in the hands of the masters, many of whom are ignorant, and some of whom maybe capricious and tyrannical, an almost absolute control over

the personal liberty of so many of their fellow men, is either warranted by law, or can be wholesome in itself, are questions which seem open to considerable doubt. Probably if the legality of the detention came to be contested before a judicial tribunal in any individual case, the same considerations of necessity or expediency which originally led to the practice, might be held to justify the particular act, provided it were shown that the party complaining of illegal detention could not be safely trusted at large, and that his detention, therefore, though compulsory, instead of being a grievance, was really for his benefit as well as that of the community.”

Again, in the second place, the law, without direct legislation to that effect, yet admits,—by the provisions it makes for pauper lunatics not in asylums or licensed houses, and by the distinction it establishes between persons proper to be sent to an asylum, and lunatics generally so-called,—that insane patients may be detained elsewhere than in asylums. For instance, by *sect. lxxvi. 16 & 17 Vict. cap. 97, 1853*, provision is made for a quarterly visit by the Union or Parish Medical Officer to any Pauper Lunatic *not being* in a Workhouse, Asylum, Registered Hospital, or Licensed House, in order that he may ascertain how the lunatic is treated, and whether he “may or may not properly remain out of an asylum.” So likewise by *sect. lxiv. of the same Act*, the clerk or overseers are required to “make out and sign a true and faithful list of all lunatics chargeable to the Union or Parish in the form in schedule (D).” This form is tabular, and presents five columns, under the heading of “where maintained,” of which three are intended for the registry of the numbers not confined in Asylums, Hospitals, and Licensed Houses, but who

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are (1) in workhouses, (2) in lodgings, or boarding out, or (3) residing with relatives.

Further, the law distinguishes, by implication, a class of lunatics as specially standing in need of Asylum care, and as distinct from others. By the Poor-Law Amendment Act (4 & 5 Will. IV. cap. 76. sect. 45), it is ordered that nothing in that Act “shall authorize the detention in any workhouse of any dangerous lunatic, insane person, or idiot for any longer period than fourteen days; and every person wilfully detaining in any workhouse any such lunatic, insane person, or idiot for more than fourteen days, shall be deemed guilty of a misdemeanour.” This section is still in force, is constantly acted upon by the Poor-Law Board, and is legally so read as if the word ‘dangerous’ were repeated before the three divisions of mentally-disordered persons referred to, viz. lunatics, insane persons, and idiots. So, likewise, by *sect. lxxvii.* (16 & 17 Vict. cap. 97)—the “Lunatic Asylums’ Act, 1853,” now in operation,—the transmission of an insane individual to an asylum is contingent on the declaration that he is “a lunatic and a *proper person to be sent to an asylum.*”

Moreover, by *sect. lxxix.* of the same Act, it is competent to any three Visitors of an asylum, or to any two in conjunction with the Medical Officer of the asylum, to discharge on trial for a specified time “any person detained in such asylum, whether such person be recovered or not;” and by the following section (lxxx.) it is ordered, that, upon receipt of the notice of such discharge, “the Overseers or Relieving Officers respectively shall cause such lunatic to be forthwith *removed to* their parish, or to the *workhouse of the Union.*” By the 79th section it is further provided, that “in case any person so allowed to be absent on trial for any period do not return at the expiration of such period, and a medical certificate as to his state of mind, certifying that his detention in an Asylum is no longer necessary, be not sent to the Visitors, he may, at any time, within fourteen days after the expiration of such period, be retaken, as herein provided in the case of an escape.”

On the other hand, simple removal from an asylum is by the 77th

section, curiously enough interdicted except to another asylum, a Registered Hospital, or a Licensed House. This intent, too, of the section is not changed by the amendment, *sect. viii.* 18 & 19 Vict. cap. 105. Lastly, no other place than an Asylum, Registered Hospital, or Licensed House, is constituted lawful by *sect. lxxii.* for the reception of any person found lunatic and under “order by a Justice or Justices, or by a Clergyman and Overseer or Relieving Officer, to be dealt with as such.” But this section has to be read in connexion with preceding ones, for instance, with *sect. lvii.*, by which it is laid down that the Justices

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or other legal authority must satisfy themselves not only that the individual is a lunatic, but also that he is “a proper person to be sent to an asylum.”

These quotations indicate the state of the law respecting the detention of lunatics elsewhere than in asylums. This state cannot be held to be satisfactory: it evidently allows the detention of lunatics in workhouses, while at the same time it affords them little protection against false imprisonment, and makes no arrangement for their due supervision and care, except by means of the visits of the Lunacy Commissioners, which are only made from time to time, not oftener than once a year, and rarely so often. The alleged lunatics are for the most part placed and kept in confinement without any legal document to sanction the proceeding; without a certificate of their mental alienation, and without an order from a magistrate. Within the workhouse, they are, unless infirm or sick, treated like ordinary paupers, save in the deprivation of their liberty of exit; they may be mechanically restrained, or placed in close seclusion by the order of the master, who is likely enough to appreciate the sterner means of discipline and repression, but not the moral treatment as pursued in asylums; and, lastly, they live deprived of all those medical and general measures of amelioration and recovery as here before sketched.

An extract from the ‘Further Report’ of the Commissioners in Lunacy will form a fitting appendix to the observations just made. It occurs at p. 287 (*op. cit.*), and stands thus:—

“It certainly appears to be a great anomaly, that while the law, in its anxiety to guard the liberty of the subject, insists that no persons who are insane—not even dangerous pauper lunatics—shall be placed or kept in confinement in a lunatic asylum without orders and medical certificates in a certain form, it should at the same time be permitted to the master of a workhouse forcibly to detain in the house, and thus to deprive of personal liberty, any inmate whom, upon his own sole judgment and responsibility, he may pronounce to be a person of unsound mind, and therefore unfit to be at large.”

It is unsatisfactory that the law recognizes the distinction between dangerous and other lunatics, designated as “harmless;” for we have pointed out that no such rigid separation can be made; that it is with very few exceptions impracticable to say with certainty what patients are harmless and what not, inasmuch as their state is chiefly determined by surrounding conditions, by the presence or absence of moral control and treatment. It is likewise to be regretted that so much is left to the discretion of relieving officers and overseers, in the determination of the lunatics “proper to be sent to an asylum;” for

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those parish functionaries nearly always display a proclivity, where relief is to be afforded, to any plan which at first sight promises to be the most cheap; and hence it is, as remarked in previous pages, they think to serve the rate-payers best by keeping, if practicable, the insane in workhouses. The expediency of asylum treatment for those who claim it, is surely not a question to be determined by such officers. Yet the wording of the Act (*sect. lxxvii.*), that, if they have notice from the parish medical officer of any pauper who “is,

or is deemed to be a lunatic, and a proper person to be sent to an asylum,” or if they in any other manner gain knowledge of a pauper “who is, or is deemed to be a lunatic, and a proper person to be sent to an asylum, they shall within three days” give notice thereof to a magistrate,—seems to put the solution of the question pretty much in their hands. Although when they receive a notice of a pauper lunatic from the union medical officer, they would appear by *sect. lxx.* to be bound to apprise a Justice of the matter, yet, in the absence of such a notice, an equal power in determining on the case is lodged in their hands as in those of the medical officer, by the phrase “is, or is deemed to be a lunatic, and a proper person to be sent to an asylum;” for this clause respecting the fitness of the case, reads with the parts of the sentence as though it stood thus in full—‘is a lunatic and a proper person to be sent to an asylum, or is deemed a lunatic and a proper person to be sent to an asylum;’ and there is nothing in *sect. lxx.* to enforce, under these circumstances, a notice being sent to a Justice. It is, indeed, evidently left to the discretion of the overseer or relieving officer to report a case of lunacy falling within his own knowledge to a Justice, for he is empowered to assume the function of deciding whether it is or is not a proper one for an asylum. Moreover, we cannot refrain from thinking that a parochial medical officer is not always sufficiently independent, as a paid *employé*, to certify to the propriety of asylum care so often as he might do, where the guardians or other directors of parish affairs are imbued with rigid notions of economy, and hold the asylum cost for paupers in righteous abhorrence. In fine, were this enactment for reporting pauper lunatics to County and Borough Justices, in order to obtain a legal sanction for their detention, sufficiently clear and rigidly enforced, there would not be so many lunatics in workhouses, and none of those very unfit ones animadverted upon by the Commissioners in Lunacy (see p. 25, and 11th Rep. C. L. 1857).

The first clause of *sect. lxxvii.* is ambiguous; for though it is evidently intended primarily to make the Union medical officer the

vehicle of communicating the knowledge of the existence of pauper lunatics in his parish, yet it is neither made his business to

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inquire after such persons, nor when he knows of their existence, to visit and ascertain their condition. It is left open for him to act upon a report that such a pauper “is deemed to be a lunatic, and a proper person to be sent to an asylum,” without seeing the individual; but generally he will officially hear first of such patients through the channel of the relieving officer, by receiving an order to visit them. Indeed, the relieving officer is legally the first person to be informed of a pauper requiring medical or other relief; and, as we have seen, it is competent for him to decide on the question of asylum transmission or not for any case coming directly to his knowledge. Hence, in the exercise of his wisdom, he may order the lunatic forthwith into the Union-house, and call upon the medical officer there to visit him. The consignment of the lunatic to the workhouse being now an accomplished fact, it becomes a hazardous enterprise, and a gratuitous task on the part of the medical officer (for no remuneration is offered for his report), to give the relieving officer or overseer a written notice that the poor patient should rightly be sent to the asylum, when he knows that those parish authorities have made up their minds that it is not a proper case to be sent there. In fact, the law makes no demand of a notice from the medical officer of the Union necessary where the knowledge of a lunatic pauper first reaches the relieving officer or overseer, or where the patient is already in the workhouse; and no report will be sought from him under such circumstances, unless the parochial authorities decide that they will not take charge of the case in the workhouse.

The object of the 67th and five following sections is evidently to promote the discovery of pauper lunatics, and to ensure the early transmission of all those amenable to treatment to County Asylums; but these advantages are not attained, the legal

machinery being defective. To fulfil the intention, it should be made imperative on the part of the relatives or friends to make known the occurrence of a case of lunacy at its first appearance to a duly-appointed medical man, who should visit and register it, and, with the concurrence of a magistrate, order detention in a properly-constituted asylum. Such a medical officer would have a district assigned to him; of his duties at large we shall have occasion hereafter to speak; to allude further to them in this place will cause us to diverge too widely from the subject under consideration.

The 67th section of the “Lunatic Asylums’ Act,” which has above been submitted to criticism, we find referred to in the Lunacy Commissioners’ Eleventh Report, wherein it is spoken of as disregarded by parochial authorities; its ambiguity and the loophole to a contravention of its meaning being, however,

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unnoticed. The reference occurs in the following passage (*op. cit.* p. 16), which censures a practice we have already animadverted upon:—

“And here we take occasion to remark, that if the law were more strictly carried out in one particular, the same temptation to a mistaken and ill-judged economy would not so frequently present itself to Boards of Guardians; nor could it so often occur to them as an advantage, that they should themselves manage their insane poor by the resources at their own disposal. A custom prevails, very generally, of sending all pauper lunatics to the workhouses in the first instance, instead of at once procuring an order for their transmission to an asylum; and nothing has more contributed to the many recent and acute cases improperly so detained. The practice, it is hardly necessary to say, is in direct contravention of the law applicable to insane paupers. Assuming that they come ordinarily at first under the care of the District Parish Surgeon, he is bound to

give notice (under the 67th section of the Lunatic Asylums' Act) to the Relieving Officer, by whom communication is to be made to the Magistrate, upon whose order they are to be conveyed to an Asylum; but in effect these provisions are disregarded altogether. And thus it follows, that the patient, if found to be manageable in the workhouse, is permanently detained there; or even should he ultimately find his way to an asylum, it is not until so much valuable time has been lost that his chances of cure are infinitely lessened. For, although it is our invariable habit, on the occasion of visiting workhouses, to recommend the removal to asylums of all whom we consider as curable, or exposed to treatment unsuited to their state, we find nothing so difficult as the enforcement of such recommendations; and for the most part the Report of the Medical Officer of the Union, to the effect that the patient is 'harmless,' is suffered to outweigh any opinion we can offer."

In this quotation, therefore, we have an official proof that the defective and ambiguous legislation above commented upon is practically not without its mischievous fruits to the well-being of the insane poor. To amend it, some such scheme as we have sketched is called for to secure the reporting of lunatics, their examination and registration, and the legal sanction to their detention for the purposes of their own safety and that of others, and of their treatment; and were it not that at the present moment asylum accommodation cannot be afforded to all the pauper lunatics of the kingdom, their confinement in workhouses ought to be at once rendered illegal. Convinced as we are, that asylums for the insane could be erected, fitted, organized, and maintained at a cost which would leave no pecuniary advantage economically on the side of workhouses; and that, even were the primary

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expenditure of the latter considerably less, they would in the long run be more expensive on account of their unfitness for lunatic patients, whatever the type of their malady, the injuries they entail

on the well-being of all, and the chronic insanity they produce and foster,—it is with much reluctance we are forced to endorse the statement made by the Commissioners in Lunacy, in their 11th Report (p. 17), that workhouse “Lunatic Wards will have to be continued for some time longer,” until, we may add, a more comprehensive, and withal a modified scheme be brought into operation, to cherish, to succour, and to cure those suffering under the double evil of poverty and insanity. Though a remedy to meet the whole case must unfortunately be delayed, yet the Lunacy Commissioners nevertheless need continue energetically to discourage the plan of building special lunatic wards to workhouses, as one, according to their own showing, indeed, fraught with very many evils to their inmates. Such erections ought, in fact, to be rendered illegal; the money spent on them would secure proper accommodation in connexion with a duly organized and managed asylum, as demonstrated in previous pages (p. 48), for all those classes of pauper lunatics, which, under any sort of plea or pretence, can be detained in workhouses. Lastly, we must look to the Commissioners to maintain an active supervision over workhouse inmates,—to hold, at least, an annual “jail delivery” of every union-house, to order the immediate transfer of evidently improper inmates, and to remove others, so to speak, for trial.

The “leading principles,” as laid down by the Commissioners in 1847 (Report, p. 269), and to which, in subsequent Reports, they state their continued adherence, are as good as the present state of lunacy and lunatic asylums permit to be enforced; but they can be enforced only by the Commissioners themselves, or others possessing equal authority; for workhouse officials will interpret them through the medium of their own coloured vision; and if magistrates were entrusted with the task, we have no confidence that it would be efficiently performed by them as inexperienced, non-medical men, with whom economical considerations will hold the first place. The principles referred to are expressed in the

following paragraph:—

“We have invariably maintained that the permanent detention in a workhouse of any person of unsound mind, whether apparently dangerous or not, whose case is of recent origin, or otherwise presents any hope of cure through the timely application of judicious treatment, or who is noisy, violent, and unmanageable, or filthy and disgusting in his habits, and must therefore be a nuisance to the other inmates, is an act of cruelty and injustice, as well as of great impolicy; and we have on all occasions endeavoured, so far as our authority extends, to procure the speedy removal of persons of that description to a lunatic asylum.”

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The following practical suggestions, calculated to improve the condition of the insane poor, are deducible from the foregoing remarks on workhouses considered as receptacles for lunatics.

1. The County Asylums should afford aid to all insane persons unable to procure proper care and treatment in private asylums; and 2, such patients should be directly transmitted to them; the circumstance of their entire or partial liability to the poor-rates being, if necessary, subsequently investigated. 3. As a corollary to the last suggestion, the primary removal of patients to a workhouse should, save in very exceptional cases, such as of distance from the asylum and unmanageable violence at home, be rendered illegal; or, what is nearly tantamount to it, for the future no alleged lunatic should be suffered to become an inmate of a workhouse, except with the written authority of the District Medical Officer or Inspector proposed to be appointed. 4. Without the sanction of this officer, likewise, no lunatic should be permitted to be discharged or removed from a workhouse. This is necessary for the patient's protection, for securing him against confinement in any house or lodging under disadvantages to his moral and physical well-being, to check improper discharges, and to protect the asylum against the transfer to it of unfit cases, a circumstance which will presently be

shown to be of frequent occurrence. 5. No person should be detained as a lunatic or idiot, or as a person of unsound mind in a workhouse, except under a similar order as that required in the case of asylum detention, and a medical certificate to the fact of his insanity. 6. If workhouses need be used, whether as temporary or as permanent receptacles for the insane, they should be directly sanctioned by law, placed under proper regulations, and under effective supervision, not only of the Lunacy Commissioners, but also of a Committee of Visitors, and of the District Medical Officer, whose duty it would be to watch over the welfare of the insane inmates, their treatment, diet, occupation, and amusement. The Visitors should be other than guardians or overseers of the poor of the union or parish in which the workhouse is situated, although every union should be represented on the Committee; and they might be selected from the magistrates, and from the respectable classes among the rate-payers. If the county were large, it might be advantageously divided into districts, a Committee of Visitors of Workhouses being appointed in each district. 7. Every workhouse containing lunatics should be licensed as a place of detention for them by the Committee of Visitors, who should have authority to revoke the license. This power of revoking the license should be also vested in the Commissioners in Lunacy. 8. Every such workhouse, and the number of its insane inmates, should be

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reported to the Lunacy Commissioners. According to our scheme, the District Medical Officer would do this, as well as report generally to the Lunacy Board, the condition and circumstances both of the workhouse and of its insane inmates. 9. For the future, the erection or the appropriation of distinct lunatic wards to workhouses should be interdicted by law.

By the preceding suggestions reforms are, indeed, proposed to render confinement in workhouses legal; to make it more satisfactory; to provide for effectual supervision, and in general to

assimilate the wards of union-houses more closely to those of asylums. Yet all this is done only on the ground of the necessity for some legislation on these matters, and more particularly under the pressing circumstances of the time. The present state of lunacy compels acquiescence in the Lunacy Commissioners' statement, that workhouse-wards must for some time longer be used for the detention of insane paupers; and this fact alone supplies an apology for making suggestions to improve them. Moreover, apart from it, the workhouse will at times necessarily be the temporary refuge for some few cases, and may be occupied as a permanent dwelling by those rare instances of imbecility of mind which can be allowed to intermingle with the other inmates, and be usefully occupied; and for these reasons it need be rendered both a legal and not unsuitable abode. At the same time, it is most desirable that the Lunacy Commissioners should be able not only to discourage, but also to veto the construction of lunatic-wards for the future, on the grounds already so largely pointed out; and for this reason, moreover, that where such wards exist, they are thought good enough for their poor inmates, and are looked upon as asylums over which the county institution has little preference. The existence, therefore, of any specially erected or adapted ward, may always be urged against the proposition for further expenditure in providing for pauper lunatics elsewhere in suitable asylums;—a plea, which should consequently be set aside by overturning the foundation whereon it rests.

Since the preceding observations on the detention of pauper lunatics in workhouses were in print, a most important supplementary Report on the subject has been put forth by the Commissioners in Lunacy (Supplement to the Twelfth Report; ordered to be printed 15th of April, 1859). We have read this Report with pleasure, so far as it confirms the views we have taken, but with surprise and pain at the details it unfolds of practices the most revolting to our better feelings, and, in general, of a state of things discreditable to a civilized and christian

country. By being confirmatory of the opinions and statements advanced by us, it may be said to give an official sanction to them; and as it is one of the most important

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documents ever issued by the Board, we shall attempt an analysis of its contents.

In the first place, the Commissioners resort to some recent corrected returns of the Poor-Law Board, and discover that the number of pauper lunatics in workhouses was, on the 1st of January, 1858, 7555, *i. e.* upwards of 500 above that returned in the Tenth Report of the same Board, and referred to in the foregoing pages; and on the 1st of July in that same year it amounted to 7666. They then proceed to describe the “character and forms of insanity most prevalent in workhouses,” and show that their insane inmates all require protection and control; that “some, reduced to poverty by their disease, are of superior habits to those of ordinary paupers, and require better accommodation than a workhouse affords. Many are weak in body, and require better diet. Many require better nursing, better clothing, and better bedding; almost all (and particularly those who are excitable) require more healthful exercise, and, with rare exceptions, all require more tender care and more vigilant superintendence than is given to them in any workhouse whatsoever.”

On turning to the “Design and Construction of Union Buildings,” they rightly point out that the stringent conditions to ensure economy, and to check imposition and abuse, the “reduced diet, task labour, confinement within the narrow limits of the workhouse premises,” the plan of separating the inmates into classes, the scanty means of out-door exercise, &c., are inimical to the well-being of the insane residents. In the “Modes of Workhouse Direction and Administration” there is great unfitness. The rules under which the officers act “are mainly devised to check

disorderly conduct in ordinary paupers; and it is needless to say with how much impropriety they are extended to the insane. Any increase of excitement, or outbreak of violence, occurring in the cases of such patients, instead of being regarded as a manifestation of diseased action requiring medical or soothing treatment, has subjected the individual to punishment, and in several instances led to his imprisonment in a jail. In addition to these hardships, the lunatic patient is for the most part precluded from leaving the workhouse at his own will. In effect he becomes a prisoner there for life, incapable of asserting his rights, often of signifying his wants, yet amenable to as much punishment as if he were perfectly sane, and a willing offender against the laws or regulations of the place. Nor, as will hereafter be seen, is his lot much bettered in the particular cases where it is found convenient to the authorities to relax those restrictions, and give him the power at will to discharge himself.”

Rural workhouses of small size are generally preferable abodes

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for the insane than those of larger dimensions, since their “arrangements have a more homely and domestic character, and there are more means of occupation and of free exercise in the open air;” and where their imbecile inmates can be associated with the ordinary paupers, and regularly employed, their condition is not unfavourable; “but these form only the exceptions.” Workhouses in the metropolis and in large towns generally, are for the most part “of great size, old, badly constructed, and placed in the midst of dense populations. The weak-minded and insane inmates are here generally crowded into rooms of insufficient size, sometimes in an attic or basement, which are nevertheless made to serve both for day and sleeping accommodation. They have no opportunity of taking exercise; and, from the want of space and means of separation, are sometimes associated with the worst characters, are subjected unnecessarily to seclusion and mechanical

restraint, and are deprived of many of the requisites essential to their well-being.”

“Of the 655 workhouses in England and Wales, somewhat more than a tenth part are provided with separate lunatic and idiot wards.”

The “Objections to Intermixture of Inmates” are briefly stated. “There is no mode of complying with suggestions for” the peculiar benefit of insane inmates, “without disturbing the general economy of the house,—a fact which shows how important it is that no lunatic or idiot should be retained for whom any special arrangements are necessary.” Separate lunatic wards are declared to be more objectionable than the intermixture of the pauper inmates. Only occasionally are such wards found at all tolerable; and even then, the constant medical supervision, proper attendants and nursing, sufficient diet, exercise, occupation, and other needful provisions, are deficient. The majority are thus sketched:—“In some of the wards attached to the old workhouses the rooms are crowded, the ventilation imperfect, the yards small and surrounded by high walls; and in the majority of instances the bed-rooms are used also as day-rooms. In these rooms the patients are indiscriminately mixed together; and there is no opportunity for classification. There is no separation where the association is injurious; and no association where such would be beneficial. In fact, patients of all varieties of character,—the weak, the infirm, the quiet, the agitated, the violent and vociferous, the dirty and epileptic,—are all mingled together, and the excitement or noise of one or more injures and disturbs the others. The restless are often confined to bed to prevent annoyance to the other patients, and the infirm are thus disposed of for the want of suitable seats. Their condition when visited in the daytime is obviously bad, and at night

must be infinitely worse. Even in workhouses where the wards are so constructed as to provide day-rooms, these are often gloomy, much too small in size, and destitute of ordinary comforts; while the furniture is so poor and insufficient, that in some instances, there being no tables whatever, the patients are compelled to take their meals upon their knees. Other cases to be hereafter mentioned will indeed show that it is reserved for lunatic wards of this description, and now happily for them only, to continue to exhibit some portion of that disregard of humanity and decency, which at one time was a prevailing characteristic in the treatment of insanity.”

Not only, again, are there no sufficiently responsible authorities in the house, and no qualified responsible attendants, but also no records of restraint, of seclusion, of accident, or injury, or of medical or other treatment. “Above all, there is no efficient and authoritative official visitation. The Visiting Justices never inspect the lunatic wards in workhouses, and our own visits are almost useless, except as enabling us to detect the evil that exists at the time of our visit, and which, after all, we have no power to remove.” The “Results of Neglect in Deteriorating the Condition of Patients” of all classes are ably portrayed. In the absence of attentive and experienced persons to watch and to supply their wants, many of the insane suffer unheeded and without complaint, to the prejudice of their mental and bodily state; or become inattentive to natural wants, and prone to violence and mischief. “In a very recent case of semi-starvation at the Bath Union, when the frauds and thefts of some of the attendants had, for a considerable time, systematically deprived the patients of a full half of their ordinary allowance of food, the only complaint made was by the wan and wasted looks of the inmates.”

In the two next sections the Commissioners insist that the duty of distinguishing the cases in workhouses to be classified as “Lunatics, Insane Persons and Idiots,” should be performed by the

medical man independently of the master; and that, without examination and sanction from that officer, no person of weak mind should be discharged, or allowed to discharge himself. Very ample cause for this latter proposition is shown in the illustrations appended, particularly in the case of imbecile females, who not unfrequently become, when at large, the prey to the vicious, further burden the parish by their illegitimate offspring, and often by an idiotic race.

“The diet necessary for the insane” is required to be more liberal than for other inmates; yet the Commissioners have “in very numerous instances” animadverted upon its inadequacy, both in quantity and quality, but without result, except “in

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very few instances:” for, notwithstanding that “the medical officer of a Union has full power” (by the Consolidated Order 207, art. No. 4) “to give directions, and make suggestions as to the diet, classification and treatment of the sick paupers, and paupers of unsound mind,” yet, we are sorry to learn, that “the power thus given, although backed by our constant recommendations, is rarely exercised by the medical officer.”

This circumstance is so far confirmatory of a view we have above taken, that the medical officer of a parish or union is neither sufficiently independent, as the paid *employé* of the guardians, to carry out measures that may be necessary for the alleviation of the condition of lunatics in workhouses, where such means involve increased cost (we regret to entertain the notion); nor always sufficiently acquainted with the wants of the insane.

Considering the disadvantages of workhouses as receptacles for them, the general statement follows naturally, that as a class of workhouse inmates, the lunatics “are manifestly lower in health and condition than the same class in asylums. Hence,” add the Commissioners, “the patients’ bodily health and mental state

decline upon removal from asylums to workhouses—an effect chiefly due to the inferior diet.” There are great “variations in workhouse dietaries,”—from one spare meat dinner in the week to a meat dinner daily. This latter provision is furnished “in a very small number of houses.” These dietaries are indeed much inferior to those considered necessary for criminals in jails; a fact that affords a sad comment on English consistency, which is thus found dealing with more favour and consideration towards those who have transgressed the laws of their country, than to those whose only crime is poverty, or poverty complicated with disease or infirmity.

Medical treatment would, in truth, seem to be not legally provided at all for lunatics in workhouses: no clause makes a visit of the union medical officer to the lunatic-ward of a workhouse imperative. As examples of the slight esteem in which medical supervision is held, the Leicester and the Winchcombe houses are quoted. In the former, the visits of the medical officer were only made quarterly; in the latter, by stipulation three times a week, but in practice very irregularly. Attendance and nursing are, as might be expected, on a par with medical treatment. Even imbeciles have been found exercising the functions of nurses, and, generally speaking, the selection of attendants is made from old and feeble people, having no experience, no aptness for the duties, no particular qualities of intellect or temper to recommend them, and receiving such a mere pretence, if any at all, in the way of remuneration for their trouble, that no painstaking efforts can be looked for from them.

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“Yet to such individuals, strait waistcoats, straps, shackles, and other means of restraining the person are not unfrequently entrusted; and they are, moreover, possessed of the power of thwarting and punishing at all times, for any acts of annoyance or irregular conduct, which, although arising from disease, are

nevertheless often sufficient to provoke punishment from an impatient and irresponsible nurse.”

The interior accommodation, fittings, and furniture are, if not abominably bad, excessively defective: and on reaching this part of the Report, where the details of internal fittings and management come under review, the impression derivable from its perusal is akin to that gathered from the revelations of madhouses made by the Parliamentary Committees of 1814 and 1815. The sketch of the evils suffered by lunatics in workhouses, which we have ourselves attempted in past pages, tells a flattering tale compared with the realities unfolded to us by the Commissioners, and adds a tenfold force to the arguments against the detention of lunatics in such places. To continue the practice would be to perpetuate a blot upon the internal polity, the philanthropy and the Christianity of the country. Let those who would know the whole case refer to the Report in question; it is sufficient for our purpose to attempt a mere outline of its revelations. Patients are frequently kept in bed because there are no suitable seats for them; a tub at times answers the double purpose of a urinal and a wash-basin; a privy is partitioned off in a small dormitory; baths are almost unknown; a trough or sink common to all supplies the want of basins for washing, and an outhouse or the open air furnishes the appropriate place for personal ablutions. Clothing, again, is often ragged and insufficient; in an unwarmed dormitory, a single blanket, or only a coverlet, is all the covering afforded by night; loose straw in a trough bedstead usually constitutes the bed for wet and dirty patients to nestle in; and whether the bed be straw or not, the practice of using it night after night, when “filthy with dirt, and often rotting from frequent wetting, has been many times animadverted upon.” In some workhouses two male patients are constantly placed in the same bed; nor is the character of the bedfellows much heeded; for a sane and insane, two idiots, one clean and one dirty, and even two dirty inmates, have been found associated together in the same bed, occasionally in a state of

complete nudity.

Further, the want of exercise and employment, the absence of supervision and control, and the entrusting of means of coercion to irresponsible and unfit attendants, lead to the most shocking abuse of restraint, and to cruel seclusion.

“The requirement occasionally made by the Visiting Commissioner, that the Master shall make a written record of such

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proceedings, is utterly neglected. The dark, strong cells, constructed for the solitary confinement of refractory paupers, are used for the punishment of the insane, merely to prevent trouble; quiet helpless creatures, from whom no violence could be apprehended, are kept in bed during the daytime, or coerced; and even the dead-house has been made to serve the purpose of a seclusion-room.”

“The Examples of Restraint practised,” as adduced in the Report, recall to mind all those barbarities which civilized men of the present day are in the habit of congratulating themselves as matters of the past, and the subject of history. The catalogue of appliances for restraint reappears once more on the scene; and we read of straps, leather muffs, leg-locks, hobbles, chains and staples, strait-jackets, and other necessary paraphernalia, as of yore, worn for days, or weeks, or months. Excellent matter, indeed, in all this, to garnish a discourse on the advancement of civilization, on the prevalence of improved notions respecting the treatment of the insane, or on some similar topic addressed to the vanity of the present generation!

But the chapter does not end here. “It would be difficult to select places so entirely unfit for the purpose of exercise, or so prejudicial to the mental or bodily state of the person confined,” as the yards or spaces set apart for it; and yet “of all the miseries undergone by

this afflicted class, under the manifold disadvantages before described, and of all the various sources of irritation and discomfort to which we have shown that they are exposed, there is probably none which has a worse effect than the exclusion from all possibility of healthy movement. Nothing more powerfully operates to promote tranquillity than the habit of extensive exercise; and in its absence, the patients often become excited, and commit acts of violence more or less grave, exposing them at once to restraint or seclusion, and not unfrequently to punishment. In not a few instances the outbreak has been looked upon as an offence or breach of discipline, and as the act of a responsible person; and the patient has been taken before a magistrate and committed to prison.

“A very grave injustice, it is hardly necessary to add, is thus committed, in punishing by imprisonment individuals who are recognized and officially returned as being of unsound mind. These persons in no respect differ from the class of the insane usually met with in asylums, and are equally entitled to the same protection, and the same exemption from punishment. Instead of such protection, however, the patient is exposed to double injury:—first, he is subjected to various sources of irritation while confined in the workhouse, directly occasioning excitement; and, secondly, the mental disturbance resulting therefrom is regarded as a crime, and is punished by imprisonment.”

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The Commissioners in Lunacy next direct attention to the principal cause of the evils described, which they discover in the neglect and evasion of the duties imposed by the law on the officers of parishes and unions, in the interests of the pauper insane. Thus, as remarked in previous pages,—“Instead of causing the patient to be dealt with as directed by the 67th and 68th sections of the Lunatic Asylums’ Act, 1853, and immediate steps to be taken for his direct removal to the asylum, workhouses have been to a great extent made use of primarily as places for the reception, and (in many instances) for

the detention of recent cases of insanity.

“The workhouse is thus illegally made to supply the place of a lunatic establishment, and the asylum, with its attendant comforts and means of cure, which the law has provided for the insane poor, is altogether disregarded; or it comes into operation only when the patient, by long neglect, has become almost hopelessly incurable. We should remark that this occurs most frequently in the larger workhouses, and in those having insane wards.”

... “How totally unfit even workhouses having insane wards are for the proper treatment of recent curable cases, we have endeavoured to exhibit in some detail. Nevertheless, the practice of making use of them for all classes of insane patients is rapidly increasing, and our efforts to check it have proved hitherto quite ineffectual.”

After further adverting to the influence of the neglect of the laws in increasing pauper lunacy, they very briefly discuss the comparative cost of lunatics in workhouses and in asylums, but their examination adds nothing to what we have much more fully put forward on this subject.

Their “conclusion” contains some valuable suggestions, more or less identical with those we have ourselves independently advanced, and which may be briefly summed up as follows:—

“To remedy many of the evils adverted to would, in our opinion, be impracticable, so long as insane patients are detained in workhouses, whether mixed with other inmates or placed in distinct wards.

“The construction and management of workhouses present insurmountable obstacles to the proper treatment of the disease of insanity; and therefore the removal of the majority of the patients, and the adoption of stringent measures to prevent the admission of others, have become absolutely necessary.”

The notions of parish authorities of the very great comparative economy of workhouses over asylums rest, say the Commissioners, on a false basis; and to place the question fairly before them, “it is essential that the mode of keeping the

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accounts should be assimilated in each, and that in the asylum only food and clothing should be charged to the parishes, and all other expenses to the county. In such case, we believe it would be found that the charges in each would be brought so nearly to a level, that there would exist little or no inducement on the plea of economy to tempt the guardians to keep their insane patients in workhouses, instead of sending them at once to a county asylum.”

To provide proper accommodation for the insane poor in workhouses, inasmuch as many asylums are on “so large a scale as not to admit of the necessary extension, whilst some are of a size much beyond that which is compatible with their efficient working,” the Commissioners propose “the erection of inexpensive buildings, adapted for the residence of idiotic, chronic, and harmless patients, in direct connexion with, or at a convenient distance from, the existing institutions. These auxiliary asylums, which should be under the management of the present visiting justices, would be intermediate between union workhouses and the principal curative asylums. The cost of building need not, in general, much exceed one-half of that incurred in the erection of ordinary asylums; and the establishment of officers and attendants would be upon a smaller and more economical scale than those required in the principal asylums.”

“Whether or not such additional institutions as we recommend be provided, we think it essential that visiting justices of asylums should be invested with full power, by themselves or their medical officers, to visit workhouses, and to order the removal of insane inmates therefrom to asylums at their discretion. They should also

be empowered, upon the report of the Commissioners, to order the removal into the asylum of pauper patients boarded with strangers.”

“And in the event of our obtaining your Lordship’s approval of such suggestions for legislative enactment, we would further recommend that it should include the following provisions:—

“No lunatic, or alleged lunatic, to be received into or detained in a workhouse, unless he shall have been duly taken before a justice or officiating clergyman, and adjudged by him as not proper to be sent to an asylum.

“In any case, however, wherein an order for a lunatic’s reception into an asylum shall be made by a justice or officiating clergyman, it shall be competent to him, if, for special reasons to be set forth in his order, he shall deem it expedient, to direct that such lunatic be taken, *pro tempore*, to the workhouse, and there detained for such limited period, not exceeding two clear days, as may be necessary, pending arrangements for his removal to the asylum.

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“A list of all inmates of unsound mind to be kept by the medical officer of a workhouse, and left accessible to the Visiting Commissioners.

“The medical officer to specify, in such list, the forms of mental disorder, and to indicate the patients whom he may deem curable, or otherwise likely to benefit by, or in other respects proper for, removal to an asylum.

“The Visiting Commissioner, and the Poor-Law Inspector, to be empowered to order and direct the relieving officer to take any insane inmate before a justice, under the provisions of the 67th Section of the Lunatic Asylums’ Act, 1853.

“In all cases of inmates of unsound mind temporarily detained in

workhouses, the medical officer to be invested with full powers as respects classification, diet, employment, and medical and moral treatment, and otherwise.”

Of some of these suggestions we shall take a future opportunity to speak, and at present pass from the consideration of the state and wants of lunatics in workhouses to notice, briefly, the condition of those living with their friends or elsewhere.

§ *Pauper Lunatics living with their relatives or with strangers.*

In the previous chapter “On the state of the present provision for the Insane,” some remarks have been made on the class of lunatic poor living with their relatives or strangers, calculated to arrest attention to their numbers and their neglected position. The Commissioners in Lunacy have as a rule, and in the absence of particular information, calculated that they are about equal in number to those resident in workhouses. Considering the imperfect nature of the statistical records of them, and the fact that they escape official observation and inquiry to a much greater extent than even the lunatic inmates of workhouses, we have assumed them to be more numerous, and that there are 8000 so distributed in the homes of our industrial classes.

Of these 8000, more or less, poor persons, dependent, on account of distinct imbecility or idiocy, upon others for protection and support, no one outside their abodes, it may be generally said, thoroughly knows their condition, although a partial knowledge may be possessed by the parochial authorities of the union or parish to which they are chargeable. To these authorities, however, they possess no interest; they are regarded as burdens upon the public purse, to be arranged for on the cheapest terms. The only person at all responsible for their condition is the parish medical officer, who is required by sect. 66 (16 & 17 Vic. cap. 97) to visit

them quarterly, and to certify “whether such lunatics are or are not properly taken care of, and may or may not remain out of an asylum.”

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In the first place, the matter of deciding what pauper reported as insane, imbecile, or idiotic is actually so, is not by law given to any parochial officer; hence it frequently happens that differences of opinion and divisions arise between the medical officer on the one hand, and the poor-law guardians on the other, as to the chargeability of this and that pauper to the parish as insane; and the decision acquires intensified importance from the fact that one half-crown per quarter is at stake on each pauper chattel in dispute; for if the medical man gain the day, just that sum has to be squeezed out of the rate-payers to compensate him for his quarterly call upon the admitted lunatic. We leave the reader to imagine the battlings of the vestrymen on the knotty point; sane or not insane, that is the question, the solution of which must cause the consumption of much time and breath yearly to many an honourable board of guardians, to animated discussions, bold definitions and fine-drawn distinctions, lost to the *profanum vulgus* enjoying no seat in the conclave.

Here, then, appears a duty which, in our opinion, should be performed by a duly appointed officer, such as a district medical inspector or examiner; for we would deprive the guardians of the poor of all voice in deciding on the sanity or insanity of any individual. The law might with equal or with greater propriety leave the decision of the success or non-success of the operation of vaccination to a vestry, as that of the question under remark. Further, since many might argue, that to leave the determination of the question to an officer like the parish medical man, directly interested in settling it in one way, and who might saddle the parish with an annual charge for every poor person in it who did not come up to his standard of mental strength, would be unfair to the rate-payers; an independent opinion, given by an officer in no

way interested in the decision of the point at issue, would seem to afford the very best means of settling the point, and a sufficient guarantee against any supposable irregularities. We would suggest, therefore, that the district inspector should visit every poor person wholly or partially chargeable, or proposed to be made chargeable to any parish, as being of unsound mind, and make a return to the parochial authorities and to the Poor-Law Board, and that the certificate of this officer should be held to be a sufficient proof of the insanity of the individual.

But the duties of this officer, in relation to the lunatic poor under consideration, would not stop here. In his visit we would require him to investigate more narrowly than a Union medical officer can be expected to do at the remuneration offered, and amid his many other arduous engagements,—into the condition and

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the circumstances by which the poor patient is surrounded, to report thereon to the Lunacy Board and to the proper Union officials, and in general to state, in the words of the Act, whether he is or is not properly taken care of, and is or is not a fit subject for asylum care. The officer we propose, would approach the inquiry independently of the parish authorities, and indifferent to their censure, having no position and no pay to lose by his decision; whilst as an experienced physician, understanding the varying features of mental disorder, and the conditions necessary to its amelioration or cure, his opinions would claim greater respect.

Inasmuch as it is impossible, owing to their small number, for the Lunacy Commissioners, without totally neglecting their other duties, to make themselves acquainted with the condition of these pauper lunatics, scattered here and there over the country, in cottages and lodgings, we really possess, as before said, under the existing system, no information worth having, what that condition

really is. Judging from the state in which workhouse lunatic inmates are found, the impression is unavoidable, that the pauper lunatics under notice must be in a worse one, since there is not only no sort of supervision over them equivalent to that provided in workhouses, but also the sums allowed towards their maintenance are most scanty, and, where they are lodged with strangers, no care and no sustenance beyond what is felt to be actually paid for, can be presumed to be given. Now and then a glimpse of the actual state of things is casually afforded by the Report of a County Asylum; and such are the glimpses we have got through this medium, that, except to arouse public attention by their recital, in order to bring about a reform, it were well, for the sake of the reputation of the country, that the revelations were unrecorded. Asylum superintendents could, indeed, more frequently raise the veil upon scenes of wretchedness and cruelty undergone by our lunatic poor in the habitations where parish officials place or keep them; but they generally forbear to do so in their Reports, although enough is shown by the description of the state in which patients are admitted into the asylums, and of the length of time that has been suffered to elapse since the commencement of their sad malady.

Dr. Hitchman, in the Reports of the Derby County Asylum, has more than once referred to the state of patients on admission from their homes or lodgings. Thus, in 1853, he narrates the case of a poor woman who had been demented for five years, and “kept at home until she fell into the fire and became extensively and severely burnt;” and not till after this accident was she taken to the asylum. A little way further on, in the same Report, he observes,—“Those only who have lived in

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public asylums know the misery, the wretchedness, and the wrong which are constantly inflicted upon lunatics in obscure places, even by their relatives and ‘friends,’ and which cease only with the life

of the patient, unless he be conveyed to a well-conducted institution. It is, moreover, a remarkable phenomenon, that many individuals who perpetrate these enormities upon their kith and kin, who have habitually fastened them with cords, who have deprived them of a proper supply of clothing or of food, who have, in short, rendered them permanent cripples in body, as well as hopeless idiots in mind, have done so without malice, as a general rule, without passion, by slow degrees, and with no conception whatever of the present suffering or ultimate mischief effected by their proceedings. They affect no secrecy among their neighbours while these things are going on. Familiarity to the spectacle blinds their perceptions and blunts their feelings.... Others there are, who, from penurious and selfish motives, inflict much wrong upon the lunatic. Of such a kind appears the following:—‘T. G., removed from the custody of his relatives by the order of the magistrates. Has been insane thirty-eight years, under the management of his relatives, who have generally had him confined in an out-building.’ ‘He is stated to have been unclothed for many years. When brought into the asylum he was naked, except that around his pelvis were the remains of an article of dress; his hands were tightly bound to each other by ligatures passing around the wrists. When in the cart he was covered with a blanket, but this fell from him during his struggles on being removed. He roared hideously as he was being conveyed to the wards. He is a person of lofty stature and great size. His head and neck are very large; one side of his forehead is greatly disfigured by scars, and he has lost an eye. His ears have been deprived of their normal shape, and their lobes much thickened by the deposition of fibrine or other matter. His lips are large and pouting. His beard has been long unshaven, but has been recently cut with a pair of scissors. The bones and muscles of his arms are of great size; his lower extremities are red, swollen, and ‘pit,’ under pressure; one of his toes is deprived of its nail, and the whole foot appears to have suffered from the effects of cold. He walks with a stooping gait, and appears unable to retain the erect posture without support. He resists powerfully all attempts to

clothe him, and appears to be entirely ignorant of the use of a bedstead. He whines after the manner of a dog that has lost its home. He dreads all who approach him; on being taken from his room in the evening, he hurried back to it with all the haste he could, and on all occasions he shrinks from observation. He is lost to

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every sense of decency; nakedness is congenial to him, but he will sometimes coil himself in a blanket for the sake of its warmth. He is guided by the lowest instincts only, and his whole appearance and manner, his fears, his whines, his peculiar skulking from observation, his bent gait, his straight hair, large lips, and gigantic fore-arm painfully remind one of the more sluggish of the Anthropoid Apes, and tell but too plainly to what sad depths the human being can sink under the combined influence of neglect and disease.’”

The same excellent physician reverts to these cases in his Fourth Report (1855), and laments the sad condition of health, and the horrible state of neglect of many patients on their admission. He says, “One or two patients had been confined by manacles in their own cottages until rescued by charitable interference, and were brought to the asylum with their wrists and ankles excoriated by the ligatures deemed necessary for their proper control.” One such case had been confined twenty-five years in his cottage-home.

These illustrations will suffice for our purpose. They indicate the existence of abuses and wrongs here in England, too similar, alas! to those the Special Lunacy Commission of Scotland brought to light by their well-known inquiry in 1855 (Report, Edinburgh, 1857), and such as the general description in their Report, and the particulars in Appendix K, too amply demonstrate. It is referred to as “the wretched state” of single patients living with their friends or others, and well merits the designation. They found these poor

afflicted beings generally in a state of moral and physical degradation, ill-fed, ill-treated, ill-clothed, miserably lodged, shockingly dirty, abused, restrained by all sorts of mechanical contrivances of the coarser kind, or left to wander unheeded and uncared for; whilst among the imbecile or fatuous women, many were the instances where they had become the mothers of an illegitimate and often idiotic offspring. Judging from the specimens before us, we repeat, we have great misgivings lest a similar searching inquiry into the condition of pauper lunatics in England distributed in the homes of our cottagers and labouring classes, should reveal a state of things no less disgraceful to a civilized country.

To recall a conviction before expressed, additional legislative provision is demanded for this class of pauper insane. The quarterly visit of the hard-worked and underpaid Union Medical Officer or of his Assistant, affords no sufficient guarantee, even when regularly made, that they are duly taken care of, and not improperly deprived of the advantages of asylum treatment. But if we accept official statements, these visits are irregularly made and much neglected, and the reports of them far from

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properly attended to. In the Report of the Hants Asylum for 1856, the Committee took occasion to remark on the extended neglect and the inefficiency of these legal visits and reports; and though the Commissioners in Lunacy admit that of late matters have improved, yet they say that they are far from satisfactory. From these and other considerations adverted to, we have suggested that the inspection of the lunatic poor in question should be specially undertaken by the District Medical Officer, and that a report on them should after each visit be made to the Lunacy Commission, and, with advantage, also to the Poor-Law Board. This officer should be informed of every pauper or other lunatic living with friends or others, and should investigate, as said above, all the

circumstances surrounding him, and decide whether or not a transference to an asylum would be for the better. It would consequently be for him to select and recommend the removal to an asylum of all such patients as afforded a prospect of recovery; and since good food and proper nursing improve not only the body, but also the mind and the moral feelings, and promote the lasting relief of the mental disorder,—it should also devolve upon him to signify the extent and mode of out-door relief to be afforded. Defective and faulty nutrition concurs powerfully to produce insanity, and, when it is induced, to make it permanent; the best policy must therefore be to nourish pauper lunatics sufficiently;—a policy, which we see, however, under existing circumstances, no prospect of being acted upon by the guardians of the poor.

The allowance made to out-door lunatic paupers differs much; for it may be intended to supply almost all the moderate wants of the recipient, or only a small part of them. It is always, however, very limited, and less than the calculated cost of in-door paupers per head, and can never suffice to procure the poor patient adequate nourishment and suitable attendance and clothing. Its amount, moreover, is regulated by no definite principles, but is left very much to the caprice of the relieving officers, and to the liberal or the opposite sentiments in the ascendant among the parochial guardians. It is contributed as a grant in aid to the relatives of the patient, and to those not related as a compensation for the outlay and trouble incurred on his account. The former are naturally liable to the maintenance of their lunatic kinsman, and no sufficient objection obtains to his being detained among them, provided his condition is not prejudiced by his exclusion from an asylum, and is duly watched over by competent medical officers, and that those relatives are able to afford him proper control, food and clothing, with or without parochial assistance. But the case is different in respect of those not related to the patient, who as strangers can have little interest in

him; but who, on the contrary, have to make his detention serve their own purposes so far as possible, and cannot be expected to do or supply more than they are paid for. Now, as the weekly allowance from the parish is to be by rule kept as low as it can be, the lowest offers possess the highest recommendation for acceptance, and the comforts and well-being of the poor imbecile or idiotic people are almost necessarily sacrificed at the shrine of economy.

The whole system, therefore, of boarding pauper lunatics in the homes of the poor unconnected with them by blood, as now pursued without restrictions or method, appears fraught with injury to those helpless beings. What sort of attention, food, and lodging can be expected for some 3 or 4 shillings a week? What sort of supervision and control can be looked for from a poor, illiterate labourer or artisan? Even a patient's own relatives may and do grudge the cost and the trouble he puts them to, or they may be very imperfectly able to furnish in their cottage-home the means needed to ensure his protection and the conveniences and comforts of others, and be ill-adapted by character and education to act as his directors and guardians. But these difficulties and defects are augmented manifold when the patient becomes a dweller among strangers.

Only under very peculiar circumstances indeed would we tolerate the boarding of pauper lunatics with strangers; when, for instance, their comforts and safety are hedged round by legal provisions sufficiently ample, and by systematized arrangements to secure them. These ends are to be attained by taking the selection of the abode and the pecuniary details from the hands of parochial officers, and by entrusting them to some competent medical man, who should be responsible that the patients are properly cared for and treated. It should be for him to select the residence, and in so doing to seek out those who by character and condition are best fitted for the charge. If the law were so amended that asylum relief

should be afforded to all on the appearance of their malady, the majority of those to be provided for in lodgings would come from the class of chronic, imbecile patients, accounted harmless, whose discharge from the asylum under proper surveillance might be recommended. Hence it would render the scheme more perfect and satisfactory, to retain these chronic lunatics in homes within a moderate distance of the County Asylum they were previously placed in, so that they might be under the supervision of the medical staff of that institution, and that the propriety of their prolonged absence from it, or of their return to it, might be therefore determinable by those best qualified to judge from past experience of their case.

Yet, in all probability, this restriction as to the district for

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receiving patients as boarders, would not always be practicable; and frequently, where the insane poor had near relatives capable and willing to receive them under their care, though at a distance from the asylum, it would not be desirable to sacrifice the advantages of the guardianship of friends to those obtainable by vicinity to the asylum; and, from these or other causes, many poor insane people would be found distributed here and there throughout a county under the charge of cottagers and others. In their cases we would make the District Medical Inspector the special protector and guardian of their interests and well-being provided by law, and require him to visit them at least twice a quarter, report on their condition, and on the fitness or unfitness of the persons boarding them. In all cases, he should as a preliminary proceeding inquire into the accommodation and general circumstances of the persons proposing to receive an individual of unsound mind into their family, and should reject the application of those who are unable to afford suitable conveniences and adequate management.

Could a properly-organized system of supervision and control be established, the disposal of poor insane persons in the homes of the industrious classes would not be open to the objections it is at present, when no adequate legal provision to ensure their inspection and welfare is in existence. Indeed, it would be an improvement and blessing to many of the chronic lunatics in our great asylums, could they so far be set at liberty, and have their original independence restored to them by a distribution in the cottage-homes of our country, where, under sufficient control, they could exercise useful employments, and relieve the rates of part of their cost. We have used the term ‘cottage-homes’ advisedly, because it is evident, that, except in very small towns, a town-residence would be most unsuitable.

The example of the great colony of insane persons at Gheel, in Belgium, has suggested this plan of boarding lunatics in the homes of the working classes, chiefly of agriculturists, to the minds of many English philanthropists desirous to ameliorate the condition of our pauper insane, and to lessen the large costs of asylum provision. The only attempt, however, as far as we are aware, partaking at all of the conditions calculated to render such a scheme satisfactory and successful, hitherto made, is that on a small scale at the Devon Asylum under the direction of Dr. Bucknill, and we are happy to find from this gentleman’s Report that the arrangement has hitherto worked well.

We shall return to this subject in a subsequent section,—“On the distribution of the chronic insane in cottage-homes.”

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§ Transmission of unfit Cases to Asylums—improper Treatment prior to Admission.

In preceding pages it has been remarked that the transfer of

lunatics to asylums is regulated not by the nature of their case, and its amenability to treatment or amelioration, but by the circumstance of their being refractory and troublesome, annoying by their habits, or so infirm and sick as to require attentive nursing; or, in general, in such a state that their residence involves an increased and unworkhouse-like cost. The question of the recency of the attack is treated as of far less moment; for if the poor sufferer have what are called harmless delusions, or if he is only so melancholic that suicide is not constantly apprehended, then under these and such similar conditions, the economical theory of the establishment commonly preponderates over every consideration of the desirability of treatment in the presumed expensive asylum, and the patient is retained. In course of time his malady becomes chronic, and in all probability incurable, and his condition so deteriorated in all respects by the absence of proper measures for his mental and moral treatment, that sooner or later his physical health gives way, or his habits grow inconveniently annoying and troublesome, and then it is that workhouse officials discover that the County Asylum is his suitable abode.

By this system of 'clearance' the workhouses are relieved of their most burdensome and costly inmates, who fall to the charge of asylums, in which their presence necessarily keeps down the rate of recoveries, multiplies the proportion of chronic lunatics, and increases the expenses and the rate of mortality.

The Medical Superintendents of our Asylums bear witness to the recklessness, and to the cruelty, at times, which often mark the doings of workhouse authorities when they wish to rid themselves of the cost and trouble of any of the lunatic poor in their keeping. The illustrations at hand, obtained from County Asylum Reports, are so numerous, that we must content ourselves with a selection of a few of the more striking.

Dr. Boyd, the distinguished physician of the Somerset County Asylum, makes the following statement in his Sixth Report

(1853):—"Several aged persons, and many others in a feeble state, have been admitted during the year, so that the mortality, although less than in the preceding year, has still been considerable. For example, two cases have been recently admitted: one that of a man with dropsy, and broken down in constitution, who is reported to have been given to excess in drinking ardent spirits, and to have been subject to epileptic fits; he was disappointed at not being admitted into a general hospital, became

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violent, and was sent as a patient here; he has been free from fits since his admission, is rational, but apparently in the last stage of bodily disease. The other case is that of a woman about seventy, paralysed, and unable to sit up in the arm-chair without support. She was troublesome in the union workhouse, and was reported *as dangerous*, and so was sent to the asylum. There have been four males with paralysis recently sent in from being dirty in their habits.... One female was improperly sent with *delirium* attending on *fever*: she died a fortnight after admission." In his Ninth Report, this same Superintendent says,—“Some are sent to the asylum in a state of paralysis, some are aged and in a state of fatuity, and others when they become troublesome, or are in a diseased and feeble state of bodily health, and require more nurse-tending than they receive in the workhouses.... Under the existing arrangements, lunatic asylums are gradually losing their proper character of hospitals for the recovery of the insane, and sinking down to be mere auxiliaries to workhouses.”

Out of eighty admissions at the Worcester County Asylum, fourteen were between sixty and eighty years of age, and for the most part “the subjects of organic disease of the brain, lungs, and heart, or suffered from long-continued mental disease, or from the superannuation of old age, and deficient nutrition of the brain and nervous centres. Four of them died during the year.... During the early part of the year some correspondence was entered into with

several Unions, from which patients had been sent in a dying or exhausted state; and the impropriety of such proceeding was pointed out by your Committee.... It is not supposed that those unfortunate cases are wilfully detained with improper intentions at their homes or elsewhere, but from ignorance; and from want of the necessary appliances, and the assistance of those accustomed to the insane, proper measures cannot be adopted for their care and recovery,” and various injuries are inflicted.

The experienced Superintendent of the Beds., Herts., and Hunts. Asylum reports, in 1856, that of 111, as many as twelve died within three months of their being admitted; five did not survive a fortnight. “One male, an epileptic seventy-nine years of age, and having been bedridden for years from contracted limbs, and nearly exhausted from the journey, died on the twelfth day. A female, aged sixty-eight, with disease of the heart, died on the fourth day from exhaustion, having been some time without rest, and having refused her food previous to admission. A female in the last stage of pulmonary consumption, lived but seventeen days; and one very distressing case of a female ... was brought to the asylum, who, worn out from constant excitement, and having

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a large wound on the leg, with ulcerations from ligatures on the wrists and ankles, sank on the fourteenth day. The two last-mentioned patients were reported to have refused food for nearly a week, but took every kind of nourishment offered to them from the moment they were in the Asylum.”

The Report of the Suffolk County Asylum records the admission of ten poor persons in 1852 “nearly seventy years of age, nine over seventy, three over eighty; sixteen in a state of bodily exhaustion; nine either idiots from birth, or imbeciles for a very long period; one child with well-known disease of the heart, and a woman, a cripple, scrofulous, blind and deaf.” “What,” asks Dr. Kirkman, the

venerable Superintendent, “can be done more than good nursing to support a peevish mind in a patient eighty-four, admitted only a few days ago?” He adds, “To give other instances, one man was received some time back on a very qualified certificate, and upon whose case a qualified certificate only could be given; and another (somewhat experimentally) with the notice that his mania, if such it were, existed only in the want of a slight resistance to a wayward will; and another, a girl of sixteen, subsequently found not to be insane, but suffering from aggravated cataleptic hysteria, supposed to have been caused by fright, having spinal disease, and deformed throughout the body.”

Dr. Hitchman, whose Reports we have found so valuable in former sections of this work, has repeatedly called attention to the subject now under notice. In 1853 he writes:—“It is with feelings of deepest sorrow that your physician is compelled to state, that patients continue to be sent to the asylum in very advanced stages of bodily and mental disease.... So long as no violent or overt act has been perpetrated; so long as the sufferer can be ‘managed’ in the privacy of his miserable home, or by the ‘cheap’ resources of a workhouse, he is often detained from the lunatic hospital. Disease, aggravated by neglect, continues its direful course, the ‘harmless’ lunatic becomes very dirty in his habits, or very violent in his conduct, windows are broken, clothes are torn, persons are injured, and the strap, the strait-waistcoat, and the chain are brought into service to control for a time the ravings and the mischief of the patient. Steps are now taken for his removal—bound, bruised, dirty, and paralysed, the poor creature is taken to an asylum. One glance is sufficient to reveal to the experienced eye that *cure* is hopeless; that while every resource of the Institution will be needed to sustain the exhausted energies of the patient—to preserve him from the sufferings consequent upon the loss of his self-control over the excretions of his body, yet for two or three years he may survive to swell the list of incurables—to diminish the

per-centage of cures—to crowd the hospital, and, worse than all, to perpetuate this popular belief, and to encourage the pernicious practice, which are now leading to the moral death and social extinction of hundreds of our fellow-creatures.”

Speaking of the admissions in 1854, he says:—“Several were in advanced stages of bodily disease; thus, I. C. expired in eight hours after his arrival at this hospital. He was removed from the vehicle in which he was brought to his bed, where he remained tranquil until the moment of his decease. The state of great prostration in which he was brought, forbade the employment of the usual washing-bath; nor was he subjected to the fatigue of being shaved (of which he stood in much need) in consequence of his exhaustion. F. G., aged 76 years, admitted with the marks of restraint round her wrists, survived eighteen days—only by the administration of wine and warmth. S. C., brought bound by straps and a strait-waistcoat in the afternoon of the 18th, was so convulsed and epileptic, that she died on the morning of the 20th, having scarcely spoken during the time she was in the asylum. Others were in advanced stages of dropsy, phthisis, and general paralysis, and, although in a hopeless condition, lived on for several weeks under the fostering care of the Institution. One poor girl, admitted from Lincolnshire, in a perfectly helpless condition (the delirium of fever having been mistaken for the ravings of insanity), was conveyed from the vehicle to a water-bed, where she has remained in a state of great suffering for upwards of twelve weeks, and is never likely again to recover the use of her limbs.”

The experience of the Kent Asylum is similar. The age of eleven persons admitted in 1853 averaged 64, and twelve were from 72 to 75. “In many of these the malady was simply decay of mind, or was due to apoplectic seizures, and attended by palsy.”

In the Report for 1857-1858, Dr. Huxley goes more at large into

the question of unfitness for asylum admission, and the vigour and clearness of his remarks induces us to quote them at length. He observes:—"It seems difficult to understand on what principle patients are sometimes sent. One man, for an intemperate threat uttered under considerable provocation, is hastened off to the asylum. He can then only be deemed insane in a constructive sense, and in reliance on the undoubted good faith of the whole proceedings for his removal. He is seen to be sane; he remains so, and merely awaits the next discharging-day. In the interval he has had time to reflect on the danger of uncontrolled speech; but perhaps he and his family ought not to have incurred the reproach (as it is held) of insanity in the blood. Perhaps, also, he ought not to have

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swelled the list of persons insane, adding his mite to the evidence which supports the general belief in an actual increase of disorders of the mind.

"Again, the facility with which a drunken prostitute finds admission and re-admission is astonishing. The delirium, rather than insanity proper, produced by excessive drinking, has, indeed, some alarming modes of expression; but it is a different thing from true mental derangement, and is transient, the patient being generally nearly all right again on arrival. I confess to a feeling which grudges to such patients the benefits of an asylum and association with the inmates who are truly unfortunate. Their detention is wholly unsatisfactory; it leads to nothing. Long or short, it proves no warning against a return to former bad courses; whilst the presence of people (I do not call them patients) of this sort seriously injures the interior comfort of the wards. Ought such cases to swell the returns of lunacy? Then, in estimating the supposed growth of insanity among the people, let the fact be remembered, that here is one contributing element, which was not represented until of late years. Once again, the extent to which

strongly-marked senility is now made the reason for admission to the asylum is, I think, unprecedented. To grow childish, wilful, and intractable; to lose memory, and forget the good habits of a life; to take no note of times and seasons; to wake by night and be restless, and to become generally incapable, are the rule rather than the exception at the close of an extended life. I do not think these natural ills ought to be the cause so frequently as they are found to be, for sending the subjects of them to an asylum. Workhouses may not contain the little special accommodation needful for such cases; but it would not be a good argument to hold, that because they *do* not, the asylum must be the proper receptacle.

“Poverty is, truly, the great evil; it has no friends able to help. Persons in middle society do not put away their aged relatives because of their infirmities, and I think it was not always the custom for worn-out paupers to be sent to the asylum. May not this practice be justly regarded as an abuse of the asylum? It is one more of the ways in which, at this day, the apparent increase of insanity is sustained. It is not a real increase, since the aged have ever been subject to this sort of unsoundness.

“Decayed persons, once placed in an asylum, are ever after held to have been rightfully deemed insane. If any of their descendants, therefore, become mentally afflicted, the hereditary taint is straightway accounted to them. This is, indeed, to show cause why all the world should be mad! I hold it to be wrong

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to send persons to an asylum merely on account of second childhood, and a wrong operating to general disparagement. In the first place, the practice is only an indirect consequence of poverty; next, it helps improperly to force asylums to a size inconsistent with their best management; and thirdly, it is one amongst other apparent, but not real grounds, for that increase of mental disorder, which is apprehended with such general alarm.

“We received at least twelve persons, who, in my judgment, needed not, and therefore ought not to have been sent, viz. seven aged, being of 70, 74, 76, 78, 79, 80, and 82 years; three children, of 6, 8, and 10 years; and two adults. One of the children was not insane, but suffering from chorea (St. Vitus’s dance) affecting the whole body. This disorder had, apparently, been mistaken for mania.”

We will close these quotations by one from Dr. Bucknill’s Report for 1854:—

“There can be little doubt that those asylums, the admission into which is restricted by legal formalities alone, are not unfrequently made use of as hospitals for the treatment of bodily disease and for the care of the bodily infirm. To such asylums patients are sent suffering from serious and troublesome bodily diseases, whose mental condition would never have been considered a sufficient cause for removal had it existed alone. The number of patients has not been small, who, from time to time, have been admitted into the Devon Asylum with serious disease of the several organs of the body, and with no greater amount of mental disturbance than is the frequent result of such disease.

“Patients have been admitted suffering from heart disease, aneurism, and cancer, with scarcely a greater amount of melancholy than might be expected to take place in many sane persons at the near and certain prospect of death. Some have been received in the last stages of consumption, with that amount only of cerebral excitement so common in this disorder; others have been received in the delirium or the stupor of typhus; while in several cases the mental condition was totally unknown after admission, and must have been unknown before, since the advanced condition of bodily disease prevented speech, and the expression of intelligence or emotion, either normal or morbid.

“These observations are made in no spirit of complaint. The

capabilities of these institutions to treat all ailments of mind or body are indeed felt to be a source of satisfaction and pride. It ought, however, to be known, that this County Asylum is, to some extent, made use of as a public infirmary, and that the

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result of such employment must be expected in an obituary somewhat lengthened, if not also in a list of cures somewhat abbreviated.”

Sufficient proofs are surely furnished in the above extracts, selected from many similar ones, to establish the general statements advanced at the beginning of the present subject, viz. that both recklessness and cruelty not unfrequently mark the proceedings of workhouse officials in their transmission of patients to the county asylums. They, moreover, supply facts to prove that the neglect in transferring proper cases for asylum treatment, and the inexcusable folly of sending to asylums the victims of second childishness, the imbecile paralytics, the peevish and perverse sufferers from chronic organic disease, such as poor consumptives, whose days are measured by the shortest span, tend to promote the accumulation of incurable inmates, to raise the mortality, and to increase the expenditure of these institutions. In fact, the annual returns of county asylum experience demonstrate that the transmission to asylums is regulated by no rule, and is attended by great abuses.

The practical lesson deducible from this is, that the matter must be placed in other hands, and guided according to some rational principles. The insane poor must no longer be left to pine in neglect and misery in their own homes, until their friends tire of the trouble of them, or some casual circumstance class them, in a relieving officer's opinion, as proper candidates for an asylum; nor must their presence in the workhouse be, for the future, regulated by the mere circumstance of the care, attention and expense they

involve, in the estimation of workhouse governors. There need be some specially appointed officer, whose business it should be to know both the existence of every insane person in his district and his condition and treatment, and to report those who require the care of a curative asylum, those who only need the nursing and supervision of a chronic one, and those who can be duly and efficiently tended and cherished in the homes of their families. By the exertions of such an officer, we should no longer read of the removal of dying patients, only to die in the asylums; or of the victims of neglect and wretchedness detained in workhouses or their homes, until the advance of their mental malady, the complication of organic disease, or some casualty, has rendered them hopelessly incurable, and burdensome in cost,—a cause of a decreased rate of cures and of an augmentation of deaths in the asylum.

But there is yet another lesson to be learned from the foregoing extracts, confirmatory of our own experience, which we might well wish to ignore, viz. the want of knowledge, both of the characters of insanity and of the treatment it demands,

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among our professional brethren. Undoubtedly a vast stride has been made of late years in diffusing correct views of insanity and its treatment, yet much remains to be done; and it is humiliating to read of cases of delirium from fever, or from organic disease, affecting other organs than the brain; of patients afflicted with chorea; of others delirious from exhaustion or from alcoholic drinks, sent to asylums as cases of insanity. For it is to be remembered, that a medical certificate is a necessary preliminary to the entrance of every person into an asylum; and where the nature of the cases indicates no flagrant error of diagnosis, it at all events exhibits a carelessness or recklessness of the medical man, or his want of moral courage and of official independence, where, for example, he acts as the agent in sending to asylums the aged

imbecile of fourscore years, or the poor restless, irritable victim of consumption or other fatal organic bodily disease. Moreover, it speaks ill of Union medical officers, who are entrusted with the supervision, medical care and treatment, and with the dietary of the lunatic poor, to read of the neglected and wretched state in which they are too often found, both in workhouses and in their own homes, and of the condition in which they sometimes are when received into asylums. The bonds and bands, the physical exhaustion from want of food, are matters rightly placed, in a greater or less measure, in their hands. The treatment by cupping, leeches, general bleeding, blistering and purging, and by other depressing means, lies wholly at their door; and such treatment, we regret to say, is still, by some medical practitioners, deemed proper, although experience has for years shown that madness is a disease of debility, and that to use debilitating means is the most direct way to render it incurable.

There is yet another indication of the deficiency of information among medical men in general, often noticed by asylum physicians, viz. their inability to recognize the peculiar form of paralysis attended with disordered mind, known as “general paralysis.” Where, as at St. Luke’s Hospital, at Bethlem, and at Hanwell, under the recent regulation for promoting the early treatment of recent cases, the existence of general paralysis disqualifies an applicant from admission, the rejection of patients, on the ground of its presence, often gives rise to disappointment and to irritation on the part of the medical men signing the certificates, who will stoutly deny the justice of the exclusion, because they see no such loss of motion or sensation as they do in hemiplegia or paraplegia, or those forms of palsy to which they are accustomed to restrict the appellation.

This defective knowledge of insanity and its treatment ought not to be found, were medical instruction complete. But whilst

the medical curricula make no requirement of instruction in mental disease necessary to medical qualifications, they are expanded so as to comprehend almost every branch of human knowledge, under the heads of 'Preliminary Education' and of 'Collateral Sciences,' and yet ignore psychological medicine, as though human beings were without minds, or, at least, without minds subject to disorder. The consequence is, as facts above illustrate, medical men enter into practice with no conception of the varied phenomena of mental disorder; unable to diagnose it; unfit to treat it, and glad to keep out of the way of its sufferers. Some, as before intimated, associate it, in their views, with inflammatory or congestive disease, and treat it accordingly, by blood-letting and the other parts of the so-called antiphlogistic regimen, to the speedy destruction of the patient, by increased maniacal excitement and concurrent exhaustion, or to his extreme detriment in relation to his prospects of recovery. Let us hope that this state of things may ere long be entirely amended, and that medical practitioners may be required to understand disorders of the mind as perfectly as those of the lungs.

Before quitting the subject of this section, a brief comment on the state of the law regulating the transference of weak cases to asylums will not be misplaced. According to *sect. lxxvii. 16 & 17 Vict. cap. 97*, providing for the examination of alleged lunatics prior to removal to an asylum, it is enacted, "that in case any pauper deemed to be lunatic, cannot, on account of his health or other cause, be conveniently taken before a Justice, such pauper may be examined at his own abode;" and that, if found lunatic, he shall be conveyed to an "Asylum, Hospital, or House...; provided also, that if the physician, surgeon, or apothecary by whom any such pauper shall be examined shall certify in writing that he is not in a fit state to be removed, his removal shall be suspended until the same or some other physician, surgeon, or apothecary shall certify in writing that he is fit to be removed; and every such physician, surgeon, and apothecary is required to give such last-

mentioned certificate as soon as in his judgment it ought to be given.” A similar provision is made in the case of “Lunatics wandering at large, not being properly taken care of, or being cruelly treated” or neglected by their relatives, by the section next following (*sect.* lxxviii).

Further, by *sect.* lxxvii., empowering the Visitors of Asylums to remove patients, it is provided “that no person shall be removed under any such order without a medical certificate signed by the medical officer of the asylum, or the medical practitioner, or one of the medical practitioners, keeping, residing in, or visiting the hospital, or licensed house, from which such

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person is ordered to be removed, certifying that he is in a fit condition of bodily health to be removed in pursuance of such order.”

From the clauses above quoted, it is evidently the intent of the law to shield the unfortunate sufferers from mental disease, where prostrated by exhaustion or by organic lesions, against hasty and injudicious removal detrimental to their condition, or dangerous to life; yet, as already seen, these provisions are inoperative in preventing the evil. Those, indeed, regulating the transfer or removal of patients to or from an asylum are to a certain extent obligatory, and are probably attended to; but it is not so with those designed to protect lunatics from injurious removals under the direction of parochial authorities, as enacted by *sect.* lxxvii. For by this section it is left to the discretion of the medical practitioner called in, to examine the patient, and to certify, in writing, to his unfitness for removal; but much too commonly, according to the testimony of every asylum superintendent, the humane intentions of the law are neglected. This 67th section need, therefore, to be assimilated to the 77th, so far as to make it imperative on the part of the medical man who examines the patient, to certify “that he is

in a fit state of bodily health to be removed.”

This is but a slight amendment, but it might save many a poor creature in a totally broken-down, exhausted, or moribund state, from being carried to an asylum far away, only to pine away and die. It is hard to write against the members of one's own profession, but the details put forth by asylum physicians of the manner in which patients are conveyed to the public institutions, and of the state in which they are received, demand, on the score of humanity, a condemnation of the indifference and negligence which sometimes mark the performance of duties rightly chargeable to parochial medical officers. Partial excuses for these officers may be found in abundance, on account of their usual wretched remuneration, and the too dependent position they occupy in reference to the parish boards appointing them; but no sufficient explanation appears for their withholding a certificate allowed by law, which might prevent the removal of a patient delirious with fever, of one perishing from heart disease or consumption, or of one dying from the exhaustion of cerebral excitement and defective nutrition.

Chap. VI.—Causes diminishing the curability of insanity, and involving the multiplication of chronic lunatics.

Other causes than those already examined are in existence, sending to diminish the curability and to multiply the

permanent sufferers of insanity, to be found unfortunately in the character and constitution of the very establishments constructed to afford requisite care and treatment for our pauper lunatics. According to the division of our subject (p. 31), these causes belong to the second head; or are—

B. Causes in operation within Asylums.

§ Magisterial interference. Excessive size of Asylums. Insufficient medical supervision.

There are in too many asylums grave errors of construction, government, and management, which detract from their utility, and damage the interests of both superintendents and patients. In several there is too much magisterial meddling, subversive of that unity of action and management which should prevail in an asylum, as it must do in a ship, and prejudicial to the position and authority of the superintendents, by diminishing their responsibility, their self-respect and independence, and their importance in the estimation of those under their direction. The visiting justices of an asylum mistake their office when they descend from matters of general administration and supervision to those of superintendence and internal management. When they exchange their legal position as occasional visitors of the wards for that of weekly or more frequent inspectors; when they directly occupy themselves with the details of the establishment, with the circumstances affecting the patients, with their occupations and amusements, irrespective of the medical officer; when they suffer themselves to be appealed to, and to act as referees in matters of internal discipline; when they assume to themselves the hiring and discharging of attendants; and when, without taking counsel with the medical superintendent, they determine on alterations and additions to their asylum,—they are most certainly pursuing a

policy calculated to disturb and destroy the government and the successful operation of the establishment. A meddling policy is in all ways mischievous and bad; it irritates honourable minds, and deters them in their praiseworthy and noble endeavours to merit approval and reward; whilst it at the same time acts as an incentive to apathy, indolence, and neglect: for freedom and independence of action, a feeling of trust reposed, and of merit appreciated, are necessary to the cheerful, energetic and efficient performance of duties. So soon as the zeal of any man of ordinary moral sensibility is doubted, so soon as his competency for his office is so far questioned by the activity and interference of others in his particular field of labour, so soon is a check given to his best endeavours in the discharge of his duties, his

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interest in them abates, and a blow is inflicted upon his feelings and self-respect. In short, it cannot be disputed, that if an asylum have a duly qualified and trustworthy superintendent, the less a committee of visitors interferes with its internal organization and the direction of its details, the more advantageous is it for the well-being of the institution.

Again, many asylums have grown to such a magnitude, that their general management is unwieldy, and their due medical and moral care and supervision an impossibility. They have grown into lunatic colonies of eight or nine hundred, or even of a thousand or more inhabitants, comfortably lodged and clothed, fed by a not illiberal commissariat, watched and waited on by well-paid attendants, disciplined and drilled to a well-ordered routine, gratified by entertainments, and employed where practicable, and, on the whole, considered as paupers, very well off; but in the character of patients, labouring under a malady very amenable to treatment, if not too long neglected, far from receiving due consideration and care.

Although the aggregation of large numbers of diseased persons, and of lunatics among others, is to be deprecated on various grounds, hygienic and others, yet the objections might be felt as of less weight, contrasted with the presumed economical and administrative advantages accruing from the proceeding, were the medical staff proportionately augmented, and the mental malady of the inmates of a chronic and generally incurable character. But, in the instance of the monster asylums referred to, neither is the medical staff at all proportionate to the number of patients, nor are their inmates exclusively chronic lunatics. The medical officer is charged with the care and supervision of some three, four, or five hundred insane people, among whom are cases of recent attack, and of bodily disease of every degree of severity, and to whom a considerable accession of fresh cases is annually made; and to his duties as physician are added more or fewer details of administration, and all those of the internal management of the institution, which bear upon the moral treatment of its inmates, and are necessary even to an attempt at its harmonious and successful working.

Now, little reflection is needed to beget the conviction, that a medical man thus surcharged with duties cannot efficiently perform them; and the greater will his insufficiency be, the larger the number of admissions, and of recent or other cases demanding medical treatment. He may contrive, indeed, to keep his asylum in good order, to secure cleanliness and general quiet, to provide an ample general dietary, and such like, but he will be unable to do all that he ought to do for the cure and relief of the patients entrusted to him as a physician. To treat

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insane people aright, they must be treated as individuals, and not *en masse*; they must be individually known, studied, and attended to both morally and medically. If recent insanity is to be treated, each case must be closely watched in all its psychical and physical

manifestations, and its treatment be varied according to its changing conditions. Can a medical man, surrounded by several hundred insane patients, single-handed, fulfil his medical duties to them effectively, even had he no other duties to perform, and were relieved from the general direction of the asylum? Can he exercise a vigilant and efficient superintendence over the inmates? Can he watch and personally inform himself of their mental, moral and bodily condition, prescribe their appropriate treatment, diagnose disease and detect its many variations; secure the due administration of medicines and of external appliances; order the necessary food and regimen; feed those who would starve themselves; attend to casualties and to sanitary arrangements; judiciously arrange the classification, the employments and recreations; keep the history of cases, make and record autopsies, and watch the carrying out of his wishes by the attendants? Can, we repeat, an asylum superintendent properly perform these, and those many other minor duties of his office, conceivable to all those who experimentally understand the matter, though not readily conveyed by description? Can any person perform these duties, if they were separable, without injury to the working of the institution, from the many details of general management which the position of superintendent has attached to it? Can he be justly held accountable, if the huge and complex machine goes wrong in any part? Can he feel sure that his patients are well looked after, attended to according to his wishes, and kindly treated? Can he do justice, lastly, as a physician, to any one afflicted patient, whose restoration to health and to society depends on the efficient exercise of his medical skill, and do this without neglecting other patients and other duties? To these questions, surely, every thinking, reasoning man will reply in the negative.

The consequence is, that asylum superintendents, who thus find themselves overburdened with multifarious and onerous duties, and feel the hopelessness of a personal and efficient discharge of all of them, are driven to a system of routine and general

discipline, as the only one whereby the huge machine in their charge can work, and look upon recoveries as casual successes or undesigned coincidences (*see further*, p. 119).

The inadequacy of the medical staff of most asylums is a consequence, in part, of the conduct of superintendents themselves, and in part of the notions of economy, and of the little value in which medical aid is held by Visiting Justices in general. The

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contrast of a well-ordered asylum at the present day, with the prison houses, the ill-usage and neglect of the unhappy insane at a period so little removed from it, has produced so striking an effect on mankind at large, that public attention is attracted and riveted to those measures whereby the change has been brought about; in other words, to the moral means of treatment,—to the liberty granted, the comforts of life secured, the amusements contrived, and the useful employment promoted,—all which can, to a greater or less extent, be carried out equally by an unprofessional as by a professional man. It is therefore not so surprising that the importance of a medical attendant is little appreciated, and that the value of medical treatment is little heeded.

There has, in fact, been a revulsion of popular feeling in favour of the moral treatment and employment of the insane; and, as a popular sentiment never wants advocates, so it has been with the one in question; and by the laudation by physicians of the so-called moral means of treatment, and the oblivion into which medical aid has been allowed to fall, magistrates, like other mortals, have had their convictions strengthened, that medical superintendents, considered in their professional capacity, are rather ornamental than essential members of an asylum staff; very well in their way in cases of casual sickness or injury, useful to legalize the exit of the inmates from the world, and not bad scape-goats in misadventures and unpleasant investigations into the management,

and in general not worse administrators, under the safeguard of their own magisterial oversight, than would be members of most other occupations and professions.

As before remarked, the magnitude of an asylum, and the paucity of its medical officers, are matters of much more serious import where recent cases of insanity are under treatment. In a colossal refuge for the insane, a patient may be said to lose his individuality, and to become a member of a machine so put together as to move with precise regularity and invariable routine;—a triumph of skill adapted to show how such unpromising materials as crazy men and women may be drilled into order and guided by rule, but not an apparatus calculated to restore their pristine condition and their independent self-governing existence. In all cases admitting of recovery, or of material amelioration, a gigantic asylum is a gigantic evil, and, figuratively speaking, a manufactory of chronic insanity. The medical attendant, as said before, is so distracted by multitudinous duties, that the sufferer from the acute attack can claim little more attention than his chronic neighbour, except at the sacrifice of other duties. No frequent watching several times a day, and no special interest in the individual case, can

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be looked for. There is such a thing as a facility in observing and dealing with the phenomena of acute mental disorder, acquired by experience; but it would be well nigh unjust to expect it in a medical officer, in whose field of observation a case of recent attack is the exception, and chronic insanity the rule, among the hundreds around.

The practical result of this state of things is, that the recently attacked patient almost inevitably obtains less attention than he needs from the physician, who, from lack of sufficient personal observation, must trust to the reports of others, to the diligence,

skill and fidelity of his attendants, and who, in fine, is compelled to repose work in others' hands which should rightly fall into his own.

This being the case, the character of the attendants for experience, knowledge, tact and honesty acquires importance directly proportionate to the size of asylums, and the degree of inability of the medical superintendents to perform his duties personally. Now, though we need testify to the excellent qualities of some asylum attendants, yet, notwithstanding any admissions of this sort, it is a serious question how far such agents should be employed to supply the defects and omissions of proper medical supervision and treatment. The class of society from which they are usually derived; their common antecedents, as persons unsuccessful or dissatisfied with their previous calling, or otherwise tempted by the higher wages obtainable in asylums, are circumstances not calculated to prepossess the feelings in favour of their employment in that sort of attendance on the insane alluded to. They have no preliminary instruction or training, but have to learn their duties in the exercise of them. Many are their failures, many their faults, and often are they very inefficient, as the records of every asylum testify; yet, on the whole, considering their antecedents, and the nature of the duties imposed upon them, their success is remarkable. However, whatever their character as a body, as individuals they require the direct and ever-active oversight and control of the superintendent. The institution of head-attendants is a great relief to the labour of the latter, but rightly affords him no opportunity to relax his own inspection and watchfulness.

In a large asylum there must be general routine: it can be conducted only by routine; and the attendants are the immediate agents in carrying it out. Their duties necessarily partake largely of a household character; they are engaged in cleaning and polishing, in bed-making and dressing, in fetching and carrying, and in serving meals. But along with these they are entrusted with certain

parts of the ‘moral treatment’ of the patients,—in enforcing the regulations as to exercise,

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employment, amusement, the distribution of meals, and the general cleanliness and order both of the wards and their inmates; and in the exercise of these functions acquire much knowledge respecting the character and habits of those under their care. Yet withal, they are not fit and efficient persons to have medical duties delegated to them. They are not qualified to observe and record the symptoms of disease, to note its changes, nor, except under close surveillance, to apply remedies externally or internally.

Such is the onset or the serious march of bodily sickness not unfrequently, that even the experienced medical observer is prone to overlook it. This is true where disease attacks those sound in mind, and able to express their sufferings, and to lend the aid of their intelligence towards the discovery of the nature and seat of their malady; but the danger of oversight is increased tenfold when the insane are the subjects of bodily lesion. Where the mind is enfeebled and sensibility blunted, and where melancholy broods heavily over its victim, disease is to be discovered only by a watchful and experienced practitioner of medicine; for the unfortunate patient will make no complaint, and the fatal malady may evince itself to the ordinary uninstructed observer by no sufficient symptom to awaken attention; and even where the mind is not imbecile, nor weighed down by its fears and profound apathy, yet the features of its disorder will interfere, in most instances, with the appreciation and interpretation of the symptoms which may reach the knowledge of those about the sufferer, and thereby mask the disease from the non-professional looker-on, and render its diagnosis even difficult to the medical examiner.

With respect to the female attendants of asylums, it may also be observed, that they are frequently young women without

experience in disease, and rarely qualified as nurses conversant with certain medical matters; and, from our own observation, they are found to be often backward and shy in reporting particulars respecting the female patients, and badly qualified in administering to their wants when sick. Moreover, equally with the male attendants, there is, by their education and training, no security for a well-governed temper, for long suffering, patience and sympathy. Indeed, the wages given in most asylums are not sufficient to induce a higher class of young women to accept the onerous and often painful and disagreeable duties of attendants on the insane, than that which furnishes housemaids and kitchenmaids to respectable families. If, therefore, their origin be only looked to, it would be contrary to experience to expect from the nurses of asylums, as a body, the possession of high moral principle and sensibility, of correct notions of duty, and

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of a hearty interest in their duties. We make these remarks, with no intention to censure the whole race of asylum nurses, among whom are many meritorious women; but merely to enforce the opinion that something may be done to improve their character and condition, and that, as a class, they are not rightly chargeable with duties of the kind and to the extent we are engaged in pointing out. On the contrary, their history, position, and education conspire to make them servants in tone and character, unfit often to exercise the discipline and authority entrusted to them; whilst the general duties connected with the cleanliness and order of their wards and rooms, and the observation of the universal routine of the asylum, contribute to the same effect, and the more so in large establishments, where the almost constant supervision of the superintendent is wanting, where individual interest in patients is all but dead, and where their number renders the inmates mere automatons, acted on in this or that fashion according to the rules governing the great machine.

From the necessity of the case, the medical superintendent of a colossal asylum is compelled mainly to trust to the observation of his attendants to discover disease, and to report mishaps. He has his mile or upwards of wards and offices to perambulate daily, and, to keep up some connexion with their four or five hundred inmates, must adopt some general plan. For instance, he refers to the attendant of each ward he enters, demands from him if he has anything to report, wends his way through the apartment, looks right and left, remarks if the floor and rooms are duly swept and garnished; now and then inspects the bed and bedding, bids good morning to more or fewer of the patients who may be present, and unless Brown or Jones has something to report of any one of them, bids good day to all, to recommence the same operation in the next ward. Now Brown or Jones might have had something to report had they medical eyes, and information to detect the first symptoms of disease in one of their patients; but as they have not, the disorder has a fair opportunity to steal a march upon the doctor, and possibly to take such firm possession of its victim before this or that attendant is persuaded something is going wrong, that the doctor only commences his professional operations against it in time to render his certificate of death satisfactory, and the result explicable without a coroner's inquest.

We do not blame the medical men for not doing more, but we deprecate the system which places it out of their power to do so. No one can gainsay the possibility, nay, the actual occurrence, of avoidable deaths in the large asylums we condemn; and those who know the working of such institutions, know also

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that the duties are performed much after the sketch delineated, and could be got through in no greatly improved fashion.

But it must not be supposed, that it is only when disease exists or has to be discovered, that the delegation of the principal part of the

supervision of patients to ordinary asylum attendants operates injuriously to their well-being; far from it, for many are the cases which require the presence of a more instructed and more sympathizing mind; of a person to appreciate their moral and mental condition; to overrule by his official position disorderly manifestations, to pacify the excitable, to encourage and cheer the melancholy; to espy and anticipate the wants of all; to hear the complaints of some, and to be the confidant of others; to mark the mental changes of individuals, and to adapt surrounding circumstances, their occupations and amusements accordingly. To give such superintendence, or, in other words, to apply such moral and mental treatment, the medical officer is the only fitting person; from him the patients will and do naturally look for it. Let any one follow a medical superintendent in his ordinary visits through the wards; and he will observe how ardently the visit is anticipated by many; how numerous are the little troubles and ailments they wish to disclose to the physician, and only to him; how often he can arrest excitement and calm irritation, only aggravated by the interposition of attendants; how often he can recognize mental and bodily symptoms demanding attention, and, in general, how largely he can supply those minutiae of treatment, insignificant as they appear, and unthought of as they are by others, whose moral feelings, whose intellectual acumen, whose education and manners, and whose position are deficient to conceive them, and insufficient to put them in force.

There is no question, it must be granted, but that whatever medical supervision may be supplied, yet that the carrying out of most of the details of management must always devolve upon the attendants; it becomes, therefore, a matter of paramount importance to render that class of asylum functionaries as efficient as possible. They need be encouraged by good wages and good treatment; and, what is of great moment, these should be sufficiently good, to induce persons of a better class than that which usually furnishes attendants, to accept such posts. This idea

will probably be scouted by the stickler to “a due regard for economy,” at first sight; but we think his economical penchant might be gratified by the plan of carrying out more fully in the wards the distinction of attendants upon the insane and of household servants. For is it not practicable to import the system adopted in the large London Hospitals, where the office of ‘sisters,’ to nurse the patients, is separated from

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that of under-nurse, to whom the cleanliness of the wards is committed? If so, the immediate attendants on the insane might receive higher wages without increasing the general expenditure of the asylum; for those concerned in the cleaning of the wards would only earn the wages of common household servants. We throw out this suggestion, in passing, for the nature of our treatise forbids our enlarging upon such matters of asylum organization; otherwise, much might be written respecting the duties and the remuneration of attendants, and the advantages of pensions for them after a certain term of faithful service.

To conclude this topic, we may remark that it would be easy, did the subject stand in need of proof, to multiply illustrations, showing that, to transfer the work of medical and moral supervision to attendants, in any similar extent and measure to that which must of necessity prevail in the excessively large asylums which County Magistrates rear in opposition to the decided opinion of those best able to judge, is to frustrate the object of those institutions as curative asylums, and to detract from their advantages as refuges for the incurable.

The evils of overgrown asylums have not, as might be expected, escaped the observation and reprobation of the Commissioners in Lunacy, who have referred to them in several of their Annual Reports, but more at large in that of 1857, wherein they detail their contest with the Middlesex magistrates respecting the further

enlargement of the enormous asylums of Hanwell and Colney Hatch, and their strange defeat, the magistrates having contrived to influence the Home Secretary in opposition to the decided opinion of the Commissioners, though seconded by experience, by the general assent of all asylum physicians, and by their position as the referees appointed by the State in all matters touching the erection and management of asylums. With this acquiescence in the erroneous scheme of a County Magistracy in opposition to a Government Commission, we have at present no immediate concern, and may content ourselves with reporting it as an anomalous proceeding which ought never to have occurred: but to revert to the sentiments of the Commissioners, they are expressed in the following quotation from the Report mentioned.

“It has always been the opinion of this Board that asylums beyond a certain size are objectionable: they forfeit the advantage which nothing can replace, whether in general management or the treatment of disease, of individual and responsible supervision. To the cure or alleviation of insanity, few aids are so important as those which may be derived from vigilant observation of individual peculiarities; but where the patients assembled are so numerous that no medical officer can bring them within the range of his personal examination and judgment,

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such opportunities are altogether lost, and amid the workings of a great machine, the physician as well as the patient loses his individuality. When to this also is added, what experience has of late years shown, that the absence of a single and undivided responsibility is equally injurious to the general management, and that the rate of maintenance for patients in the larger buildings has a tendency to run higher than in buildings of a smaller size, it would seem as if the only tenable plea for erecting them ought to be abandoned. To the patients, undoubtedly, they bring no corresponding benefit. The more extended they are, the more

abridged become their means of cure; and this, which should be the first object of an asylum, and by which alone any check can be given to the present gradual and steady increase in the number of pauper lunatics requiring accommodation, is unhappily no longer the leading characteristic of Colney Hatch or of Hanwell.”

As may be supposed, the disposition to build huge asylums is due to the same cause as that of the detention of insane persons in workhouses, viz. to the plea of economy; a plea, which we believe to be about as fallacious in the one case as in the other. The economy is supposed to arise from the saving in commissariat matters and in the governing staff; and it is no doubt proportionately cheaper to provision 1000 persons than 500, other things being the same. But, on the one hand, very competent persons assert that the cost of officers and servants for a population of 1000 insane is more than double that for one of half that amount, when proportionately compared. The multiplication of inferior officers beyond a certain point entails that of superior ones in a higher ratio to overlook them; there is not the same amount of productive labour considering the number employed. The capability of the superintendent to supervise his attendants and the patients stops at a certain point, and he need call to his aid a head attendant at superior wages, and so add an extra person to the staff; if the extent of his charge is farther increased by additional patients and their necessary attendants, then an officer of a higher grade is called for, and other overlookers of attendants and of the *régime* of the house. But figures showing the relative costs presently appealed to will do more to convince the reader of the fact under notice than any ‘aids to reflection’ we can supply.

There can be no question, that to build asylums for the insane above a certain size is a fallacy when viewed even in an economical aspect; but when regarded in relation to its ulterior consequences, the plan is not only erroneous, but reprehensible. Were it really the case that a pecuniary saving resulted from the

aggregation of large masses of mentally disordered folk, according to the figures in the ledger of the institution, yet no positive gain

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could be boasted of until it was proved that every case was placed in the most favourable conditions for recovery. Can it be pretended that the very extensive asylums of this country, with their present corps of medical officers, furnish such conditions? Certainly not, if there be any truth in the account we have published of their evils and defects. And if those conditions are not supplied, the primary object of these institutions, *i. e.* the cure of the insane, is frustrated, and chronic lunacy increased. Where, then, is the economy, if patients, failing to receive the means of recovery, by reason of the constitution of the asylum on so large a scale, fall into chronic disease, and become permanent burdens on its funds? Where is the economy of a system, which, by standing in the way of efficient treatment, reduces the proportion per cent. of recoveries to twenty or thirty, when under different arrangements that proportion may equal 60 per cent. or upwards?

It will be a happy day for the insane, and for the contributors to their maintenance, when Visiting Justices arrive at the conviction, that they have not done all they can on behalf of the poor disordered people under their guardianship, when they have provided good lodging, board and clothing for them, and such a system of routine and discipline as to check the manifestation of their mental vagaries; and that it is not enough for a recent case, to introduce it into an asylum and the companionship of lunatics, with practically no positive provision for its medical treatment. It will be well, too, for the insane, when the truth becomes more generally assented to, that their malady is no mythical, spiritual alteration, but the consequence of a material lesion of the brain, the marvellous instrument, the subject and servant of the immortal soul, which can by its divine essence know no disorder.

This is perhaps, strictly speaking, a digression from the subject; yet erroneous ideas are the parents of erroneous practices, and those we have hinted at form no exception to the rule. But, to return, we have some excellent illustrative remarks on the fallacy of the belief in the economy of very large asylums, contained both in the Report of the American and of the English Lunacy Commissioners. The former thus write in their Report (*op. cit.* p. 136):—

“The policy which has built large establishments for the insane is a questionable one as applied to economy. After having built a house sufficiently large, and gathered a sufficient number of patients for their proper classification and for the employment of a competent corps of officers and attendants, and allowing each to receive just as much attention as his case requires, and providing no more, any increase of numbers will either crowd

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the house, or create the necessity of building more rooms; and their management must be either at the cost of that attention which is due to others, or must create the necessity of employing more persons to superintend and to watch them.

“If the house be crowded beyond the appropriate numbers, or if the needful attention and the healing influences due to each individual are diminished, the restorative process is retarded, and the recovery is rendered more doubtful; and if additional provision, both of accommodations and professional and subsidiary attendance, is made to meet the increase of patients beyond the best standard, it would cost at least as much per head as for the original number. Dr. Kirkbride thinks it would cost more, and that the actual recoveries of the curable, and the comfortable guardianship of the incurable, are not so easily attained in large hospitals as in such as come within the description herein proposed. ‘It might be supposed that institutions for a much larger number of patients than has been recommended could be supported at a less relative cost; but this is

not found to be the case. There is always more difficulty in superintending details in a very large hospital; there are more sources of waste and loss; improvements are apt to be relatively more costly; and, without great care on the part of the officers, the patients will be less comfortable.’

“Besides the increased cost of maintaining and the diminished efficiency of a large establishment, there is the strong objection of distance and difficulty of access, which must limit the usefulness of a large hospital in the country, and prevent its diffusing its benefits equally over any considerable extent of territory to whose people it may open its doors.”

Having pointed out the evils of large asylums to their inmates, the English Commissioners, in their Eleventh Report (p. 11), remark, “that the rate of maintenance for patients in the larger buildings has a tendency to run higher than in buildings of a smaller size,” ... and that it therefore “would seem as if the only tenable plea for erecting them ought to be abandoned.” To substantiate this assertion, they appeal to the table of weekly charges of the several county asylums, set forth in the Appendix C.C. of the same Report, which certainly shows that the cost per head is at its maximum in those which receive the largest number of patients. This being so, surely no one can withhold assent to the just conclusion of the Commissioners, that the system of erecting asylums above certain dimensions ought to be abandoned, inasmuch as the only plea that can be urged in its behalf, that, namely, of its economy,—a bad plea, by the way, if the real interests of patients and ratepayers are concerned,—is founded in error.

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One more topic needs a few words, viz. the very inadequate remuneration of the medical superintendents in some asylums,—a circumstance, confirmatory of the small value assigned by their Committees of Visitors to professional qualifications. The worst instances of underpayment are, in fact, met with in those very

asylums where the number of inmates attains its maximum, and the medical provision for their care is at its minimum; where the administrative power of the medical men is the most limited and most interfered with, and their ability to discharge their duties conscientiously and efficiently, utterly crippled by the multitude of claimants upon their attention surrounding them; and where, in fine, they are merely accessory officials, useful in cases of sickness and accident. It must, indeed, be gratifying to the advocates of the rights of women to know, that in one asylum, at least, female labour is rated as equal to male professional labour; that the matron is as well paid as the medical officers, and more valued in the estimation of the Committee of Visitors. But, however this circumstance may be viewed by the partisans of the interests of the fair sex, we venture to believe that to most people it will appear a gross anomaly. For our own part, we consider also that it would be to the interests both of patients and rate-payers to elevate the position of the medical superintendents of asylums, and to pay them liberally.

As this section of our work is passing through the press, we have got the Report, just printed, “from the Select Committee on Lunatics,” and are most happy in being able to extract from its pages a very decided opinion expressed by the Earl of Shaftesbury respecting the scanty salaries of medical superintendents. His Lordship, in reply to the question (765), “Have you any other remedies to apply to county asylums?” said,—“I do not know whether it is a matter that could be introduced into the Bill, but I think the attention of the public should be very much drawn to the state of the medical superintendents in these asylums. It is perfectly clear, that to the greater proportion of the medical superintendents in these asylums, very much larger salaries should be given; and unless you do that, you cannot possibly secure the very best service.... The great object must be to raise the status and character of the superintendents to the highest possible point.” In the course of further examination on this subject, his Lordship

repeats and adds to the opinion just recorded. For instance, he remarks,—“One of the great defects of the present system is, that the salaries of the medical officers are much too low for the service they perform. I think that the county ought to secure the very best talent and responsibility that can be found, and they ought to raise their salaries higher. I believe in some of the asylums the salaries are higher, but I

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hardly know one where the salary is adequate to the work done.... I cannot think that any superintendent ought to receive much less than from £500 to £600 a year, besides a house and allowances.”

In this matter, we hope the liberal views of the noble Chairman of the Lunacy Commission will sooner or later be reciprocated by the Visitors of Asylums; in the mean time, the thanks of the medical profession are heartily due to his Lordship for his able advocacy of its just claims.

§ Limit to be fixed to the size of Asylums.

One remedy against extending the evil consequences of large asylums, is to restrict the size of future buildings within certain limits. We do not hope to persuade the advocates of gigantic asylums, by any representation we can offer of their ill-effects to the patients and their false economy, to abandon their notions; but we do hope that there will be a parliamentary interdiction to their perpetuation, or that the Commissioners in Lunacy will have sufficient authority lodged in their hands to limit the size of future asylums.

Although all persons conversant with the treatment and requirements of the insane concur in condemning such huge asylums as Hanwell and Colney Hatch, yet there is some

difference in opinion, of no very great extent indeed, among them with regard to the number of patients who should be assigned to the care of a single superintendent. Moreover, the number who may be treated in the same building and by one physician, will differ according to the nature of the cases—whether all acute, or all chronic, or mixed, acute and chronic together. In this country all the asylums are of a mixed character, but, excepting two or three hospitals for the insane, contain a large preponderance of chronic cases. They are, moreover, all spoken of by the Lunacy Commissioners as Curative Asylums.

Let us now examine the opinions of some of the best authorities upon the subject, so that a tolerably accurate judgment may be formed of the limits within which the size of asylums should be restricted.

In 1844, the Metropolitan Commissioners in Lunacy laid it down as a rule that “no asylum for curable lunatics should contain more than 250 patients, and 200 is, perhaps, as large a number as can be managed with the most benefit to themselves and the public in one establishment.”—Report, 1844, p. 23. The present Commissioners have expressed similar views, which also were clearly stated before the Special Committee of the House of Commons this year, by the noble Chairman, the Earl of Shaftesbury.

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If we look to American opinion, we find (Rep. Commiss. Massachus. 1855, p. 135) that “it is the unanimous opinion of the American Association of Medical Superintendents of Insane Asylums that not more than 250 patients should be gathered into one establishment, and that 200 is a better number. When this matter was discussed, there was no dissent as to the maximum; yet those who had the charge of the largest hospitals, and knew the disadvantages of large numbers, thought that a lower number should be adopted.

“Taking the average of the patients that now present themselves in Massachusetts, of whom 80 per cent. are supposed to be curable, and need active treatment, and 82 per cent. incurable, and require principally general management and soothing custodial guardianship, and having ‘due regard to the comfort and improvement of the patients,’ this limit of 250 should not be exceeded.

“The principal physician is the responsible manager of every case, and should therefore be personally acquainted with the character and condition of his patients, the peculiarities of the diseased mind, as manifested in each one, and the sources of trouble and depression, or exaltation and perversity. This knowledge is necessary, in order that he should be able to adapt his means of medical or of moral influence with the best hope of success.”

Dr. Kirkbride, in his special treatise on the Construction and Organization of Asylums, thus expresses his views (p. 10):—
“Whatever differences of opinion may have formerly existed on this point (the size of the Institution), I believe there are none at present. All the best authorities agree that the number of insane confined in one hospital, should not exceed 250, and it is very important that at no time should a larger number be admitted than the building is calculated to accommodate comfortably, as a crowded institution cannot fail to exercise an unfavourable influence on the welfare of its patients. The precise number that may be properly taken care of in a single institution, will vary somewhat, according to the ratio of acute cases received, and of course to the amount of personal attention required from the chief medical officer. In State Institutions, when full, at least one half of all the cases will commonly be of a chronic character, and require little medical treatment. Even when thus proportioned, 250 will be found to be as many as the medical superintendent can visit properly every day, in addition to the performance of his other duties. When the proportion of acute or recent cases is likely to be

much greater than that just referred to, the number of patients should be proportionately reduced, and 200 will then be found to be a preferable maximum.

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While no more patients should be received into any hospital than can be visited daily by the chief medical officer, it is desirable that the number should be sufficiently large to give an agreeable company to each class, and to permit a variety of occupations and amusements that would prove too costly for a small institution, unless filled with patients paying a very high rate of board, or possessed of some permanent endowment. It might be supposed that institutions for a much larger number of patients than has been recommended, could be supported at a less relative cost; but this is not found to be the case. There is always more difficulty in superintending details in a very large hospital—there are more sources of waste and loss; improvements are apt to be relatively more costly; and without great care on the part of the officers, the patients will be less comfortable.

“Whenever an existing State Institution built for 250 patients, contains that number, and does not meet the wants of the community, instead of crowding it, and thereby rendering all its inmates uncomfortable, or materially enlarging its capacity by putting up additional buildings, it will be found much better at once to erect an entirely new institution in another section of the State; for under any circumstances, the transfer of acute cases from a great distance, is an evil of serious magnitude, and constantly deplored by those who have the care of the insane.”

French authorities take the same views. M. Ferrus, who wrote so long back as 1834, and is now one of the Inspectors of Asylums in France, says, in his book, ‘Des Aliénés,’ that an asylum for the treatment of mental disorder ought not to contain above 150, or at most 250 patients; but that one having a mixed population of cases

requiring treatment of incurables and idiots, may receive 400 or even 500 such inmates, provided the physician is afforded sufficient medical assistance. However, his brother inspector, M. Parchappe, whose able work, 'Des principes à suivre dans la fondation et la construction des Asiles d'Aliénés' (published so recently as 1853), forms the most valuable treatise on those subjects, does not approve so large a number of inmates to be collected in an asylum as M. Ferrus would sanction. He writes:—"After taking every consideration into account, I think the minimum of patients ought to be fixed at 200, and the maximum at 400. Below 200, the economical advantages decline rapidly without a compensatory benefit; above 400, although the economical advantages augment, it is at the detriment of the utility of the institution in its medical character."

M. Guislain, the eminent Belgian physician, in his grand work on Insanity, remarks (vol. iii. p. 347), "It would be absurd to

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attempt to bring together in the same place a very large population; it would tend to foster an injurious degree of excitement; would render the management difficult or impossible; would destroy the unity of plan, and neutralize all scientific effort. The maximum ought not to exceed 300 or 350 insane persons. This limit cannot be exceeded without injury to the well-being of the inmates; but unfortunately this has been but too often disregarded, under the plea of certain views of organization or of economy."

Jacobi placed the maximum of asylum population at 200 (Ueber die Anlegung und Errichtung von Irren-Heil-anstalten, p. 24); Roller expressed his opinion (Grundsätze für Errichtung neuer Irren-anstalten, p. 84) that one instituted for the treatment of cases (Heil-anstalt) should not at the most receive above 200; but that an asylum for chronic cases (Pflege-anstalt), connected with the other, may admit from 250 to 300, making a total population, under the

same general direction, of 450 or 500; and Damerow (Ueber die Relative Verbindung der Irren-Heil-und Pflege-anstalten) unites in the same opinion.

It would be useless to multiply quotations; for, in short, there is complete unanimity among all those concerned in the direction of asylums, that such institutions, when of large size, are prejudicial to their inmates and withal not economical. There is likewise a very near coincidence of opinion perceptible with reference to the question of the number of patients which ought to be placed in the same building. Supposing the asylum to be specially devoted to the reception of recent cases, it is agreed that it ought to accommodate not more than 200, and that the smaller number of 150 inmates would be preferable. If a receptacle for both acute and chronic mental disease, some would limit the population to 250, whilst others would extend it to 400, provided the medical officers were increased in proportion.

The example of the German asylums under the direction of Damerow and Roller is peculiar; for the curable and chronic cases are not mixed, but placed separately in two sections or two institutions under a general medical direction within the same area. This is the system of 'relative connexion' of the "Heil-anstalt,"—institution for treatment, or the Hospital, and the "Pflege-anstalt," the 'nursing' institution, or the asylum; to the former they would allot 200, and to the latter 300 as a maximum, making a total of 500 inmates under the same physician in chief and the same general administration, but each division separately served by its own staff and specially organized.

§ Increase of the Medical Staff of Asylums.

In the next place, the medical staff of an asylum should be

large enough to secure daily medical observation and attendance for each individual patient, along with a complete supervision of his moral condition, his amusements and employment. We have said that this provision is deficient in many English asylums, a statement amply confirmed by the opinions of others.

Dr. Kirkbride (*op. cit.* p. 44) lays it down as a rule, that “where there are 250 patients, especially if there is a large proportion of recent cases, besides the chief physician, two assistant physicians will be required, one of whom should perform the duties of apothecary. In some institutions, one assistant physician and an apothecary will be sufficient. If the full time of two assistant physicians, however, is taken up by their other duties among the patients, an apothecary may still be usefully employed in addition; and to him, other duties among the male patients may with propriety be assigned.”

French writers coincide in these views. M. Parchappe assigns to an asylum containing 200 to 250 patients, a physician with an assistant, besides a dispenser; to one having 300 to 360 inmates, a physician, two assistants and a dispenser, besides a director to superintend the general administration, who in some institutions is also a medical man.

In Germany, and generally in Italy, the medical staff is still larger in proportion to the number of patients. Jacobi apportions to an asylum for 150 or 200 lunatics, a chief physician, a second, and an assistant, besides the dispenser. Roller coincides with this, and the asylum at Illenau under his superintendence, consisting of two divisions, one for recent, the other for chronic cases, and containing in all 414 patients, has three physicians besides two assistants or ‘internes.’ So at Leubus, in Silesia, there are three physicians, although the inmates are only 150 in number; and the rule is, in other German asylums, containing 100 inmates, to have two physicians, besides one or two internes and a dispenser (*pharmacien*).

Allowing the opinions and practice of the eminent men quoted, and which in truth are shared in by every asylum superintendent, their due weight, it would seem no extravagant arrangement to allot to an asylum accommodating from 150 to 200 patients (recent and chronic cases together), a physician superintendent and an assistant; and a similar medical staff to an institution for 300 or 350 inmates, all in a state of confirmed chronic insanity, imbecility, and dementia. If the population in an asylum for chronic cases is further augmented to 450 or 600,—the latter number we hold to represent the maximum which can economically and with a just regard to efficient government and supervision and to the interests of the patients, be brought together in one establishment,—the medical

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superintendent will require the aid of two assistants and a dispenser.

Such aggregations as of 1000 to 2000 insane people are unwieldy and unmanageable with the best appointed medical staff, unless this be so numerous as utterly to invalidate the plea of economy, the only one, fallacious as it is, that can be produced by the advocates for their existence. And not only are they unmanageable, but also hygienically wrong; for it is a well-recognized fact, that the accumulation of large numbers of human beings in one place, tends to engender endemic disease, uniformly deteriorates the health, and favours the onset, progress, and fatality of all disorders. The history of large asylums bears testimony to the truth of this; for cholera has scourged more than one most severely, and dysentery and chronic or obstinate diarrhoea are pretty constant visitants in their wards.

The contrast between the opinions and practice of the distinguished men referred to and those of some Committees of Visitors respecting the value of medical attendance on the insane, the

nature of the duties to be performed, and the amount of labour the superintendent of an asylum may accomplish, is most remarkable. What those of the former are, is stated already; what those held by the latter are, we have an illustration in the administration of the Colney Hatch and of the Hanwell Asylums. In the latter establishment we find two medical men appointed to superintend 1020 insane inmates, besides nearly 200 persons employed about it. True, we are informed by the Committee, that the superintendent of the female department, who has the larger number, some 600, under his charge, is *assisted* by the *matron*; and we are sure he must be thankful for any assistance rendered him; yet it is the first time that we have been called upon to recognize a matron as an assistant medical officer. However, we must accept it as a fact,—gratefully we cannot,—but with a protest against placing a subordinate officer on such an independent footing, against entrusting her with duties incompatible with her education and position, and with the relations which should subsist between her and the superintendent, and against making her his equal in the remuneration for her services.

Did occasion offer, we might ponder over this new development of the matronly office; inquire respecting the medical qualifications demanded, and the manner in which the Hanwell Committee have ascertained them; and meditate at length on the notions which govern the Visiting Justices in organizing and directing an asylum; but for the present, we will, for further example's sake, note some of their opinions and doings in the management of the sister 'refuge for lunatics' at Colney Hatch. We shall, for this purpose, appeal to the Report for 1856, and

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to make the quotations used intelligible, will premise, that the steward, at that date, had turned architect, and produced a plan for the extensive enlargement of the asylum as proposed by the Magistrates; and that, very naturally, when writing about it, he was

intent to prove that his plan was the best, the cheapest and the most convenient even to the medical superintendents who would be called upon to officiate in it when completed. This much being premised, we will quote the steward's own words.

“I must also remind the Committee,” he observes, “that some three years since it was with them a matter of serious deliberation, whether it was advisable that the male and female departments should be placed under the care of one medical superintendent, and, in fact, whether *one medical officer* should have the *supervision and direction of 1250 inmates*, and an extended range of building; or whether the two departments should continue, as they are at present, separate and distinct.” What an excellent insight does this revelation of the cogitations of the Committee-room of the Middlesex Magistrates afford us of the sentiments these gentlemen entertain of the requirement and value of medical skill in an asylum; of the capacity, bodily and mental, of a superintendent for work! But, without waiting to fill up a sketch of the wondrous virtues and faculties which the superintendent of the 1250 insane patients need to possess in order to know all, supervise them, direct them, and attend to the multitudinous duties of his office as a physician and director, we will by a further extract gather clearer notions of the extent of the work thought to be not too much for him. The gist of the ensuing paragraph is, that the steward strives to prove that by adding a new story here and there, besides spurs from the previous building, he will increase greatly the accommodation without much augmenting the ambulatory labours of the medical officer. And alluding to one, the male division of the establishment, he proceeds to argue, that “if it is considered feasible for one person to superintend 1250 patients of both sexes in a *building extending* from one extreme to the other, *nearly two-thirds of a mile*, would it not be equally feasible to superintend 840 patients in a building one half the extent [here Mr. Steward forgets to count the number of furlongs added by his proposed new wards], provided they are conveniently and safely

located, although these patients are all males?”

To this we may be allowed to subjoin some remarks we penned in a critique published in the ‘Asylum Journal’ (vol. ii. p. 271) for 1856, and in which many of the observations contained in the present work were briefly sketched. “Who, we ask, can dispute the feasibility of a medical or of any other man

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superintending 840, 1250, or two or three thousand patients, collected in an asylum or in a town, in the capacity of a director or governor, if subordinate agents in sufficient number are allowed him? But we think the question in relation to asylums is not, how we can govern our insane population most easily and at the least possible cost, but by what means can we succeed in curing the largest number of cases of insanity as they arise, and thus permanently keep down expenditure and save the rates. These results are certainly not to be attained by persevering in the old scheme of congregating lunatics by tens of hundreds, but by making suitable provision for the immediate treatment of the pauper insane in asylums properly organized for it, and under the direction of a sufficient medical staff.”

How totally different, too, are the views of Jacobi to those of the Middlesex Magistrates concerning the office of superintendent, and the extent of work of which he is capable! In his treatise on Asylum Construction (Tuke’s Translation, p. 23), he presents the following sensible remarks:—“It is not that I should consider a more numerous family (than 200) incompatible with the right management of the farming and household economy, nor with the domestic care of the patients; both these might perhaps be organized in an establishment containing a number equal to the largest just named (four or six hundred), in such a manner as to leave nothing to be desired; but it is in regard to the higher government of the establishment, and the treatment of the patients

as such, in its widest signification, which must rest upon the shoulders of a single individual,—the director of the establishment,—that I am convinced the number of patients should not exceed two hundred. For when it is considered that the duties of the governor embrace the control of all the economical and domestic arrangements, as well as of the whole body of officers and servants; that he must devote a great share of his time to the writing, correspondence, and consultations connected with his office; that as first physician, he is entrusted with the personal charge and medical treatment of every individual committed to his care; that he must daily and hourly determine, not only the general outlines, but the particular details of the best means for promoting the interests of the collective community, as well as of every separate person composing it; and that, besides all this, he is responsible to science for the results of his medical observations in the establishment over which he presides; nor less so for the promotion of his own advancement as a man and a philosopher;—it will be readily granted, that the given maximum of two hundred patients for a single establishment ought never to be exceeded. Indeed, a man of even extraordinary abilities would find himself unequal

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to the task of discharging these duties, in an establishment containing two hundred patients, were he not supported by such assistance as will hereafter be described; and were there not a great number amongst even this multitude of patients requiring not constant, or at least, a less degree of medical attention.”

Many writers on asylum organization, particularly those of the Continent, insist very strongly on so far limiting the size of asylums for the insane, that they may be superintended by one chief medical officer, aided indeed by assistants, but without colleagues of coordinate powers. The venerable Jacobi took this view, and desired that the director of an asylum should be the

prime authority in all its details of management, and insisted that the institution should not by its size overmatch his powers to superintend it and its inmates as individuals. Thus, after reviewing the nature of the duties devolving on the chief physician, he observes (p. 192, Tuke's translation), "It follows as a necessary consequence that one man must be placed at the head of the establishment," ... and that "his mind must pervade the whole establishment." Likewise M. Parchappe joins in the same opinion; and after speaking (*Des Principes*, p. 43) of the impossibility of proper medical supervision in a very large asylum, observes, "that to divide the medical direction among two or more physicians is extremely detrimental to the superiority which the medical superintendent ought to hold in the general administration of asylums, and to that unity of purpose and opinions required in the interests of the patients."

Without citing other foreign writers to substantiate the view under consideration, we may call attention to the fact, that the Lunacy Commissioners, who have always so stoutly advocated the position of the medical officer as the superintendent of an asylum, likewise appear to accept the same principle; for in their Eleventh Report (p. 11), they remark, that besides the direct injury inflicted upon patients when congregated in excessive numbers in the same institution, "experience has of late years shown, that the absence of a single and undivided responsibility is equally injurious to the general management."

Lastly, the Committee of Visitors of the Surrey County Asylum appear,—judging from their recent appointment of a chief physician to their institution, paramount to the medical officers of the divisions, and invested with full powers as director,—to have arrived at the just conviction that there must be unity and uniformity in the management of an institution. However, we regret to say that this conviction is unaccompanied by that other which Jacobi and Parchappe would associate with it, viz. that the

size of the asylum should be no larger than will admit of the chief

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physician acquainting himself with every case individually, and treating it accordingly. Whilst, indeed, by their proceeding, they constitute the chief physician a governor of a large establishment, and the director of the household and of its economy, they at the same time deprive him of his professional character by removing the opportunities of exhibiting it beyond his reach, both by the relations they place him in to the other medical officers, and by the enormous aggregation of patients they surround him with.

Few objections, we presume, are to be found to the principle of having a chief medical officer paramount to all others engaged in the work of an asylum; and although, considered as a *medical superintendent*, his professional qualities are not in much requisition in so large an institution as the Surrey County Asylum, yet we regard such an appointment as most desirable, and as preferable to the system of dividing the management between two medical officers, as pursued in the Middlesex County Asylums. Indeed, the value of the principle of concentrating power in the hands of a chief officer, under the name of governor, or of some equivalent term, is recognized by its adoption in large institutions of every sort in the country. Such enormous asylums as those referred to, partake rather of the nature of industrial than of medical establishments. Their primary object is to utilize the population as far as practicable, and this end can be attained in a large majority of the inmates; consequently an able director is of more consequence than a skilful physician; for the latter is needed by a very small minority, by such a section, in fact, as is represented by the inmates of a workhouse infirmary only compared with its entire population. Therefore, since the enormous asylums in existence are not to be got rid of, it is desirable to give them an organization as perfect as practicable; and it is under this aspect that we approve the plan of the Surrey Magistrates in

appointing a director paramount to every other officer. The approval of this proceeding, however, does not diminish aught from our objections to such enormous institutions, considered as curative asylums for the insane. As a refuge for chronic lunatics, an asylum so organized and superintended as is the Surrey, may subserve a useful purpose; but we hold it to be an unsuitable place for recent cases demanding treatment as individuals suffering from a curable disease, and requiring the exercise of the skill and experience of a *medical man specially* directed to it.

While the system of congregating so many hundreds of lunatics in one establishment, and the magisterial principle of providing for the care and maintenance and of non-intervention in the individual treatment of the insane prevail, no objection

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can be taken to the practice of Committees of Visitors in according the first merit when candidates come forward for the office of medical superintendent of an asylum, to qualifications for the routine government of large masses, for the allotment of labour, for the regulation of the domestic economy of a house, for the profitable management of the farm; in short, for qualities desirable in a governor of a reformatory-school or prison. Indeed, they are right in so doing, when they wish to have a well-disciplined and profitably worked asylum; and when their institution attains the dignity of a lunatic colony, it is the best course they can adopt, for medical qualifications in such an establishment sink into insignificance amidst the varied details of general administration, which fall to the lot of the superintendent. But the case would be materially changed were the primary object of an asylum the successful treatment of its inmates, and were its dimensions within the limit to afford its superintendent the opportunity to know all, and to treat all its patients as individuals to be benefited by his professional skill. In selecting the physician of such an asylum, the administrative and agricultural qualifications he might possess,

though far from being unnecessary or unimportant, should occupy a secondary place in the estimation of Committees of Visitors; and the primary requirement should be the possession of properly certified medical skill, of experience in the nature and treatment of insanity, in the wants and management of the insane, and of asylums for them; of evident interest and zeal in his work, and of those intellectual and moral endowments adapted to minister to the mind diseased, to rule by kindness and forbearance, and at the same time with the firmness of authority.

Chap. VII.—on the future provision for the insane.

The only apology permissible for detaining lunatics in workhouses, is that there is no asylum accommodation for them to be had; and the only one attempted on behalf of the construction of colossal asylums is, that the demands for admission and the existing numbers are so many, and the majority of cases chronic and incurable, that the most economical means of providing for them must be adopted, which means are (so it is supposed) found in aggregating masses under one direction and one commissariat. Now, whilst we have, on the one hand, contended that workhouses should be as soon as possible disused as receptacles for the insane, we have, on the other hand, endeavoured to prove that very large asylums are neither economical nor desirable, especially if the cure of lunatics, and not their custody only, is contemplated by their erection. Indeed the attempt to keep

pace in providing accommodation for the insane poor with their multiplication by accumulation and positive increase or fresh additions, has failed, according to the mode in which the attempt has hitherto been made. New asylums have been built and old ones enlarged throughout the country, and between 1843 and the end of 1857, the accommodation in them had been increased threefold; whilst, at the same time, pauper lunatics had so multiplied, that their number in licensed houses remained almost the same, and the inmates of workhouses and chargeable imbeciles and idiots residing with their friends or with strangers, had very largely increased. The history of pauper lunacy in Middlesex furnishes one of the most striking commentaries upon the system pursued to provide for its accumulation, and on its failure. “When (we quote the 11th Report of the Commissioners in Lunacy, 1857, p. 12), in 1831, Hanwell was built for 500 patients, it was supposed to be large enough to meet all the wants of the county. But, two years later, it was full; after another two years, it was reported to contain 100 patients more than it had been built for; after another two years, it had to be enlarged for 300 more; and at this time (Colney Hatch having been meanwhile constructed for the reception of 1200 lunatic paupers belonging to the same county) Hanwell contains upwards of 1000 patients. Colney Hatch was opened in 1851; within a period of less than five years, it became necessary to appeal to the rate-payers for further accommodation; and the latest returns show that, at the close of 1856, there were more than 1100 pauper lunatics belonging to the county unprovided for in either of its asylums.” At this juncture the Commissioners proposed a third asylum, so that they might, “by a fresh classification and redistribution of the patients, not only deal with existing evils universally admitted, but guard against a recurrence of evils exactly similar, by restoring to both asylums their proper functions of treatment and care.” However, instead of adopting this wise policy, the Committee of Visitors insisted on following out their old scheme of adding to the existing asylums, in the vain hope of meeting the requirements of the county; and have

proceeded to increase the accommodation of Hanwell to upwards of 1600, and that of Colney Hatch Asylum to nearly 2100 beds. Yet let them be assured they have taken a very false step, and that though they heap story on story and add wing to wing, they will be unable to keep pace with the demands of the pauper lunatics of the county; nor will they succeed in the attempt, until they make the curative treatment of the insane the first principle in their official attempts to put into execution those lunacy laws confided to their administration by the legislature.

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Perceiving that this scheme of adding to asylums until they grow into small towns defeats the object of such institutions as places of treatment and cure, and that it will continue to fail, as it has hitherto failed, to supply the demands for accommodation, the Commissioners remarked in their last (12th) Report, that “a scheme of a far more comprehensive nature” is called for to meet increasing events. They have not hinted in that Report at any scheme, but we may gather from other similar documents, especially from that of 1857, that one important plan they have in view is to remove a large number of chronic, imbecile and idiotic patients from the existing, expensively built and organized asylums, and to place them in others erected, adapted and organized for their reception at a much less cost. By this means they count both on rendering the asylums generally, now in existence, available as curative institutions for the reception of new cases as they arise, and on arresting the tendency and the need to erect such enormous edifices as do discredit to the good sense of the magistrates of the counties possessing them.

We agree with the Commissioners in the general features of the plan advanced, and indeed, in our notice of the Reports of the Middlesex County Asylums, in 1856 (*Asylum Journal*, vol. ii. p. 354 *et seq.*), advocated the establishment in that county of a third asylum especially for the treatment of the recent cases as they occurred. Now the adoption of any such plan implies the

recognition of a principle which has been very much discussed, viz. that of separating one portion of a number of insane people from another, as less curable or incurable. However, the Commissioners in Lunacy avoid discussion, and treat the matter in its practical bearings; still a brief critical examination of it will not be here misplaced.

§ *Separate Asylums for the more recent and for chronic cases.*

The proposition of placing recent and chronic cases of lunacy in distinct establishments is often so put as to beg the question. It is asked if any one can undertake to say categorically that any case of insanity is incurable, and thereupon to transfer it to an asylum for incurables? To the question thus put every humane person will reply in the negative; he will start at the idea of consigning an afflicted creature, conscious of his fate, to an abode, which, like Dante's Inferno, bears over its portal the sentence, "Abandon hope all ye who enter here." But a solution thus extorted is in no way a reply to the question of the expediency or in expediency of making a distinction in place and arrangement for the treatment of recent and of chronic cases of lunacy severally; for this is a matter of classification, and one particularly and necessarily called for, where the insane are

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aggregated in large numbers, and the conditions of treatment required for the great mass of chronic cases are insufficient for the well-being of the acute. The real practical questions are,—1, Cannot the subjects of recent insanity be separated advantageously, and with a view to their more effectual and successful treatment, from a majority of the sufferers from chronic insanity, imbecility and fatuity, and particularly so where the total number of the asylum inmates exceeds the powers of the medical officer to study and treat them as individuals? and, 2, Does not the separation of

the very chronic, and according to all probability, the incurable, afford the opportunity to provide suitably for the care of that vast multitude of poor lunatics, at present denied asylum accommodation; and to effect this at such an expenditure, as renders it practicable to do so, and thereby to meet the present and future requirements of the insane?

Several eminent psychologists have taken up the question of separating recent and probably curable cases from others found in asylums, in an abstract point of view, as if it were equivalent to forming an absolute decision on the grand question of the curability or incurability of the patients dealt with; and, as a matter of course, their adverse view of the subject has found numerous abettors. The subject is, however, well deserving of examination *de novo*, in the present juncture, when some decided scheme must be agreed to for the future provision of the insane, and for repairing the consequences of past errors.

In the first place, let us ask, are the harrowing descriptions of the deep depression and despair felt by patients on their removal after one or two or more years' residence in a curative asylum to another occupied by chronic cases, true and sketched from nature? we think not. Writers have rather portrayed the sensations they would themselves, in the possession of full consciousness and of high sensibility, experience by a transfer to an institution as hopelessly mad, and have overlooked both the state of mental abasement and blunted sensibility which chronic insanity induces in so many of its victims, and still more the fact that no such absolute and universal separation of acute and chronic, as they picture to their minds, is intended.

Indeed, we believe that, even among patients who retain the consciousness and the powers of reflection to appreciate the transfer, no such lively despair as authors depict is felt. In the course of our experience at St. Luke's Hospital, we have seen many patients discharged 'uncured' after the year's treatment in

that institution, and transferred to an asylum, without noting the painful and prejudicial effects on their mental condition supposed. Disappointment too is felt by patients rather at discovering that on their discharge from one asylum they are to be

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transferred to another, instead of being set at liberty and returned to their homes; for few of the insane recognize their malady, and they will think much less about the character of the asylum they are in, than their confinement and restricted liberty. Again, it is not at all necessary to contrast the two institutions, by calling the one an asylum for curables, and the other an asylum for incurables; indeed, such a class as incurables should never be heard of, for we are not called upon to define it. The two asylums might be spoken of as respectively intended for acute and for chronic cases; or the one as an hospital, the other as an asylum for the insane; or better still, perhaps, the one as the primary (for primary treatment), and the other as the secondary institution.

The removal, and the date at which it should take place, should be left to the discrimination of the medical officer. No period need be fixed at which treatment in the primary institution should be given up; the nature, the prospects, and the requirements of a case must determine when treatment therein should be replaced by treatment in the secondary asylum. Moreover, no barrier should be opposed to a reversed transfer; a trial in another institution is often beneficial, and it would be an advantage to have the opportunity of making it. In the removal from the hospital to the asylum there would be no declaration that the patient was incurable, but only that his case was such as not longer to require the special appliances of the former, although it still needed the supervision of an asylum, and a perseverance in a course of treatment and nursing fully and particularly supplied by the resources of the latter.

The determination of the cases proper for the secondary asylum

lodged in the physician's hands would always enable him to retain those in the primary one, whose state, though chronic, would in his opinion be injuriously affected by a transfer, and any such others besides whose presence in the wards he might deem an advantage in the management. We mention the latter, because the opponents to separation insist on the benefits to an asylum accruing from the admixture of recent and chronic cases. And although we are not prepared to deny an opinion held by so many eminent men, yet we are on the other side not at all persuaded that the presence of old inmates is of any such real advantage, as supposed, to newly-introduced ones. We can assert, from experience, that recent cases can be very satisfactorily treated without the company of old ones; and we must, moreover, confess to certain misgivings that the actual presence of a long-standing case, often eloquent on the injustice of his detention, a Job's comforter to the new-comer, by his remarks on the severity of his disorder, with the assertion added, that there

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was nothing the matter with the speaker's self when he came into the house; full of gossip about all the mishaps of the place, and often exercising an annoying superiority and authority assumed on account of his position as one of the oldest inhabitants. To the statement of the value of their service in aiding the attendants and in watching their neighbours, we rejoin, there should be attendants enough to perform the duties of supervision; that many recent are equally serviceable as chronic cases, and stand in need of being encouraged by the attendants in taking part in those many minor details which characterize life in the wards of an asylum.

However this question of the utility of mixing chronic and recent patients together may be solved, we do not contemplate the existence of a primary asylum without the presence of more or fewer chronic cases, retained in it for the best medical and moral reasons. Likewise, on the other hand, the secondary asylum will

not so exclusively be the abode of incurables. The lapse of time in a case of insanity most potently affects its chances of recovery, but it is not an invariable obstacle to it; for experience decidedly demonstrates that recovery may take place years after every hope of it has passed away, and that patients rally from their affliction, not after four or five years only, but even after ten and twenty; consequently, among the large number of chronic patients under treatment, there would doubtless be every year some restored to reason and to liberty; and the dreaded foreboding of perpetual confinement and hopeless incurability could not take possession of the minds even of those whose perceptions rendered them conscious of their condition and position.

To arrive at a correct judgment on this matter, let us look into it from another point of view, and compare the condition of a lunatic in the proposed chronic asylum with that of one in a large county asylum, conducted according to the prevailing system. Look to the fact, that in some of the existing large curative (?) asylums, not more than from 7 to 12 per cent. of their six or eight hundred, or one thousand inmates, are deemed curable, and say in what respect a patient introduced into an establishment of the sort, surrounded on every side by crowds of chronic lunatics, enjoys any superiority over one transmitted to a secondary asylum of the description we contemplate. Call such an institution what we may, announce it as a curative asylum, or as an hospital for curables, it matters not; to a fresh-comer it has all the drawbacks of a chronic asylum; for if he be alive to his condition, and can reflect on the position and circumstances in which he is placed, he may well find grounds for discouragement and despair on looking round the gigantic

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building, overflowing with the victims of chronic insanity, many of appearance, habits, and manners, repugnant to the higher and better feelings of any thinking, reflecting mortal; who count their residence there by years and even tens of years, with no prospect

of release, and who, it may be in his imagination, are not, or have never been, so afflicted as himself. Can such a spectacle be otherwise than injurious to a recent case, sufficiently well to perceive it on admission, or coming to appreciate it during convalescence? and must not the recognition of his position by the patient be most painful and discouraging as one of a multitude, eliciting personally, except perhaps for the few first days, no more attention than the most crazy old inmate near him; submitted to the same daily routine, and having no superior with sufficient time on hand to hear at large his tale of woe, to soothe his irritated spirit, or to encourage him in his contest with his delusions and fears? If the case of the new-comer be chronic, the conditions he finds himself placed in are sufficiently distressing and annoying; but if it be recent and curable, they are damaging to his chance of recovery.

The comparison just drawn tells in favour of the system of separation. Recent cases would not, in the primary institution or hospital, find themselves an insignificant few surrounded by a host of chronic patients, and they would accordingly escape the evils of such a position; on the contrary, they would be placed under the most favourable conditions for recovery, be individually and efficiently attended to, and encouraged by the many convalescents around them to hope and strive after their own restoration to health and liberty.

The sketch presented of the evils of the companionship of long-disordered inmates with new-comers, especially when those are melancholic, is not an imaginary one, but drawn from experience. Often will a desponding patient observe, 'I shall become like such or such moping, demented lunatic'; and superintendents, if they would, might often record the ill-effects of example of older inmates upon those newly admitted.

Attempts by means of classification somewhat mitigate, where made, the evils of large asylums for recent cases, by keeping these to a certain measure apart from most of the other lunatics; but

nothing can do away with the injurious impression on a mind sufficiently awake to receive it (on such a one, in short, as the question of the place of treatment can alone concern),—of being one member of many hundreds who have for years and years known no other residence than the huge house of detention they are in: and there is no compensation to be had for the loss of those special appliances, and that individual treatment, which only a properly-organized hospital can supply.

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The last clause suggests another important argument for the treatment of recent cases in a distinct establishment or in separate sections. It is, that they require a peculiar provision made for them, involving greater expense, a more complete medical staff, a physician accustomed to their supervision and management, unfettered by that host of general duties which the presence of a multitude of chronic patients entails, and a staff of attendants disciplined to their care, and possessing many of the qualifications of nurses. Moreover, the building itself for this class of patients need be more expensively constructed and fitted than one for chronic inmates.

There is yet another reason against largely extending the size of a county asylum, and in favour of building, in the place of so doing, a distinct structure. This reason is to be found in the influence of distance as an obstacle to the transmission of the insane to an asylum for treatment, and to the visits of their friends to them during their confinement. The Lunacy Commissioners of the State of Massachusetts particularly remarked the operation of distance in debarring insane patients from treatment, and illustrated it by a table showing the numbers received from different places within the district it served, and in relation to their population, into the asylum. Likewise in this country, where the distance of the asylum is considerable, it is a reason for delay on the part of the parochial officers, who wish to avoid incurring the expense of removing the case, if they can in any way manage it in the workhouse.

But the evil of remoteness operates more frequently, and with much cruelty, against the visits of poor persons to see their afflicted relatives in asylums. Many can neither undertake the cost, nor spare the time required for the journey, notwithstanding the modern facilities of travelling. The same evil is likewise an impediment to the visits of parochial officers, who rightly possess a sort of legal guardianship over their lunatic poor in asylums.

Lord Shaftesbury, in his evidence before the Select Committee, 1859, very properly dwelt upon the advantages of visits from their friends to lunatics in asylums, and even proposed to make their visits compulsory by act of parliament. The Commissioners in Lunacy also, in their Twelfth Report (1858), gave examples of the distress not unfrequently attending on the separation of the patient in an asylum at a long distance from his friends. Such distress operates to the disadvantage of the patient, and increases the sorrow of his relatives.

Admitting there are advantages attending the multiplication of asylums instead of aggregating lunatics in very large ones, it would appear the correct policy for boroughs to build asylums for the

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refuge of their own insane; or, where small, to unite with other boroughs in the county for the same purpose, in place of contributing to the county-establishment, and inducing the magistrates to extend its size injuriously. In a case such as that of Middlesex, where the county asylums have attained such an unwieldy size as to be past acting as curative institutions, it would seem no improper extension of the law to make it imperative upon the large metropolitan boroughs to build apart for their own pauper lunatics. Of this we are persuaded, that it would soon be found to the profit of the boroughs to undertake to provide for their own pauper insane.

We regret that, in advocating the separation of chronic from recent

cases, we place ourselves in antagonism to many distinguished men who have devoted themselves to the care of the insane, and among others to our former teacher and respected friend Dr. Conolly, from whose clinical visits and lectures at the Hanwell Asylum, many years ago, we derived our first lessons, in the management and treatment of the insane. But although regretting some divergence of opinion on this point, we are confident of his readiness to subscribe to that maxim of a liberal philosophy, expressed by the Latin poet, "*nullius addictus jurare in verba magistri.*"

To return from this digression: there are two propositions to be established, viz.—1. That there are many cases of chronic mental disorder to be found in every county asylum, which encumber it, to the prejudice and exclusion of recent cases, and which could, without mental pain or damage, or any tangible disadvantage, be removed from the institution considered as a curative one. 2. That less elaborate structural adaptations, and a less expensive organization, would suffice for the proper care and treatment of a large number of chronic cases. Let it be understood, however, that neither in past nor future remarks is it our intention to argue against the existence of mixed asylums altogether,—for by careful classification in a moderately-sized establishment, a zealous physician, properly assisted, may contrive to do his duty, both towards the comparatively few acute, and the many chronic cases under his charge; but against the pretence of admitting recent patients for curative treatment in monster institutions filled with chronic cases, where individual daily recognition is all but impracticable, efficient medical supervision unattainable, and proper medical and moral treatment impossible.

Deferring for the present the inquiry, under what conditions of the insane population of a county should distinct asylums be constructed, let us see what are the views of the Lunacy Board bearing upon the two propositions put forth, and examine further

into the means of providing for the future wants of the insane. So long since as 1844, the then Metropolitan Commissioners in Lunacy advised the institution of distinct asylums for the more chronic cases of insanity (Report, p. 92), and thus expressed themselves:—"It seems absolutely necessary that distinct places of refuge should be provided for lunatic patients who have become incurable. The great expenses of a lunatic hospital are unnecessary for incurable patients: the medical staff, the number of attendants, the minute classification, and the other requisites of a hospital for the cure of disease, are not required to the same extent. An establishment, therefore, upon a much less expensive scale would be sufficient."

An exception might be taken to the wording of this paragraph, as assumptive of incurability being an absolute condition, and as countenancing the scheme of a refuge distinctly provided for incurables; both of them ideas repugnant to the humane mind, instructed by experience, that insanity, at almost any lapse of time, and under most forms, is not to be pronounced absolutely incurable, or beyond the hope of cure. The scope of the argument adduced can, however, not be objected to, for it will be generally admitted that less expensive institutions are needed for very chronic cases in general, and that it is an important object to clear the present curative asylums of such cases, so as to facilitate the admission and the early treatment of recent patients. The present Lunacy Board, in their Tenth Report, 1856, repeated these views, and pointed out the importance of erecting detached buildings in connexion with the offices used for the different occupations pursued in the establishment, instead of adding new stories, or new wings, to the main building.

In the Report for the following year (1857), the Commissioners returned to the subject, in connexion with the proposed enlargement of the Middlesex County Asylums; and, having

remarked on the rapid accumulation and crowding of those refuges with chronic cases, so soon after that at Colney Hatch was opened, thus write (p. 13):—"Manifestly the remedy now was, not to exaggerate the mistake already committed, by additions on the same costly scale for purposes to which they would be as inappropriate; but, by a fresh classification and redistribution of the patients, not only to deal with existing evils, universally admitted, but to guard against a recurrence of evils exactly similar, by restoring to both asylums their proper functions of treatment and care. It had become not more matter of justice to the lunatics themselves, than of consideration for the rate-payers, to urge, that the additional accommodation required being for classes of patients, as to whom, for the most part, small hope of cure remained, might be supplied in an

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asylum much better suited to them, and of a far less costly character." At a subsequent page (p. 23), they recur to the theme. After pointing out that the plan of placing chronic, and presumed harmless patients taken out of asylums, in workhouses and "in their private homes," had signally failed, they observe:—"We are, therefore, brought back to the conclusion already stated ..., to which we find all reasoning upon the subject necessarily converge, and which we desire to impress as strongly as possible upon every one to whom the care of the insane is committed, that a new, and less costly kind of provision is now very generally required for large classes of pauper lunatics, to whom the existing expensive structures are unsuited.

"Our last Report directed attention to the fact, that in providing, not merely for the harmless and demented, but for the more orderly and convalescing, the most suitable was also the least expensive mode; that they might satisfactorily be placed in buildings more simple in character, and far more economically constructed; and that therefore it was advisable, wherever the necessity for

enlarging one of the existing asylums presented itself, that the question should be considered in reference to these two kinds of patients. And whether the mode adopted may be, for the convalescing, by simple and cheerful apartments detached from the main building, and with opportunity for association with the officials engaged in industrial pursuits; or, for harmless and chronic cases, by auxiliary rooms near the out-buildings, of plain or ordinary structure, without wide corridors or extensive airing-court walls, and simply warmed and ventilated; it is, we think, become manifest that some such changes of structure must be substituted for the system now pursued, if it be desired to retain the present buildings in their efficiency, and to justify the outlay upon them by their continued employment as really curative establishments. In this way only, as it seems to us, can justice be done to the rate-payer as well as to the pauper.”

Lastly, in their Supplementary Report on Lunatics in Workhouses (1859), they repeat their recommendations to erect distinct inexpensive buildings for chronic cases. The paragraph containing their suggestion has already been quoted (p. 82), and need not be repeated here.

The noble chairman of the Lunacy Board, according to his valuable evidence given before the Special Committee of Lunatics, just printed, appears to have been an early and constant advocate for constructing distinct receptacles for chronic and acute cases. In reply to query, No. 664, his lordship has more particularly enlarged upon the utility of the plan, and referred to the distinct proposition of the Board in 1845, that it should

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be carried out by the Committees of Asylums. The scheme of separately providing for many chronic lunatics has also received the valued support of Dr. Boyd (Seventh Report, Somerset Asylum, p. 10), who appears to contemplate the erection of the

proposed building contiguous to the existing asylum, so as to make use of the patients' labour "in preparing stone and lime, and in doing all the heavy part of the work," and to unite the two establishments under a common administration and commissariat, as a plan attended with considerable economical advantages.

We do not deem it necessary to quote other authorities at large, in support of the system advocated; otherwise we might adduce many continental writers, especially among the Germans. It is fair to add, however, that in France generally "mixed asylums" are the rule, and that a few of these contain five or six hundred inmates, but none, we are happy to say, have acquired the prodigious dimensions of several of our English asylums. Moreover, the French system is to erect a number of detached buildings, or sections within the general area of the establishment, adapted to the different classes of the insane, according to the character of their disease, or to their condition as pensioners or paupers. We cannot here discuss the advantages or disadvantages of this plan, but it certainly obviates some of the evils of aggregation evidenced in English asylums, consisting of one continuous structure. It has just been said, that in no French asylum are so many lunatics congregated as in some English institutions; yet it is true, that the great Parisian hospices contain similar numbers; for instance, La Salpêtrière holds as many as 1300; but in this case the arrangement is such, that each of the five sections it is divided into, constitutes practically a distinct hospital for the insane, structurally separated, or quite detached; with subordinate quarters or sections, to provide for a proper classification of the inmates, and having its own grounds for exercise, &c., and its own medical staff. Thus, to the 1300 patients there are five physicians, having equal power and privileges, each one the head of his own section. We would not in any way adduce this extensive Parisian hospice as an example to follow, either in structure or organization; and have alluded to it in so many words only to show, that though equally large in its population, it is comparable in no other respect to the huge

receptacles for the insane to be found in this country. Of the prevailing system in Germany we shall presently find occasion to speak.

Lastly, the 8th & 9th Vict. cap. 126, gave express powers to provide for the chronic insane in distinct establishments; in order, according to the marginal abstract to sect. xxvii., “to prevent exclusion from asylums of curable lunatics; separate provision

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to be made for chronic lunatics.” The chronic asylums were again referred to in sect. xlii. and in sect. lvi., which conferred the necessary powers on the visitors to remove the patients from one asylum to another. It is not worth while to repeat the clauses referred to, since the Act was repealed by the 16th & 17th Vict. cap. 97, and no re-enactment of them took place. Nevertheless, it is to be observed, that the last quoted Act contemplated the provision of asylum accommodation for the whole of the lunatics of each county, and with this object, by sect. xxx., empowered the justices, at any general or quarter sessions, to cause, or to direct the Committee of Visitors of the County Asylum to erect an additional asylum, or to enlarge the existing building, to supply the requisite accommodation; and further, put it into the power of a Secretary of State, “upon the Report of the Commissioners in Lunacy,” to call upon the magistrates of any county or borough to do the same.

This enactment may be enforced by the Lunacy Board so far as the Secretary of State can prevail with a body of magistrates to accede to it, “in such manner as the said Secretary of State may see fit, and direct.” But this high official has no direct power to compel a Committee of Visitors under any sort of penalty. “It shall be lawful for such Secretary of State,” says the clause, “to require” such additional asylum alteration or enlargement; but the history of the contest between that public officer and the Middlesex ‘Committee of Visitors’ appears to prove that his requisition may be neglected

and set aside. “He found” (as Lord Shaftesbury tells us in his evidence, Rep. Select Comm., Query, No. 799), “that the passive resistance offered was beyond his power.” We coincide with his lordship, that this ought never to have happened, and think, that the Secretary of State, acting under the representations and advice of the Lunacy Commissioners, ought to be armed with full powers to enforce the provision for pauper lunatics in asylums being rendered equal to the demand for it, according to some plan agreed to by them, in every county, in harmony with the true intent and purpose of the Act now in force.

In order to facilitate the carrying out of this design, and to limit the scope for the passive resistance and attempted delay of some county magistrates, the re-enactment of the sections of the 8th & 9th Vict. sect. 126, as quoted, appears desirable, viz. to sanction and promote the erection of distinct retreats for chronic cases. We are, indeed, glad to find, that in this recommendation we are also in accord with the noble lord at the head of the Lunacy Commission.

Looking at the matter in a general point of view, therefore, we appear to find, in the plan of separating the more chronic and

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most unpromising cases of lunacy from the recent and hopeful, so as to leave these in smaller numbers for the purpose of more direct and effectual treatment, one mode of improving and extending the future provision of the insane. However, to elucidate the scheme, we need go into further detail, so as to define more particularly the classes to be separately accommodated, and the extent to which the separation should be carried.

The grand distinction, above employed, in discussing the question of separation, has been that of recent and chronic cases, and it has been sought to ignore that of curable and incurable, as not only undesirable, but actually mischievous. By recent cases, we understand all those where the malady is of less than one year's

duration, which form a class that demands the more active and constant attention and treatment of the physician, more purely medical care, more consideration and watching from the attendants, ampler measures for moral treatment, and for exercising salutary impressions on the mind; and withal, special arrangements and fittings in the asylum building itself. All these particular conditions for treatment and management are not to be obtained by recent cases of insanity, as we have insisted on throughout this chapter, in asylums which have grown beyond the size which a chief medical officer can personally supervise in all its details, and, so to speak, animate the whole machine. If this be admitted, and if the cure of the insane be treated as the primary and essential object of asylum detention, then surely the necessity of special provision for recent cases will be recognized.

In moderately sized asylums acute and chronic cases may be, as said before, received and treated together; for instance, in such as accommodate from 250 to 450 patients, provided that the physician-superintendent is properly assisted, for the proportion returned "as deemed curable" in the English county asylums,—a proportion which represents pretty nearly that of the recent cases, rarely exceeding 10 or 12 per cent.; consequently, the 40 or 50 demanding special supervision and medical care may be undertaken by the superintendent, if he be sufficiently assisted in the management of the chronic cases and in the carrying out of the general details of the establishment. On the other hand, a small, and perfectly distinct asylum for 40 or 50 patients could not be established or conducted so advantageously, and still less so economically; a circumstance, which will always avail to perpetuate the system of mixed asylums for acute and chronic cases together. Nevertheless, it must be borne in mind, that the 40 or 50 patients in the population of 300 or 400, do not constitute the whole number of recently attacked cases which may be admitted for treatment, but, so to say, the residue at a

particular date; for instance, the first day of the year. Moreover, if the improvements in the law, and in its administration, suggested, are carried out, and the admission of patients immediately on the occurrence of their malady be facilitated, then, as a matter of course, the proportion of those “deemed curable” would be immensely increased; so much so, that it would be a very moderate estimate to reckon on 100 recent, to every 500 chronic cases; or, what is equivalent to this statement, the plan of placing patients under immediate treatment would cause the progressive decrease of chronic cases, and raise the standard of the asylum as a curative institution; a happy result, which, whilst it would necessitate a more complete medical staff, would at the same time well repay its cost.

Passing now to asylums which exceed the limits assigned as falling within the compass of the abilities of any physician to superintend effectually for the greatest benefit to its inmates, we hold the opinion, that where these amount to 600 or 900, the most just and humane, and in the end the most economical policy, is, to divide the establishment. Yet even here, according to the present system regulating admissions, and the natural consequence of this, the small per-centage of acute cases under care at any one time, viz. from about 7 to 10 per cent. in the whole population, would perhaps be held to furnish too small a number to justify the cost of erection and maintenance of a wholly distinct hospital for their treatment. Still we are confident that, if in any county where the pauper lunatics in asylums attained the number mentioned, a distinct institution for the reception of recently afflicted persons were erected, and the admission of such patients were promoted, if that institution were free as a public one for the insane other than paupers, such as those from among the middle classes, unable to meet the costs of a proper private asylum—it would secure to itself the number of patients needed to warrant its establishment as a distinct institution, succeed even as an economical arrangement, and confer an immense boon both on pauper lunatics and their

more unfortunate fellows in affliction, who are too rich for the "Pauper," and too poor for the "Private" Asylum.

Lastly, we come to the consideration of those overgrown establishments where from 1000 to 2000 lunatics are congregated under one roof. Such monstrosities ought never to have been constructed; they are nevertheless looked upon by their promoters with admiration, and spoken of with pride, though there is nothing in them to admire besides their magnitude and pseudo-military discipline, and no more in them to be proud of as county institutions than in enormous prisons; for as the latter indicate the neglected morality of the county, so do the vauntedly large

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asylums prove the neglected treatment of insanity. However, as the erection of these unmanageable structures is an accomplished fact, nothing is left than to deplore the fatal mistake; to take care that it is not repeated in other instances, and to insist on the construction of distinct hospitals for recent cases. The very existence of such an hospital would invite resort to it, and bring within its agency many cases which do not find their way into the existing institutions until, most probably, all hope of cure is well nigh gone. Moreover, just as mentioned above in reference to a proposed county hospital for lunatics, the law should intervene to secure the early transmission of all cases for treatment, and admission be granted to others besides paupers, under certain stipulations, by the payment of more or less of their cost.

In counties with a population of lunatics of the extent named, the difficulty of placing the chronic and recent cases of insanity in separate asylums vanishes; for the latter will always be forthcoming in sufficient number to justify a distinct institution for their treatment both on medical and economical grounds; and the former, we apprehend, will always be found numerous enough to occupy the accommodation provided. As refuges for old cases, the

evils of the existing gigantic establishments would happily be mitigated, although not removed, by appropriating them solely to the use of long-standing cases of lunacy.

Where the construction of a distinct hospital for recent cases of lunacy is decided on as necessary, it should certainly accommodate not more than 300. All patients should be admitted whose disease is of less than one year's duration; but this limitation should not be so absolute as to prevent the physician to admit, after the lapse of a longer period, any cases which might appear to him amenable to successful treatment;—a point in prognosis, taught, and only taught, by experience in dealing with recent insanity. Although the great majority of the insane who recover, do so within the first year of their attack, yet statistics show that about 10 per cent. are restored in the course of the second year of treatment; it would therefore seem that two years would constitute a fair and sufficient period for the duration of residence in the primary asylum. Here again the knowledge and experience of the physicians must be allowed scope, both to discharge certain cases within the period named, and to retain others beyond it. We should not consider it expedient to reject all cases of epilepsy and general paralysis forthwith upon their application, although insanity so complicated is generally very hopeless; for an asylum with special appliances for treatment would at least be desirable to the victims of those sad maladies in their early stages.

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It is unnecessary to define the classes of lunatics who would occupy the secondary asylums. As said before, we do not contemplate these institutions as mere places of refuge; we do not consider the attempt and the hope of cure relinquished in their wards, but that the means of treatment are diligently persevered with. We would have them to be neither hopeless retreats for patients, nor institutions calculated to encourage supineness or apathy on the part of their medical officers. Indeed a slender objection we have met with against the separation of the recent

from chronic patients, involves a slur upon the medical profession in supposing a lack of interest and energy as incumbent upon the superintendent of an asylum for chronic lunatics;—a supposition, which reflects unfairly upon, and is untrue with respect to many superintendents of asylums actually in existence. Are not interest and zeal, we may ask, exercised for the benefit of those deemed incurable; are they not exercised on account of idiots even, for whom their absence might be esteemed not surprising? If cure is not attainable, the physician to the insane, unless unfit for his calling, seeks and finds his reward in ameliorating their condition; in elevating their mental and moral, and in improving their physical being.

In those counties in which the number of the insane and the prevalence of insanity are not sufficiently extended as to justify the institution of a distinct curative asylum, the plan of the union of counties, as followed for the provision of the ordinary asylums, suggests itself to the mind. Practically, however, we believe, it is a plan which would not answer, since it would render arrangements between counties in possession of asylums difficult, and their accounts complicated. The only way in which it could be made feasible would be by the levying of a general rate throughout the country for the maintenance of lunatics, and by dividing the country into districts, as is the practice in Scotland and Ireland, apportioned in size to the population, to each of which an asylum for chronic, and one for recent cases of insanity, might be assigned. Such a scheme of a general rate, however, we do not expect to see realized, although many arguments are adducible in support of it. Sir Charles Wood, when Chancellor of the Exchequer, made the proposition to contribute on behalf of the maintenance of asylums a portion of the proceeds of the general taxation of the country; but the scheme met with little favour, and was dropped. The principal objections advanced against it were, that it was wrong in principle, a novel and uncalled for attempt to interfere with local government, and no more to be justified than would be a

contribution from the revenue of the country towards providing for the relief of any other form of disease. Respecting the last

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objection, it is worth noting, that District Dispensaries throughout Ireland are partially supported by Parliamentary grants; surely, therefore, if the principle of subsidizing hospitals or dispensaries is admitted in one part of the United Kingdom, there can be nothing unreasonable in a proposition to extend it to another.

Where to provide for the lunatic population of a county considerably exceeds the legitimate dimensions of a single asylum, and yet the proportion of recent cases is too small to warrant the construction of a distinct institution for them, we have proposed the establishment of two asylums, each of a mixed character. Under such circumstances, and likewise where a single asylum threatens to outgrow a manageable size, there are certain very advantageous arrangements to be made, adapted to secure much more efficient treatment, particularly of recent cases, than is usually provided under the present system of aggregating all under one roof to be subjected to one course of routine and discipline. These arrangements are effected by the

§ *Construction of distinct Sections to Asylums.*

The French system of asylum construction, as before noticed, is to divide the building into several, more or less, sometimes quite distinct sections, having a general administration and offices in common. The number of sections and the character of their residents is a matter of medical classification, and in each one there is a mixture of acute and chronic cases, just as in our asylum wards; the combination being regulated by the similarity in the phases of their malady, as, for instance, if refractory; if epileptic; if clean and orderly; or demented, paralytic and dirty. In Germany,

on the contrary, although this same medical classification is carried out, there is a primary separation of the insane of the province or state into acute and chronic. But in the mode of providing for the treatment of the two classes apart, two plans are pursued, one termed that of “absolute separation,” and the other of “relative connexion” (*relativ verbindung*); the former consists in placing recent and chronic cases in buildings completely detached; each one having its own staff, organization and management; the latter, whilst keeping the chronic and recent cases apart, possesses a common medical and general administration in a building composed of two principal sections, either forming parts of the same structure (as at Illenau, in Baden), or detached, but within the same area (as at Halle, in Saxon Prussia). Damerow is the most able advocate of the system of relative connexion, on which he has largely written, and it is one which appears to be gaining ground in Germany.

Now, except in the case of the overgrown Middlesex Asylums,

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where the Lunacy Commissioners distinctly recommended a third asylum to be erected, the plans propounded by that Board for affording additional accommodation in institutions already large enough, are in principle much that of the “relative connexion” system as proposed by the Germans. The reports above quoted, in connexion with the question of separating recent from chronic cases, show generally what the plans of the Commissioners are. They would erect “detached day-rooms and associated dormitories near the wash-houses on the women’s side, and the workshops and farm-buildings on the men’s side.” (10th Report, 1856, p. 27.) To prove the advantages of the plan, they go on to say, “In making our visitations to the larger County Asylums, we have repeatedly observed that a considerable portion of time is occupied by the servants, who have charge of the wash-house and workshop department, in merely collecting the patients in the wards, and in

conducting them to and from their respective places of employment. In one asylum, we ascertained by minute inquiries that not less than one hour and a half was thus every day wasted by the servants, and was passed unprofitably and unpleasantly by the patients themselves.

“In addition to the saving of cost and time obtained by adopting the plan we now recommend, we have the best reason for believing that the patients derived a direct benefit, in many ways, from residing in cheerful airy apartments detached from the main building, and associated with officials engaged in conducting industrial pursuits. A consciousness that he is useful, and thought worthy of confidence, is necessarily induced in the mind of every patient, by removal from the ordinary wards, where certain restrictions are enforced, into a department where he enjoys a comparative degree of freedom; and this necessarily promotes self-respect and self-control, and proves highly salutary in forwarding the patient’s restoration. As a means of treatment, we consider this species of separate residence of the utmost importance, constituting in fact a probationary system for patients who are convalescing; giving them greater liberty of action, extended exercise, with facilities for occupation; and thus generating self-confidence, and becoming not only excellent tests of the sanity of the patient, but operating powerfully to promote a satisfactory cure.

“The want of such an intermediate place of residence is always much felt; and it often happens, that a patient just recovered from an attack of insanity, and sent into the world direct from a large asylum, is found so unprepared to meet the trials he has to undergo, by any previous use of his mental faculties, that he soon relapses, and is under the necessity of being again returned within its walls.” (P. 27, Rep. 1856.)

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The proposition of the Commissioners has been carried out to a

certain extent in several large asylums; for instance, at the Leicester, the Wakefield, and the Devon. At the last it has been most fully developed in the construction of a detached building for 100 patients; respecting the excellence and cheapness of which, we have spoken in a previous page (p. 48).

The views of the Commissioners will meet with general approval. The prevalent system in France of breaking up an asylum into sections, more or less detached, we hold as preferable to the close aggregation of wards under one roof, with continuous corridors, seen in the majority of English Asylums. The correct principle to be pursued in an asylum is, to assimilate its character and arrangements as far as possible to those of the homes of the classes of persons detained in them. Can this be effected in a large building constructed as much unlike ordinary houses as it well can be; recalling in its general character that of an extensive factory, workhouse, or barrack, of somewhat more ornate architecture indeed, and with better “belongings” within and without, where the patients live by day in long corridors, and sleep by night in boxes opening out of the same, and where perhaps they are mustered and marched in great force into a great hall to eat their meals? Certainly all this is not home-like, however excellent to the lovers of routine or the admirers of military discipline. But the separation into sections greatly lessens this objectionable state of things; the population becomes thereby divided, so to speak, into families, overlooked and controllable as such. The advantage of transferring an improving patient from one ward to another is considerable; but it would be much more so, if the transfer were from one section to another; for the construction of separate sections admits of the architectural arrangements, the fittings, &c., being varied to a much greater extent than they can be in the case of wards, forming mere apartments of one large building, constructed, as it must be, on a nearly uniform plan.

From the same grounds likewise follow the economical advantages

of distinct sections; for the more expensive building arrangements required for acute cases need not be repeated in the section for quiet, orderly, chronic, or for convalescent patients, where accommodation may be beneficially made to accord as nearly as possible with that of their cottage homes. If detached sections were adopted, the elaborate, complicated and costly systems of warming and ventilation would not be needed; there would be less to cherish the feeling of imprisonment; and, lastly, to recal the valuable observation of the Commissioners before quoted (p. 142), this species of separate residence would be a means of treatment “of the utmost importance, constituting

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in fact a probationary system,” and a most excellent addition to the means of ‘moral treatment’ now in operation. There is one subsidiary recommendation made by the Lunacy Commissioners, which we cannot so freely subscribe to, that, viz. of classifying the patients in sections according to their occupations. Those of the same trade or employment must, as a matter of course, be associated together, during the hours of labour; but at the expiration of those hours we would wish to see that association broken up. The congregation of the same mentally disordered persons always together is not desirable; the insane are selfish enough—absorbed in self, from the effects of their malady; and it should always be a point in treatment, to disturb this condition, to arouse the attention to others, and to other things; an effort which would be the more difficult in a small knot of people always accustomed to meet together, knowing each other’s ways and whims, and each thinking the other mad, though not himself. Again, if the workers are entirely separated from the drones in the hive, the latter are likely to remain drones still: they lose the benefit of example, which operates, as among children, so strongly with the insane.

To apply these observations to one class of workers, for example,

to the laundresses: it seems to us scarcely merciful to keep these poor patients to the wash-tub all day; at the close of their labour to turn them into an adjoining room, and at night consign them to sleep over it. Instead of being thus scarcely allowed to escape the sphere and atmosphere of their toil, they should have their condition varied as far as possible, be brought into new scenes, mixed with others who have been otherwise engaged, and made to feel themselves patients in an asylum, and not washer-women. Is it, in short, not a radical error in the direction of an asylum, to place the inmates in such a position and under such circumstances, as to make them feel themselves workmen under compulsion, regularly employed, dealt with only as labourers and artisans, by being kept all day in their workshops, and in the evening and night brought together, because they are workers, and unlike the other residents of the asylum, who will in their opinion come to be regarded, as unlike themselves,—as the fitting occupants, and the only patients? Treated apart in the manner under notice, there would be nothing in the position or circumstances around the industrious inmate to suggest to him that he was a patient, except in name, as called so by the officials. We are, therefore, opposed to this *industrial system* of classification, and regard medical classification as the only proper one.

The division into quarters or sections is a plan more applicable to an asylum for chronic than to one for acute cases. In the

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latter, patients are to be treated specially and individually; and as sufferers from acute disease must be classified medically rather than with reference to any matters of management, occupation, and discipline, and are on the whole less conformable to general orders and plans: yet certain principal sections are wanted in them; as, for example, for the refractory and violent, for the quiet and orderly, and the convalescent. To some of the last named, a separate section, of a home-like character, regulated less as an asylum than

as a family residence, and where the highest amount of liberty compatible with safety and order is the rule, would afford a most valuable means of treatment.

§ *Distribution of the Chronic Insane in Cottage Homes.*

The subdivision of an asylum for chronic cases could be carried very far. Not only might sections be appropriated specially to idiots, to epileptics, to imbeciles, and to the very aged and infirm in an infirmary, but also to several classes of the chronic insane not falling under either of those categories, distinguishable by the greater or less amount of trust to be reposed in them, by their dispositions and tendencies, and by their industrious and moral habits. However, there must be at some point a limit to the utility of subdividing an establishment necessitated by the requirements of its administration and of an effective and easy supervision; and as yet, in this country, the system of aggregation prevails most largely over that of segregation. English asylums have, some of them, detached wards and a few farm-buildings, affording lodging to patients engaged in industrial pursuits; but the plan of segregating their residents has not been pushed farther, except to a small extent by Dr. Bucknill, who has placed some selected pauper lunatics in the homes of cottagers living in the vicinity of the county asylum; for we cannot call the boarding out of the imbecile poor—scattered, as it were, broad-cast over the country, disposed of in cottages, according to the notions of the inferior parochial officers, and watched over only nominally,—a system of providing for them. If system at all, it is merely one for putting them out of the way, of escaping responsibility, and of hiding them from observation.

The colony of insane at Gheel, in Belgium, is the only one where the segregation of the insane has been systematically carried out. It presents most of the elements of success in its constitution and

government. It has an organized medical staff; it is a naturally secluded locality; its sane inhabitants have been for ages accustomed to act as the guardians and nurses of the insane, and to receive them as boarders into their families. Yet, notwithstanding the eulogiums of many visitors to this village, others who have more minutely examined into it have detected

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many irregularities, and pointed out weighty objections against its management.

The questions may be fairly put,—Are the irregularities inevitable? Are the objections inseparable from the system? To discuss these points in detail would carry us far beyond the limits we must observe; but we may express our belief in the value of the system, considered as such, although we do not see how or where it can be applied to a similar extent as found at Gheel. The irregularities which have been remarked are remediable, and the objections generally removeable. It is a defect at Gheel, that there is no central establishment of the character of an asylum and infirmary, and it is a mistake to undertake the charge of recent and violent cases, and of epileptics for the most part, and likewise of paralytics, in cottages under cottagers' supervision only. Other classes of patients might be pointed out as unfit residents in peasants' families. The system, in short, is pushed to an extreme in this place; but this error does not invalidate it as a system. Objectionable cases for the cottage home could be collected in a central establishment, and there would be plenty left to partake of the "air libre et la vie de famille," which a recent physician of the colony of Gheel, M. Parigot, commended in his *brochure* addressed to the consideration of the friends of the insane.

Many who have become acquainted with the system pursued at Gheel have been enraptured by its many apparent advantages, the liberty it affords, and the great cheapness of its management, and

have wished to import it as a whole into this country. Such a scheme we regard as both impracticable and undesirable; yet we at the same time believe something may be attempted in the same direction most beneficially (see p. 89). The attempt should first be made in connexion with some of our county asylums of a moderate size. A similar secluded district as that of the commune of Gheel is, thanks to Providence, not to be found perhaps in England; but this is of no such primary importance: a moderate distance from considerable towns, or from large villages, is all that is strictly requisite, and several asylums are so situated. The difficulty of place being encountered, a more serious one appears, viz. that of finding suitable cottagers to undertake the charge of patients. At first, a suitable class could not be reckoned on; but, according to the laws of supply and demand, it would only require time to form such a class. Sufficient inducements only are wanting, and probably those supplied would be found so. It is an advantage to a cottager to have a constant lodger, to receive a certain weekly payment; and it would constitute a greater one to have as an inmate one who could assist in certain labours of the house

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and garden. We might hope to see old attendants of the asylum settled around, after retirement from their employment, with a pension; and to the care of such two or three, or even more, selected patients might be entrusted. If the land belonging to the asylum were of sufficient extent, the patients boarding around might still be employed upon it; or, if they were artisans, they might daily resort to its workshops, its bakehouse or brewhouse, just as the ordinary peasant labourer goes to and fro to his place of employment. The asylum would thus still reap the benefit of the patients' labour, and this arrangement, we believe, would work better than one providing for their employment with strangers at a distance from the institution.

By limiting the area inhabited by patients in lodgings to that

immediately surrounding the asylum, a satisfactory supervision could be exercised by the authorities; and on the occurrence of illness, or a change in the mental condition, a transfer to the asylum could be speedily accomplished. Again, by keeping the insane within a moderate range of the asylum, and by retaining them as labourers on its grounds, the advantages of a central general administration would be found in the provision and distribution of food and clothing.

In previous pages we have advocated, under certain conditions, the erection of distinct asylums for chronic cases of insanity; to this plan the system just developed, of boarding out a certain number in cottages, must be held as supplementary. A chronic, or a moderate, manageable-sized, mixed asylum must form the nucleus of the 'cottage system' of providing for the insane. The cases must be selected from the asylum-residents, and the selection be left with the medical superintendent. The persons receiving patients must be held responsible to the superintendent, and to the members of the Lunacy Board, for their proper care and management, and they must enter into some sort of covenant with the Visitors of the asylum. To carry out the scheme under notice, many matters of detail are required, but these it would be out of place here to enter upon.

There is this evident general and economical advantage about this 'cottage system,' that it would obviate the necessity of constructing large asylums for chronic lunatics at an inevitably heavy outlay, and also of instituting so large a staff of officers and servants as is called for to govern and conduct an expensive special establishment. In country districts, agricultural labourers and other small householders might be found willing to board, lodge, and look after patients for 7 or 8 shillings per week each; or, according to the plan we prefer, the asylum would provide board, and receive the benefit of the patients' labour, and only some small sum would be payable for his lodging and care.

Having only in view at the time the amelioration of the present condition of the insane boarded out with friends or strangers, we have proposed in a preceding page (p. 87), their frequent supervision, and the arrangements necessary to their welfare, being entrusted to a distinct medical officer under the central control of the Lunacy Board. This plan would still hold good with reference to all those lunatics not living within the fixed radius around the asylum; within which the superintendent would be the directing authority, the supervisor and protector. Moreover, as we have remarked (p. 89), residence with their immediate relatives would be frequently preferable to their severance from them in order to be brought within the sphere of the asylum; and such patients would derive benefit from the inspection proposed.

§ Separate Provision for Epileptics and Idiots.

The extent to which the separation of epileptics and idiots, but more particularly of the former, from other classes of mentally disordered persons should be carried, is a matter much discussed. The rule is to have epileptic wards in large asylums, although there are some epileptics in whom violence and dementia are such prominent features, as to justify their position severally with the refractory or with the demented. However, the painful features of their malady, the special provisions needed in the apartments occupied by epileptics, and the precautionary measures to be observed in their clothing and food, the ill effects of the sight of their paroxysms upon others, and other reasons well known to medical men, constitute sufficient grounds for the ordinary practice pursued of keeping epileptic lunatics generally in particular wards. This plan answers well in moderately-sized asylums; where their number is considerable, as in large establishments, we should prefer their location in a distinct section; and if the county possessed one asylum for recent, and another for chronic cases, the

majority of the epileptics should be residents in a section of the latter.

Of the great value of separate provision for idiots we think there can be no doubt. Indeed, the association of idiots with lunatics is an accident of legal origin rather than a proceeding dictated by science and medicine. The law places together idiots and lunatics under similar protection, and treats them as nearly in the same position socially. Hence it has come to pass that their legal claim to care and protection has brought them within the walls of the County Asylums. Their presence there, however, we regard as a mistake prejudicial to their own welfare and an onus upon the asylum authorities. Of old, all that was considered necessary for idiots, was to provide food and lodging for

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them, and to keep them out of harm's way. But, thanks to modern philanthropy, the prospects of the idiot are much improved; the amelioration of his condition is attempted; his moral, mental and physical powers are found to be improveable, and it is sought to elevate his status as a social being, and to foster his capacity for amusement and for useful employment.

Contrasted with previous neglect, the care and management afforded in an asylum render the poor idiots an infinite service; yet withal a lunatic asylum is not the proper abode for them. Within its walls they are unfit associates for the rest of the inmates, and it is therefore felt to be necessary to place them in a special ward. Too frequently this ward is in the worst placed and most forgotten section of the building, sometimes with little open space about it, and devoid of those conditions calculated to evolve the little cerebral power possessed. Whatever their claims upon the attention of the medical superintendent, and however zealous he may be to discharge all his duties, yet amidst the multifarious occupations pressing upon him, and specially occupied as he is in treating

insanity, that officer finds himself unable to do more than watch over the health of the idiotic inmates, and attend to the improvement of their habits: he is not in a position, and has not the opportunities to superintend the education of idiots; and we are certain that every asylum-physician would rejoice, both for his own sake and for the interests of the idiots themselves, to see them removed to a special institution, or to a section of the asylum specially organized for their care.

Not only are idiots in the way in a lunatic asylum, and their ward an excrescence upon it, but the organization and arrangements are not adapted for them. Idiots require a schoolmaster as much as a doctor; the latter can see that all those means are provided for them to improve their habits and their physical condition; but it must devolve on a patient instructor to operate more immediately upon the relic of mental power which is accorded to them. The sooner they are brought under the teacher's care the better: experience shows that much more may be effected with idiots during their childhood than when they have arrived at a more mature age, and the developmental changes in the brain have so far ceased, that an increased production of nervous power can be scarcely looked for.

This is a theme we cannot further enter upon; and to conclude this section, we may remark, that the number of idiots is so large as to justify the erection of several distinct institutions for their care and improvement. Several counties might unite in the establishment of an idiot asylum, the parishes being charged for the number belonging to them in it; an arrangement, which would no more complicate parochial accounts, than where

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one charge has to be met (as often is the case at present) for the maintenance of a certain number of lunatics in the county asylum; a second for that of another portion in a licensed house; and a third for some others in the workhouse wards.

There is another matter worth noting. The county asylums for the most part being filled to the exclusion of recent cases of insanity, and the condition of idiots being held in still less importance than that of the insane by workhouse authorities, it is not to be wondered at that, on the one hand, the admission of idiots into asylums is not promoted, and that, on the other, so many idiotic paupers are found in workhouses. To provide, therefore, cheaply for idiots in distinct institutions, and to facilitate and enforce their transfer to them, will be a means of ridding union-houses of a portion of their inmates, for which they are so entirely unfitted. To the genuine philanthropist and the truly humane, no hesitation would arise as to securing every necessary provision, and the best means for ameliorating the fate of any sufferers, and particularly that of the poor helpless idiots. But to the majority of mankind the question of cost is preliminary to the exercise of philanthropy; and some perhaps think it enough to feed and clothe, to watch and keep clean the miserable drivelling idiot, since all the money that could be spent upon one would only produce after all a poor, weak-minded creature, of little or no service in the world. This argument cannot be gain-said, though it must be condemned by every Christian animated by the leading principle of his religion, that of "love."

To the sticklers for economy, the proposition may be propounded for consideration, whether, on the adoption of the plan of erecting distinct asylums for the chronic insane, the idiots could be less expensively provided for in a section or "quarter" of such an asylum, properly furnished with the means of improving their condition, than in an establishment reared specially for the purpose? We content ourselves with putting the question.

Chap. VIII.—Registration of Lunatics.

We are fain to look upon a complete registration as a remedy to many admitted evils affecting the welfare of lunatics, and we may add, of idiots also.

Lunacy may be regarded as a form of “civil death;” it deprives its sufferer of his rights as a citizen; subjects him to the loss or restriction of liberty; disqualifies him from many civil privileges, and invalidates his powers of dealing with property and of executing legal documents. Yet not unfrequently are lunatics, particularly among the more wealthy classes, placed under

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the penalties of their condition without the knowledge and authority of the Officers of the State, by whom alone can such penalties be legally enforced. An individual, we say, is often deprived of his liberty and of the control over his affairs, at the hands of relatives or friends, and often indeed transferred to the house of a stranger, and there subjected to surveillance and repression; and all this done against his will, and, what is more, against the principles of English law and English freedom.

Elaborate provision is made and still further attempted to prevent the unnecessary detention of persons in asylums, whose cases have been regularly reported to the public authorities; but no steps have as yet been taken to discover unreported cases of alleged lunacy or private cases treated singly; no enactment contrived to bring within the knowledge of any Government-board the number of persons, year by year attacked with insanity, and thereby, for a longer or shorter period, disqualified from the exercise of their civil rights. To our mind, this state of things proves a grievous defect in the law of lunacy. Every person has an inherent right to the protection of the law; yet practically, if insane, he does not at all, as a matter of course, obtain it: his malady and position may very probably be

unknown, and he may be helpless, or otherwise debarred from making it known. Were a machinery contrived to report it to legally constituted authorities, the sufferer would have the satisfaction of feeling that he was dealt with according to law in the process of the treatment he was subjected to.

Were each case of lunacy systematically registered, it would, we believe, frequently save legal contests. Documents dealing with property are often matters of litigation, on the plea of the insanity of the person executing them, and enormous costs are incurred on the one side to substantiate, and on the other to overthrow the plea. Evidence collateral and direct is hunted up, probably years after the date of the alleged state of insanity; and often enough it comes out, or is decided by the jury, that the individual was once insane, or was so at the date of executing the document in dispute. Now, in such a case, had the insanity which has been so laboriously, tediously and expensively established as having occurred, been registered in a public office at the time of its occurrence, how great would have been the gain to the feelings, the interests, and the convenience of every person concerned in the suit! If the document had been executed during the period the individual was registered as of unsound mind, the production of the register alone would have availed in proof of its invalidity. The whole litigation, indeed, might have been prevented by a search of the register before the action was begun.

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In the introductory chapters on the statistics of insanity, we have remarked on the very incomplete records of the prevalence of the disease, and on the consequent impossibility of discovering the actual number of the insane, and of determining the question of their increase in the community. Yet it will be granted that such statistics are of great importance in a civilized country, and have bearings upon several questions in social economy.

The Earl of Shaftesbury, in his valuable evidence before the

‘Select Committee on Lunatics’ (1859), observes, in answer to query 263, “I think it would be very desirable if we could have proper statistics upon insanity drawn up and put upon a good footing. It would require great trouble and expense; but I think it would be worth the trouble and expense, if it could be put in the hands of some competent persons; and I have no doubt that some remarkable results would be brought out.” Every one, who knows how defective are the existing statistics of the disease, will cheerfully second his Lordship’s wish. This, however, does not go so far as our own; for Lord Shaftesbury appears, as far as we can judge from his words, solicitous only to take a sort of census of the insane and to deduce from it certain facts; whereas we desire not only an accurate census at present, but also a well-arranged scheme for keeping up the correctness of the statistics of the insane for the future, by making every instance of insanity returnable to the Lunacy Board. Our desire, in short, is to bring every lunatic in the kingdom within the cognizance of the Commissioners in Lunacy, either directly or by some recognized agent acting in their place, so that protection and proper care may be assured to every such afflicted individual. A necessary supplementary provision to placing a name on the register would be required for removing it on certified recovery; the return of which should be made through the same channels as the report of the attack.

Should the registration proposed be enforced by law,—as it must be to render it at all perfect, under a penalty,—it would afford a remedy against the wide-spread plan of placing lunatics where they are unheard of, and unknown to all except those concerned in their detention. It would make the Commissioners acquainted with all those very numerous patients who often drag on a painful and neglected existence in lodgings, under the control of persons of all sorts, with many of whom, it is to be apprehended, the gain to be got by their detention is the ruling motive in their actions.

Another advantage obtainable by a system of registration, so

conducted as to ensure the reporting of cases immediately, or almost so, on their occurrence, is, that it would prepare the way

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for early treatment, more particularly so perhaps in the case of pauper lunatics. In the instance of the last-named class of insane, the law might render their removal to an asylum imperative, on the report of the onset of their disorder, by refusing their friends the attendance of the parochial medical officer on the patient at home as well as parochial relief, and by holding them responsible on the ground of culpable neglect for anything untoward that may happen to the patient or others. We anticipate that such an arbitrary interference of the law would be but very seldom required, for the poor mostly would be only too happy to rid themselves of a troublesome and useless member of the family.

Moreover, in the case of those raised above poverty and competent to provide for their insane relatives, it would be no undue stretch of legal authority to require them to satisfy some duly appointed and experienced officer, that the provisions contemplated or furnished by them for the patient were of a satisfactory character and calculated to favour recovery. The existing law, indeed, goes so far as to interfere with the friends of a lunatic and to deprive them of his care, if there be evidence to show that he is cruelly treated or neglected. It moreover imposes upon the friends all costs incurred on behalf of the patient. The section cited is *sect. lxxviii. 16 and 17 Vict. cap. 97*, and the suggestion we offer is but an amendment of this, so far as to require the friends of every insane person not placed in a licensed house or asylum, to show that such lunatic is properly treated and taken care of.

The registration must be accompanied by visitation. The appointed medical registrar must be a witness to the fact he is called upon to register; and a case once registered should be visited at least once in three months, until recovery or death takes place, when in either

case the return of the patient as a lunatic would be cancelled under a certificate to the fact supplied by the registrar. These remarks apply specially where patients are placed out singly. This plan of registration, coupled with that of visitation, would not only give security that the patient was properly treated, but would also prevent secret removals to lodgings or other uncertified receptacles for lunatics, or to a foreign country.

With reference to the last-named proceeding, there ought assuredly to be some stringent legal provisions, if not to prevent it entirely, at least to place it under great restrictions. The Lunacy Law in its intent and administration is both stringent and minute where it deals with asylum provision for the insane in this country; but it is impotent if the friends of a lunatic choose to send him out of the country. The act cuts him off

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from all protection of the laws he was born under and has never forfeited. Certainly it must be granted, that in every civilized country of the world lunacy laws are enacted for the protection of the insane; yet even where those laws are good, we know of no realm, and we believe there is none, where the interests of the insane are so well watched over and so adequately provided for, as in our own. This opinion we assert as the result of personal observation in most of the countries of Europe, and the perusal of the reports on the state of the insane in those countries.

Where English lunatics are transferred to foreign public asylums—and there are many sent to such, particularly to those in France—there is often very excellent treatment and moderate State supervision; but it must be borne in mind, that the poor patients are thrust among strangers by nation, by habits, and by laws; there is no security against their being placed among the lowest classes of pensioners, who are less tenderly dealt with than our asylum paupers; and they are besides entirely at the mercy of their

relatives or friends, who may as far as possible ignore their existence, prey upon their substance at home, and allow only some pittance for their maintenance in the foreign land.

We are persuaded that the allusion to this defect in the laws of lunacy is sufficient to extort attention to it, and obtain its redress. The project of the law of lunacy for Sardinia, which we translated for the pages of the 'Journal of Psychological Medicine' (vol. x. p. 818), contained the two following clauses:—"Art. 21. It shall be incumbent on all individuals who shall place an insane person in a foreign asylum, to present, every thirty days, to the Minister of the Interior a precise report of the physical and mental condition of the patient, prepared by the physician of the asylum. Art. 22. It shall be in the power of the Minister of the Interior, by previous concert with his colleague for foreign affairs, to cause any patient confined in a foreign asylum to be brought back to his own country, provided that this can be done without injury to the patient, and that he can be readily provided for in his own family, and is in possession of sufficient pecuniary means for his maintenance."

Some such clauses need be added to any new Act of Parliament for the care and treatment of lunatics in this kingdom. The Commissioners in Lunacy would be the right persons to move first in the matter by calling upon friends for information respecting their lunatic relatives abroad; and the Foreign Minister, acting upon their recommendation, would, we presume, be the proper official to arrange with the authorities abroad for the transfer of the patient to his own country.

It may not be possible so to limit individual liberty as to

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interdict the removal of lunatics from their native country; but it is undoubtedly consonant with English law, and a matter of justice to the poor lunatic, when so dealt with by his friends as a commodity to barter about, that the legal protection due to him in his own land

should be so far extended to him in a foreign state, that some public authority should be satisfied that he is duly cared for, and treated in the asylum he occupies, and has that allowance set aside for his maintenance, which his pecuniary means will justify. Likewise, it would be no illegal stretch of power to call upon the friends of a lunatic, whose condition abroad was unsatisfactory, to bring him back to his native country; or, in case of their refusing to do so, to have the order carried out by others, and its costs levied upon the recusant friends.

After all, however, before any such law could be effectual, the opportunities of ascertaining the existence of lunatics must be gained by the adoption of the system of registration; for, otherwise, the Commissioners could derive no knowledge of the cases sent abroad, even of such as might have at one time been under their jurisdiction in licensed asylums.

This remark leads us to notice another default in the lunacy code, viz. that of not enforcing a return in the case of all patients removed from asylums uncured, of the place to which they are removed. At present it is possible for the friends of a lunatic in an asylum or licensed house, to order his discharge, and to remove him where they please, to some spot unknown, if they so choose, to any but themselves. The superintendents of the asylums make a return to the Lunacy Commissioners that such a patient has been discharged by order of the relative or friend who authorized his admission, and that he has gone out uncured or relieved, but no information is required of the place and manner in which the lunatic is to be disposed of for the future. This circumstance is true of all cases of lunacy not found so by inquisition; that is, all except those put under the jurisdiction of the Lord Chancellor, or of his representatives in lunacy affairs, the Masters in Lunacy. For these so-called 'Chancery lunatics' the sanction of the Masters is required, both to the removal, to the locality, and to the persons proposed for the patient's reception. Similar protection should be

extended to all insane persons. The power of removal cannot be taken out of the hands of a lunatic's immediate relatives, but it may be hedged about by the restriction, that the removal of an uncured patient shall be reported to the Commissioners in Lunacy, who shall, after acquainting themselves with the place, the persons, and the provisions intended for the welfare of the patient, have the power to permit or to refuse it.

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The registration of all lunatics, particularly on the accession of their malady, is exposed to certain objections, none of which, however, are, in our opinion, of sufficient weight to militate against the plan. One great impediment to its adoption, among most persons above the condition of paupers, and in some degree among the poor also, is the desire of secrecy on the part of friends, who endeavour in every way to restrict the knowledge of their relative's mental disorder to the circle of his own family, and, if possible, to ignore its being actual insanity. On the one hand, the insanity is treated as if it brought discredit on all related to the afflicted person; and on the other, relations dread its recognition by any public authority, and set themselves in array against any inquiry which seems to trench on their private affairs. The self-same feelings and prejudices, as before shown (p. 32), operate against the early and successful treatment of private patients; and as obstacles to registration they are equally to be regretted. The attempt to keep secret an attack of insanity is virtually impracticable; and though it is, in truth, a dire misfortune to both patient and family, yet is an attack of mental disorder a less discredit than one of gout, which our forefathers, in their folly, courted as a pledge of good manners and good breeding. The mischief of these notions, however, is, that they operate inimically to the interests of the patient: they stand in the way of early and appropriate treatment, and thereby tend to prolong the malady, or to render it inveterate. Could the friends bring themselves boldly to face the whole truth, and admit the fact that their relative was

insane, and were they encouraged by their medical man to take this true view of the matter, and to act upon it, by submitting the patient to the necessary treatment, they would very often escape the evil of exposure they dread, and soon have their relative restored to them again, instead of having, by various subterfuges, to hide his condition, and to account for his long disappearance from society and from home. Besides, the hollowness of the pretences or excuses for absence must some day be found out, when the impression upon acquaintances will be the more profound, and the self-respect of the relatives suffer the wound inflicted by the exposure of the vain deception they have essayed to practise.

Again, the recording of the occurrence of insanity in a member of a family, which we hold to be as important to the patient and his friends as to the State, need not be regarded as an inquisitorial proceeding. It can be effected with every attention to secrecy;—the registrar would be sworn to secrecy, and the register in the central office would be a sealed book, except under certain conditions authorized by the Courts of Law. There is

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no public declaration of the fact of the insanity involved by its being recorded in the books of an office under the security of its functionaries.

Allowing that family prejudices and pride were of more moment than we are willing to admit, yet they should not suspend the enforcement of registration; for it must be remembered that the insane stand in a different class to patients suffering from any bodily infirmity. They forfeit by their malady the power to act in their own affairs; or their actions, if their mental disorder has been as far as possible concealed, are at any time during their life or after their death, liable to be called in question on the plea of insanity. It is undoubtedly, then, the province of the law to

interpose on their behalf for the interests both of themselves and of others. The law is remiss if it permit a mentally unsound person to act on his own behalf, or others to act for him, without its sanction; and is it, we ask, consonant with English jurisprudence to detain a man against his will, in other words, to imprison him, even in his own house, and under the authority of his own immediate relatives? As soon as insanity has declared itself, so soon, we maintain, should both the person and the property of the sufferer come under the protection of the law; and this protection ought to be promptly and cheaply afforded. Interference with a mentally disordered individual had better be premature than be delayed until by some actions his interests, his property, or his condition suffer. It is better for him to be found a lunatic, or, to avoid a painful and objectionable term, be adjudged to be unable properly to take care of himself and his affairs, and to be deprived for a time of liberty of action,—than that he should be treated as a sound man, and be suffered to damage his own prospects and property, and to expose himself or family to future litigation on account of his actions.

When a violent or sudden death, or a suicide occurs, be it in whatever class of society it may, there is no escaping the requirement of the law, however painful be the circumstances the inquiry evokes; the coroner must hold an inquest, and the whole matter be publicly investigated before a jury. Family pride and prejudice, however much they may be offended, are not allowed to stay the inquiry. Why should they then be suffered to stand in the way of a simple recognition, made not through the intervention of a public court, but as secretly as possible, of a disorder, which places the sufferer in a state of social and civil death, and perhaps more seriously deranges his pecuniary affairs than even natural death itself?

To repeat, the law is bound to watch over the interests of the insane, by seeing that they are properly provided for, whether in their own houses or elsewhere. No difference of opinion will

occur to the proposition where the insane are placed with those who are directly or indirectly advantaged by their detention. To meet the case of such, indeed, an attempt to secure a legal recognition and protection has been made by 16 and 17 Vict. cap. 96. But the same unanimity will be wanting when it is proposed to demand a return, and to sanction the supervision by public functionaries, of patients residing in their own homes: and although we have endeavoured to show good reasons why such a requirement should be made,—and the arguments could be enforced by illustrations proving that, both among rich and poor, insane persons are not satisfactorily, nay more, not even kindly treated by their own relatives,—yet Lord Shaftesbury stated it to be his persuasion (*Evid. of Com.* p. 35) that public opinion is not ripe to introduce a new power to enter domestic establishments. Nevertheless, if public opinion be not ripe for such an innovation, “it would seem (to employ Sir Erskine Perry’s query, No. 304, as an affirmation) that whenever a person is put under surveillance, it is not too much for the legislature to require information of that fact;” that is to say, if “domestic rights” must yet for a time be allowed to hide domestic wrongs to the helpless victims of mental disease, by denying them the protection of the law they live under, they should not avail against their being reported or registered.

However, in the case of those who are obliged to seek for parochial aid, the domestic impediments to the institution of a public officer to inspect the condition of their lunatic relatives, could not be suffered to operate.

Now the principle of requiring a compulsory return and visitation of all insane persons confined in their own homes or in lodgings, is not new. The Belgian Lunacy Commissioners recommended in their Report on the amelioration of the Lunacy Laws, in 1842, that no person should be confined in his own home, excepting after an examination by two physicians, and a certificate from them of the

necessity of the restraint upon his liberty. The certificate was to be handed to the “juge de paix,” who might order other visits; and if dissatisfied with the arrangements for the care and treatment of the patient, might require others to be entered into. The family medical man was likewise charged, under a penalty for non-performance, to send in a quarterly report of the state and condition of the patient.

With the same object in view of obviating abuses in the domiciliary treatment of the insane, M. Bonacossa, the chief physician of the Turin Asylum, proposed the following clause to the Sardinian Lunacy Code:—“That, as patients are often kept in confinement in their own homes or in the houses of private persons to their detriment, it shall be made imperative on all

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individuals retaining an insane person in their house, to report the fact to the syndic of the commune, or to the intendant of the province.”

The British legislature has taken some steps in the same direction, but the fear of encroachment upon individual liberty has conspired to render its comparatively feeble attempts to provide for the due protection of single patients nugatory. By the Act of 1829, every medical man who had been in charge of a private patient for eleven months was required to send the name of the patient, under a sealed cover, to the Lunacy Commission; but this document could only be opened upon application to the Lord Chancellor. Moreover, the fixing of the period of eleven months led to the transfer of the poor lunatics from one person to another within that period, so as to render the requirement of notice of his existence and detention null and void. By the 8 and 9 Vict. cap. 100, this enactment was repealed, and by *sect. xc.* it was ordered that no person, except one who derived “no profit from the charge, or a committee appointed by the Lord Chancellor,” should receive a

lunatic into his house, to board or lodge, without the legal order and medical certificates, as required for admission into a registered house or asylum; and that within seven days after the reception of a lunatic, the person receiving him should transmit to the Commissioners copies of the order and medical certificates, together with a notice of the situation of the house, and the name both of the occupier and of the person taking charge of the patient. It further ordered that every such patient should be visited at least once in every two weeks, by a duly qualified medical man, who should also enter a statement after each visit of the state of the patient's health, both bodily and mental, and of the condition of the house. With a view to secrecy, the same Act ordained (*sect. lxxxix.*) the institution of a private committee of three of the Lunacy Commissioners,—to whom alone the register (*sect. xci.*) of such patients was to be submitted for inspection,—who should visit those registered single lunatics, report upon them in a private book (*sect. xcii.*), and, if desirable, send this report to the Lord Chancellor, who could order the removal of the patient elsewhere (*sect. xciii.*), if his state was proved to be unsatisfactory. This legal apparatus completely failed to attain the desired object: it was left open for the person receiving the patient to consider him a lunatic or not, and to report him or not at discretion; for no penalty hung over his head for disobedience to the Act. So, again, the three members of the “Private Committee” could neither derive official knowledge of the single patients they ought to visit, nor find time or opportunity to carry out the

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visitation of those reported to them, living as they did scattered throughout the country.

The last-named Act, having thus failed in its objects, was much varied by that of 1853 (16 and 17 Vict. cap. 96), the last enacted, which was less ambitious in its endeavours to deal with the single private lunatics. By this Act the private Committee was abolished,

and any member of the Lunacy Commission was empowered to visit those single cases reported to the Board; at least one visit a year being required. But the provisions under this Act are very ineffectual, both for the discovery and for the protection of the patients. The Commissioners are directed to visit those only who are placed under certificate and known to them; and although every person taking charge of a lunatic or an alleged lunatic is required (by *sect. viii.*), before receiving the patient, to be furnished with the usual order and medical certificates, and (by *sect. xvi.*) to make an annual report of his mental and bodily condition to the Commissioners during his residence in his house, yet there are, in the first place, no means provided for discovering the existence of the lunatic unless the person receiving him choose to report it; and again, the requirement as to the certificates and order may be complied with, but no copy be sent to the Commissioners; and lastly, it is left to the will and pleasure, or to the honesty of the individual receiving the case, whether it is to be considered as one of lunacy or not.

It is needless to attempt to prove that a law so loosely framed must be inoperative. No person who has given a thought to the subject but knows that there are many hundred, nay, in all probability some two thousand—as we have surmised in our estimate (p. 5), single private (not pauper) patients in England: yet, as Lord Shaftesbury acquaints us in his evidence (Committee on Lunatics, p. 34), only 124 such patients are known to the Lunacy Board. Some few of the many others may be under certificates, though unreported; still the great majority are, there is no doubt, detained without attention to any legal formalities or legal sanction, and for the most part treated as “nervous patients,” and as therefore not amenable to the Commissioners in Lunacy. The existence of the lunacy is thus disguised under the term of ‘nervousness,’ and the patients robbed of the protection which the law has rightly intended, and yet signally failed to afford.

The noble chairman of the Lunacy Commission, in the course of his able evidence before the “Committee on Lunatics” (1859), has given some admirable suggestions for the amendment of the law in order to bring the so-called “nervous patients” under the

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cognizance of the Commission, and to obtain a more complete knowledge of the number and position of the many lunatics detained in private houses.

According to the existing law (Evid. Comm. p. 33), it is only, says Lord Shaftesbury, “where a patient is put out to board with some person who is benefited by the circumstance that the Commissioners can, upon application to the Chancellor, obtain access to a house where they have reasonable ground to believe there is a patient restrained, and who ought to be under certificate. But not only, in the first place, is it difficult to ascertain where such patients are, but it is also difficult afterwards, as we must have good testimony to induce the Chancellor to give us a right to enter a private house, and make an examination accordingly.” In reply to queries 303, 304, 315, 318, 320 and 325, his Lordship insists on the necessity of the law interposing to compel persons who receive any patients whatever for profit, whether styled nervous or epileptic patients, to give notice of their reception to the Commissioners in Lunacy, who should have the power to visit and ascertain their state of mind, and determine whether they should or should not be put under certificate as lunatic. If they were found to be only ‘nervous’ persons, the Commissioners would have nothing to do with them.

To give these suggestions a legal force, his Lordship produced the following clauses as additions to the Lunacy Act (Evid. Comm. query 432, p. 43):—

“Whereas many persons suffer from nervous disorders and other mental affections of a nature and to an extent to incapacitate them

from the due management of themselves and their affairs, but not to render them proper persons to be taken charge of, and detained under care and treatment as insane; and whereas such persons are frequently conscious of their mental infirmity, and desirous of submitting themselves to medical care and supervision, and it is expedient to legalize and facilitate voluntary arrangements for that object, so far as may be compatible with the free agency of the persons so affected, be it enacted, as follows:—

“Subject to the provisions hereinafter contained, it shall be lawful for any duly-qualified medical practitioner or other person, by his direction, to receive and entertain as a boarder or patient any person suffering from a nervous disorder, or other mental affection requiring medical care and supervision, but not such as to justify his being taken charge of and detained as a person of unsound mind. No person shall be received without the written request in the form, Schedule —., to this Act, of a relative or friend who derives no profit from the arrangement, and his own consent, in writing, in the form in the same schedule, the

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signatures to which request and consent respectively shall be witnessed by some inhabitant householder.

“The person receiving such patient shall, within two days after his reception, give notice thereof to the Commissioners in Lunacy, and shall at the same time transmit to the Commissioners a copy of the request and consent aforesaid. It shall be lawful for one or more Commissioners, at any time after the receipt of such notice aforesaid, and from time to time, to visit and examine such patient, with a view to ascertain his mental state and freedom of action; and the visiting Commissioner or Commissioners shall report to the Board the result of their examination and inquiries. No such patient shall be received into a licensed house.” Lord Shaftesbury proceeds to say that by this plan “every person, professional or not,

who receives a patient into his house, or attends a patient in such circumstances, should notify it to the Commissioners; but we should not require them to notify it until after three months should have elapsed, because a patient might be suffering from brain fever, or a temporary disorder; but I would say that any person accepting or attending a patient in these circumstances should notify it to the Commissioners, after three months shall have elapsed from the beginning of the treatment.”

In the after part of his evidence (Query 921, p. 100), his Lordship desired to supply an omission in the preceding clause, viz. to make it compulsory on a medical man attending a nervous patient, and not only the person receiving one, to communicate the fact to the Commissioners, so that they might go and see him, and form their own judgment whether he should or should not be placed under certificate.

There is much that is excellent in the clauses suggested, yet some improvement is needed in their wording. Thus it is provided that a medical practitioner, or a person under his direction, may receive a ‘nervous’ patient, and the subsequent provisions are made in accordance with this principle, as though only medical men could receive such patients, or that they alone were amenable to the laws regulating their detention. Sir Erskine Perry detected this oversight (Query 434), and Lord Shaftesbury admitted the want of sufficient technicality in the drawing up of the clause.

Again, we do not conceive there is adequate reason for postponing the report of a case until three months after the commencement of the treatment; a delay, not imposed, indeed, under the clause as propounded, but implied in his Lordship’s subsequent remarks. To refer to the class of patients mentioned as properly exempt from a return to the Lunacy Commission until after three months have elapsed:—a case of so-called ‘brain

fever' is not likely to be sent from home to board with a medical man or other person during the existence of the acute malady commonly known under that term. On the other hand, genuine cases of acute mania get called by the same name, and such certainly ought to be reported to the Commissioners before the expiration of three months. Besides, the delay to notify 'temporary disorder' for so long a time is likely to be injurious and to defeat the object of the clause. Delirium or mental aberration lasting for three months is something more than a symptom of any one commonly recognized bodily disease, and rightly deserves the designation of madness; and, if this be the case, it also claims the supervision of the Commissioners or other duly appointed officers over its management, particularly when this is undertaken, with the object of profit to the person treating it. Moreover, the delay proposed involves an idea not flattering to the discernment and the powers of diagnosis of the members of the medical profession; for its intent, we take it, is solely to prevent giving unnecessary trouble and distress to all concerned, in having to send a notification of the disorder, while yet unconfirmed, to the Commissioners: an annoyance which ought never to happen; for every medical man should be able to distinguish the delirium of fever, of drinking, or of other corporeal conditions it is sometimes linked with, from insanity; and it would be very discreditable to the medical skill of any one not to find out the true nature of the case long before the expiration of three months. Further, for the sake of promoting early and efficient treatment, the notification of disorder, whether called 'nervous' or mental, should be given before the end of three months. The change from home to board with a medical man may be all that is desired for a 'nervous' patient; but if it be a case of recent insanity, something more than solitary treatment at home or in a private lodging is essential. The evils of the last-named plan are largely illustrated in the evidence of Lord Shaftesbury himself, and of other witnesses before the Select Committee. It is consequently desirable to have cases, under what designation soever they are received, reported before the close of three months,

so that the Commissioners may see them and determine whether or not the conditions under which they are placed are conducive to their well-being and recovery, and may give their recommendations accordingly.

The proposition appended by the noble Earl, to the effect that every medical man attending a 'nervous' patient should communicate the fact to the Lunacy Commissioners, is most important, and in its scope approaches that of enforcing a registration, as advocated by ourselves: for we presume that his Lordship would desire the paragraph to be so worded, that the

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notice should be demanded from the medical attendant, as well in the case of a lunatic or alleged lunatic as in that of a so-called 'nervous' patient.

A similar defect attaches to the clauses proposed as to those actually in force under existing Acts; that is to say, the want of means of enforcing them. By the Act 8th and 9th Vict. cap. 100, *sect.* xlv., it is made a misdemeanour to receive or detain a person in a house without a legal order and medical certificates; and by *sect.* xlv. it is declared a misdemeanour to receive two or more lunatics into any unlicensed house. These clauses are, however, valueless in preventing the abuses they aim at checking; for, as so often said before, alleged and undoubted lunatics are perpetually received by persons into their private houses as 'nervous' patients, mostly without certificates, or, if under certificates, unreported to the Commissioners.

No solid argument is conceivable, why a person having two lunatics under charge should be liable to punishment for a misdemeanour, whilst another may detain one with impunity. The penalty should be similar in each case. The same legal infliction, too, should, we think, be visited alike upon the friends putting away a relative under private care and upon the individual

receiving him. It might also be rendered competent for any relative or friend to call upon those concerned in secluding, or in removing the patient from home under restraint, to show cause for so doing; and the production of the medical certificates and of a copy of the notification sent to the Commissioners, with or without a certificate from such an officer as we propose as a district medical inspector, should serve to stay proceedings. The detention or the seclusion of a person, whether at home or elsewhere, contrary to his will, and at the sacrifice of his individual liberties and civil rights, appears to us tantamount to false imprisonment, and an act opposed to the principles of English liberty, whether it be perpetrated by relatives or strangers, if done without the knowledge and sanction of the law and of its administrators.

But whatever amendments be introduced, we hold them to be secondary to a complete system of registration of lunatics and 'nervous' patients rendered compulsory upon the medical men attending them, or taking them under their charge, and likewise upon the relatives, or, in the case of paupers, upon the relieving officers or overseers of their parish. The family medical attendant appears the most fitting person to make a return of the sort: his professional knowledge must be called in to testify to, or to decide on, the nature of the disease, and the fact can be best communicated by him in his medical capacity. The Lunacy Commissioners of Massachusetts had recourse to the

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physicians living in every town and village of the State; and it was only by so doing that they were enabled to arrive at an accurate knowledge of the number of the insane, and to correct the statistics gathered through other channels, which might, at first sight, have appeared ample to their discovery.

Further, as already noted, we advocate another step in conjunction with registration; for we would convey the notification of the

existence of the alleged insane or nervous patient primarily to the district medical officer, and then call upon this gentleman to visit the patient, with every deference to family sensitiveness and necessary privacy, in order that he may make a report on the nature and character of the malady, and the conditions surrounding the patient, to the Commissioners in Lunacy. The immediate visitation of a reported case by such a skilled officer would be of advantage to the patient, to his friends, and to the Commissioners. Without overruling or controlling the medical attendant or others, his advice on the wants of the case would be useful, and he could fulfil one purpose proposed to be effected by a visit from the Commissioners, viz. that of signifying whether the patient should be placed under certificates or not; his opinion being subject to revision by the visiting Commissioners, should the nature of his report appear to them to call for their personal examination of the case. If, again, medical certificates were required, these might be countersigned by the district officer in question, after a separate examination, and an additional protection be thus applied against illegality in the legal documents required to sanction the patient's restriction or detention. This plan would likewise afford a check to the transmission to the Lunacy Board of those insufficient certificates which at the present time involve such frequent trouble. But, although the district officer's signature or certificate might by its presence be held to increase the validity of the evidence for a patient's insanity, yet its absence, where his opinion differed from that of the medical men called in to sign the legal certificates, should not operate as a bar to dealing with the alleged lunatic as such, until an examination by one of the Board of Commissioners could be had; and therefore the registrar should be bound to transmit the order and certificates, when properly filled up, accompanied by his own report of the case.

Supposing these provisions just sketched to be carried out, and that an individual is found lunatic by his immediate medical attendants, by the official registrar, a perfectly disinterested person, and,

sooner or later by the Commissioners, there certainly appears no reason why the lunatic himself, or any officious friend or sharp lawyer in search of business, should be able to challenge by legal proceedings a decision so cautiously arrived

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at by so many competent persons. The determination of a trial by jury we hold to be less satisfactory, and less likely to be in accordance with fact; so easy is it in some instances for a clever counsel to frighten witnesses, to get fallacious evidence, and to represent his client's cause, and appeal to the passions of the jurors of very miscellaneous mental calibre, often with more feeling than judgment, and generally to use all those arts which are thought legitimate by the practitioners of the law to win a verdict.

There is one subject well deserving notice; one which acts as a stumbling-block to the treatment of mentally disordered persons, and will also do so, more or less, to registration; viz. the present legal necessity of placing all in the category of lunatics. The practical questions are, whether this proceeding is necessary, and if not, whether the present form of the order and medical certificates cannot be so modified, as to lessen the objections of friends to place their suffering relatives under the protection of the law and its officers; we should add, to remove the objections of patients themselves; for it is irritating to the minds of certain classes of the insane to know that they are accounted lunatics by law equally with the most degraded victims of mental disorder with whom they may find themselves associated; and it offers an impediment at times, as those conversant with the management of asylums know, to patients voluntarily submitting themselves to treatment.

The adoption of two forms of certificate, one for persons found to be of unsound mind, and the other for the class of 'nervous' patients, would undoubtedly involve some disadvantages. It would be the aim of all those in a position to influence opinion, to obtain

the registration of their insane friends under the ambiguous appellation of 'nervous' patients; and this could be met only by placing it in the power of an officer attached to the Lunacy Commission to make the decision, after an examination of the patient, respecting the nature of the certificate required. Perhaps the examination to be made by a Commissioner, according to the scheme propounded by Lord Shaftesbury (p. 161), is intended, though not said to be so, to serve the purpose referred to; otherwise it would be a defect in his Lordship's plan, that no person is empowered to discriminate the individuals he would legislate for as 'nervous' patients not properly the subjects for asylum treatment, from those mentally disordered persons who are so.

Although the introduction of a modified or mitigated form of certificate of mental unsoundness, besides the one now in use, may be open to the objection mentioned, and to others conceivable, yet it would, on the other hand, possess certain advantages, and

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would, among others, be certainly an improvement upon the present state of things, by promoting the registration of numerous cases now unknown to the administrators of the Lunacy Laws.

It would be impossible to draw the line rigidly between really insane persons and those suffering from temporary delirium, or 'nervousness.' No ready cut and dried definitions of insanity would serve the purpose, and the discrimination of cases in order to their return as 'lunatic,' or as 'nervous,' must within certain limits rest upon definitions imposed by law, and beyond these to common sense and professional experience. With such criteria to guide, no sufferers from the delirium of fever, of alcoholism, or other kindred morbid state, and no eccentric personages whose peculiarities are not necessarily injurious to themselves, to others, or to their property, should be brought within the operation of the laws contrived to protect positive mental disorder. They would not

occupy the same legal position as those classes proposed to be under one or other form of certificate; for, in our humble opinion, all those under certificate, whether as insane or as ‘nervous’ patients, should be under like legal disabilities in the management of themselves and their affairs, and partake of equal legal protection. In the preamble to the clauses suggested by Lord Shaftesbury, the nervous disorder or other mental affection is very properly supposed to be of a nature and extent to incapacitate the sufferers from the due management of themselves and their affairs; that is, that they are to be rightly placed under similar civil disabilities with the insane;—a position, which could, moreover, not be relaxed even in favour of those voluntarily placing themselves under treatment, without giving rise to much legal perplexity and quibbling. But this last-named result we have some apprehension might ensue, if the next sentence of the clause to those quoted were retained: forasmuch as, farther to define the class of persons to be legislated for, this sentence requires that their disorder shall not render them proper persons to be taken charge of and detained under care and treatment as insane; a condition, which seems to exclude them from the catalogue of insane persons in the eye of the law, and therefore to relieve them from the legal disabilities attaching to lunatics; but, perhaps, it is from ignorance of law that we cannot conceive how it is proposed to provide for the care and official supervision of persons alleged to be incapacitated from the management of themselves and their affairs, and at the same time to pronounce them unfit to be dealt with as insane.

The Scotch Asylums Act (1857) contains a clause (41st) to authorize the detention of persons labouring under mental aberration, in its earlier stages, in private houses, under a form of certificate set forth in Schedule G, wherein the medical man

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certifies that the individual in question is suffering from some form

of mental disorder, not as yet confirmed, and that it is expedient to remove him from his home for temporary residence in a private house (not an asylum), with a view to his recovery. This plan of disposing of a patient is permitted to continue for six months only. By some such scheme as this, it seems possible to bring the sufferers from disordered mental power within the cognizance of the public authorities appointed to watch over their interests, and at the same time to rescue them from being classed with the inmates of lunatic asylums, and from the frequently painful impression, in their own minds, that they are publicly considered to be lunatics. To avoid disputes and litigation, however, such patients should, even when under that amount of surveillance intimated, be debarred from executing any acts in reference to property, which might be subsequently called into question on the plea of their insanity.

According to the present state of the law, there is no intermediate position for a person suffering from any form of cerebral agitation or of mental disturbance; he must be declared by certificate a lunatic, or his insanity must be called 'nervousness.' Under the latter designation of his malady, he cannot receive treatment in an Asylum or Licensed House; and yet, all his acts in behalf of his own affairs, that is, where his friends do not arbitrarily assume the power to act for him, may at any future time be disputed as those of a lunatic. Yet, as noticed more than once before, all the probable disadvantages of this anomalous position are risked in very many cases, and the best chances of recovery thrown away, because the friends (and the patient too very often) are unwilling to have him certified as a lunatic. An alteration, therefore, of the law seems much required in this matter. The Earl of Shaftesbury has met this want partially by the clause he has proposed in favour of 'nervous' patients, and his Lordship, in a preceding portion of his evidence (Queries 191-192), expressed himself in favour of mitigating the wording of the medical certificates required. We have also heard Dr. Forbes Winslow express sentiments to a similar effect, that the

law ought to recognise the legality of placing certain patients suffering from some varieties of mental disturbance under treatment in licensed houses, and especially those who will voluntarily submit themselves to it, without insisting on their being certified as lunatics.

This is not an improper place in our remarks to direct attention to the proposition to legalize the establishment of intermediate institutions, of a character standing midway, so to speak, between the self-control and liberty of home and the discipline of the licensed asylum or house, to afford accommodation and

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treatment for those who would be claimants for them under the mitigated certificates above considered. Such institutions would be very valuable to the so-called 'nervous patients,' and to the wretched victims of 'dipsomania'—the furor for intoxicating drinks; for there are many advantages attending the treatment of these, as of insane patients, in well-ordered and specially arranged establishments, over those which can be afforded in private houses. It may likewise be added, that the facilities of supervision by the appointed public functionaries are augmented, and greater security given to the patients when so associated in suitable establishments. We add this because, although the certificates are mitigated in their case, and they are not accounted lunatics, yet we regard that degree of visitation by the Commissioners, indicated by Lord Shaftesbury, to be in every way desirable.

It is not within the compass of this work to enter into the details for establishing and organizing these retreats: they have been discussed by several physicians, and more particularly in Scotland, where, it would seem, examples of drunken mania are more common than in England.

Chap. IX.—Appointment of District Medical Officers.

Throughout the preceding portion of this book we have pointed out numerous instances wherein the legal provision for the insane fails in its object from the want of duly-appointed agents, possessing both special experience and an independence of local and parochial authorities; and we have many times referred to a district medical officer, inspector or examiner, as a public functionary much needed in any systematic scheme to secure the necessary supervision and protection of the insane, particularly of such as are paupers. We will now endeavour to specify somewhat more precisely the position and duties of that proposed officer; but, before doing so, we may state that the appointment of district medical officers is not without a parallel in most of the Continental States. In Italy there are provincial physicians, and in Germany Kreis-Artzte, or District-physicians, who exercise supervision over the insane within their circle, besides acting in all public medico-legal and sanitary questions. In our humble opinion, the institution of a similar class of officers would be an immense improvement in our public medical and social system. The want of public medical officers to watch over the health and the general sanitary conditions of our large towns has been recognised and provided for; although the machinery for supplying it is much less perfect than could be wished: for to entrust the sanitary oversight and regulation of

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populous districts to medical men engaged in large general

practice, often holding Union medical appointments, and rarely independent of parish authorities, is not a plan the best calculated to secure the effectual performance of the duties imposed; for, as a natural result, those duties must rank next after the private practice of the medical officer, and constitute an extraneous employment.

In the establishment of a class of district medical officers,—chiefly for the examination, supervision and registration of all lunatics or alleged lunatics and ‘nervous’ patients not in asylums, but placed, or proposed to be placed, under surveillance, accompanied with deprivation of their ordinary civil and social rights,—we would protest against the commission of such an error in selecting them, as has, in our opinion, occurred in the appointment of sanitary medical officers generally: for the performance of the duties which would devolve on the district medical officer, it would indeed be essential that he should be perfectly independent of local authorities, that he should not hold his appointment subject to them, and that his position among his professional brethren should be such as to disarm all sentiments of rivalry or jealousy among those with whom his official duties would bring him in contact. What should be his position and character will, however, be better estimated after the objects of his appointment are known.

The extent of the district assigned to this official would necessarily vary according to the density of population; so that some counties would constitute a single district, and others be divided into several. In the instance of a county so small as Rutland, the services of a separate district medical officer would hardly be required, and the county might be advantageously connected with an adjoining one.

One principal purpose of his office would be to receive notice of every case of insanity, of idiocy, or of ‘nervousness’ (as provided for by Lord Shaftesbury’s proposal), and to register it; the notice to be sent to him by the medical attendant upon the patient. Upon receiving such notice, he should forthwith, except under certain

contingences hereafter indicated, visit the case, and determine whether it should be rightly placed under certificates as one of lunacy, or as one of 'nervous' disorder, amenable to treatment without the seclusion of an asylum; and should transmit the result of his examination and the report of the case to the Lunacy Board. It might supply an additional protection to the lunatic, and be satisfactory otherwise, if the signature of this officer were required to the original certificates (see p. 165) before their transmission to the central office in London.

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The return made by the district medical officer to the Commissioners in Lunacy would be of much service to them in determining their future course with reference to the visitation of the patient (in carrying out Lord Shaftesbury's proposal, p. 161), supposing him to be detained at home, or in lodgings with strangers, instead of being transferred to an asylum or licensed house. So again, if the patient were removed to an asylum, he would furnish a report of his history and condition to the physician or proprietor, and thereby render a valuable service, particularly in the case of paupers, of whom next to nothing can frequently be learnt from the relieving officers who superintend their removal to the County Asylum. The want of a medical report of cases on admission is, in fact, much felt and deplored by medical superintendents; and, since it is proposed that the district officer should visit the patient at his own home, or, in exceptional cases, elsewhere, and inquire into his mental and bodily state, and into the history of his disorder, before his removal to the asylum, and as soon as possible after the onset of the attack, he would be well-qualified to render a full account of his case.

We have spoken of a notice of idiots within his district being sent to the district inspector, and of his duty to register them. This matter we regard as certainly calling for attention, for, as remarked in a previous page (p. 149), idiots need be submitted to appropriate educational and medical means at an early age to derive the full

benefits of those measures; and among the poor, they certainly should not be left uncared for and unnurtured in the indifferent and needy homes of their friends, until, probably, their condition is almost past amelioration.

Again, with reference to the transmission of pauper lunatics to county asylums, we are disposed to recommend that the order for it be signed by the district medical officer, without recourse to a justice, in those cases where he can visit them, and in comparison of which indeed others ought to be exceptional. Where, for instance, by reason of the remoteness of the patient's home, or of the workhouse or other building wherein he is temporarily detained, the district medical officer's visit could not be specially made except at great cost, the removal of the patient to the asylum might be carried out under the order of a magistrate, and the examination made by the district officer, as soon after his reception as possible; or better, at his own residence, which ought to be in a town not far from the county asylum.

We advocate the delegation of the authority to the district officer to make an order in lieu of a justice, on the production of the legal medical certificate required, because we consider him much better qualified to administer that portion of the lunacy law, particularly as that law at present stands, which puts it in

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the power of a justice to impede the transmission of a lunatic for treatment, if, in his opinion, the patient's malady do not require asylum care: and it is a fact, that the clause permitting a justice this influence over a patient's future condition is often exercised; at times, contrary to the decided advice of medical men, and to the detriment of the poor patient. Lord Shaftesbury refers to such an occurrence in his evidence (*op. cit.*, query 846). Having in view private patients especially, his Lordship remarks that nothing could be worse than to take them before a magistrate: "there would be a

degree of publicity about it that would be most painful ..., and to have the matter determined by him whether the patient should or should not be put under medical treatment. In ninety-nine cases out of one hundred, the magistrate knows little or nothing about the matter. A case occurred the other day of a poor man who was taken before a magistrate, and he refused to certify, because the man was not in an infuriated state. ‘A quiet person like him,’ he said, ‘ought not to be put into an asylum; take him back.’ He was in a low, desponding state, and if he had been sent to a curative asylum, he might have been cured and restored to society.”

Mr. Gaskell also adds his evidence to that of the noble chairman of the Board, in reply to query 1385 (*op. cit.* p. 133) put by Sir George Grey:—“Is the magistrate to be quite satisfied on the evidence that the pauper is a proper person to be taken charge of in the county asylum?” Mr. Gaskell replies, “Yes, as I said, on the medical gentleman giving a certificate. Then it is his duty to make an order, and if he is not satisfied by his own examination, or the medical evidence is not sufficient to justify the order, he declines. I am sorry to say that they frequently do.”

It is also to be remembered that the existing law allows the justice’s order to be dispensed with, if it cannot be readily obtained, or if the patient cannot be conveniently taken before him, and admits as a substitute an order signed by an officiating clergyman and an overseer or a relieving officer, upon the production of a medical certificate. Moreover, by the interpretation clause, the chaplain of a workhouse is to be deemed an officiating clergyman within the meaning of the Act. Now, these conditions seem to us to frustrate the undoubted intent of the law in requiring a magistrate’s order, viz. to guard against the unnecessary detention of an alleged lunatic; for they place the liberty of the pauper entirely in the hands of parish officers and paid servants, who will naturally act in concert; and it is conceivable that workhouse authorities might be anxious to get rid of a refractory

pauper, and could together with the relieving officer influence in a certain degree the opinions and sentiments of the salaried

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chaplain and medical officer, in order to sanction his removal to the county asylum.

We have, indeed, in previous pages (p. 91, *et seq.*), shown that unfit and occasionally non-lunatic patients are sent to asylums; but, even did such an event never happen, we should still hold that the protection to the alleged lunatic intended by the requirement of an order signed by the officials designated, is very little worth, and would be advantageously replaced by the order of a district medical officer appointed and authorized by the scheme we propose. It is also worthy of note, that patients sent to asylums under the order of the chaplain and relieving officer feel themselves sometimes much aggrieved that no magistrate or other independent authority has had a voice in the matter. They regard the relieving officer or the overseer, as the case may be, to be directly interested in their committal to the asylum, and only look upon the chaplain of the union as a paid officer, almost bound to append his signature to any document matured at the Board of Guardians, when called upon to do so. Moreover, they can recognise in him, in his professional capacity as a clergyman, no especial qualifications for deciding on the question whether they are proper persons to be confined on the ground of their insanity. This remark, too, extends to every other clergyman called upon to act in the matter. Nay, more, there is another more potent objection at times to a clergyman signing the order; viz. when the patient is of a different faith, or when perhaps animated by strong prejudices against the clergy of the English Church, and when, consequently, it is possible for him to imagine himself the victim of religious persecution or of intolerance.

Even Lord Shaftesbury, who is so identified with the interests of

religion and of its ministers, manifests no disposition to entrust to the clergy the interests of the insane. In reply to the query (No. 838, Evid. Com.), whether he would desire ministers of religion to pronounce on the fitness or unfitness of persons for confinement as of unsound mind, he replies, "I should have more distrust of the religious gentleman than I should have of the medical man; and I say that with the deepest respect for the ministers of religion. The difficulty of it would be incalculable, if you were to throw the duty on the parochial clergy in the neighbourhood, who are already overburdened."

In truth, there is no more reason for assigning to the clergy the determination of the question of sanity or insanity of an alleged lunatic, than for entrusting it to any other respectable and educated class of society. We have seen that magistrates sometimes exercise their privilege of deciding the question in an arbitrary and injudicious manner, and it is permissible to suppose the clergy not to be always in the right in exercising the same

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function. Indeed, we have at least one instance on record that they are not, in the Supplement to the Twelfth Report of the Commissioners in Lunacy; viz. in the case of an epileptic woman, subject to paroxysms of dangerous violence and destructiveness,—such as are common to the epileptic insane in asylums, and reported by the master of the workhouse "as unsafe to be associated with the other inmates. For these offences she had been subjected to low diet, restraint, and seclusion, and on three occasions had been sent to prison. The medical officer of the workhouse considered her of unsound mind, not fit to be retained in the workhouse, and improperly treated by being sent to prison. In March 1856, and February 1857, he had given certificates to this effect, and steps were taken to remove her to the asylum. When taken on those occasions, however, before the vicar of the parish, he refused to sign the order, and she was consequently treated as

refractory, and sent to prison.”

Taking the foregoing remarks into consideration, the only circumstances under which we would call upon an officiating clergyman, not being the chaplain of the Union, to make the order, would be where no magistrate resided in the neighbourhood, and where, from the remoteness of the locality, the district medical examiner could scarcely be expected to visit the individual case,—an event that would be of rare occurrence in this country.

There are indeed cases, such as of acute mania, where the justification of the confinement of a lunatic, by the order of a magistrate or clergyman, is a mere formality, and might be altogether dispensed with, and all legal protection guaranteed by the medical certificate, and an order signed by a parish officer to authorize the asylum authorities to receive the patient at the charge of the parish sending him. But if this were objected to, then assuredly the examination of the lunatic immediately upon or just before his admission into the asylum by the district medical officer, would supply every desideratum in the interests of the patient, and such an examination would, according to our scheme, be always made at this stage of the patient’s history.

Lastly, let it be remembered that a magistrate’s order is not required for the admission of a private patient into an asylum or licensed house. A relative or friend may sign the order and statement, and the alleged lunatic is thought to be sufficiently protected by the two medical certificates. Now, were a magistrate’s or a clergyman’s order any real security against the commission of a wrong to an individual, it would be much more necessary in the instance of private patients possessing property, and whose confinement might serve the interests of others, than in the case of paupers, for whose confinement in an asylum no

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inducement, but rather the contrary feeling, exists. In fact, the

confirmation given to the propriety of placing a pauper lunatic in an asylum by the district medical officer, as proposed, might be considered supererogatory, considering that a certificate is required from the superintendent of the asylum shortly after admission, had it no other purpose in view.

According to the proposition advanced by us, an experienced opinion by an independent authority would be obtained in lieu of one formed by an inexperienced magistrate (who would generally prefer escaping an interview with a madman, mostly act upon the medical opinion set forth, or if not, be very likely to make a blunder in the case), or of one certified by two inexperienced, paid, and therefore not sufficiently independent, workhouse functionaries.

The clause proposed by the Commissioners (Supp. Rep. 1859, p. 37), “that the medical officer of the workhouse shall specify, in the list of lunatic inmates kept by him, the forms of mental disorder, and indicate the patients whom he may deem curable, or otherwise likely to benefit by, or be in other respects proper for, removal to an asylum,” is virtually unobjectionable; but, with due submission, we would advocate that, whether with or without this list and those expressions of opinion, the District Medical Officer’s Report should be considered the more important document whereon to act. The evidence given before the late Committee of the House of Commons (1859) shows that we must not expect much book-keeping or reporting from the parochial medical officers, and that many misconceptions and erroneous views prevail, and will damage results collected from them. The Union medical officer will necessarily have his own opinions respecting the nature and prospects of the lunatics under his observation, and no great objection can be taken to his recording them, if thought worth while: yet they would be sure to be given, even without any legal requisition; and might often help, when privately expressed, the District Examiner in his inquiries; and it would, besides, be better

to avoid the chances of collision between the written opinions of two officers who should work together harmoniously.

Also, in the instance of private patients to be placed in an asylum, licensed house, or elsewhere with strangers, we look upon the visitation and examination of such a medical officer as we suggest as a valuable additional protection and security to them. He would constitute an authority in no way interested in the detention, and, by the nature of his office, bring to bear upon any doubtful cases an unusual amount of special knowledge and experience. We cannot help thinking that such a functionary would be much more efficient and useful than a magistrate (to

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whom some have proposed an appeal), as a referee to determine on the expediency of placing a person under certificate as of unsound mind.

Another class of duties to devolve on a district medical officer comprises those required to watch over the interests and welfare of pauper lunatics sent to, or resident in, workhouses. At p. 73, we have advanced the proposition, that, in future, no alleged lunatics should be removed to a workhouse, except as a temporary expedient under particular conditions, such as of long distance from the asylum or unmanageable violence at home; and that in all cases a certificate to authorize any length of detention in a workhouse should emanate from the district medical officer. The object of this proposal is to prevent the introduction of new, and particularly of acute cases of insanity, into workhouses; for, as we have shown in the section 'on the Detention of Patients in Workhouses' (p. 40, *et seq.*), the tendency is, when they are once received, to keep them there. According to our scheme, the district officer would receive notice of all fresh cases from the medical practitioner in attendance upon them, and, in general, visit them at their homes before removal to the workhouse or elsewhere. With

respect to the actual inmates of the workhouse, it would be equally his duty to ascertain their mental and bodily state, to suggest measures to ameliorate their condition, and to report on those whom he might consider fit for removal either to the County Asylum or to lodgings out of the Union-house. He would make his report both to the Committee of Visitors of the workhouse, hereafter spoken of, and to the Lunacy Commissioners. It should devolve primarily upon the Committee to act upon the reports, or, on their omission so to do, the Commissioners in Lunacy, either with or without a special examination made by one or more of their number, should be empowered to enforce those changes which might in their opinion be absolutely necessary.

Again, by Suggestion 5 (p. 73), we provide that no person shall be detained as a lunatic or idiot, or as a person of unsound or weak mind, except under an order and a medical certificate to the existence of mental derangement, just such as is needed to legalize confinement in an asylum. The order would best come from the District Medical Examiner, whilst the certificate would, as usual, be signed by the Union medical officer.

Now, by one of the propositions contained in the Supplementary Report of the Commissioners in Lunacy (1859, p. 37), it is sought to render a similar protection by another expedient; viz. that the alleged lunatic “shall be taken before a justice or officiating clergyman, and adjudged by him as not proper to be sent to an asylum.” By the next paragraph, it is further

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proposed that, “In any case wherein an order for a lunatic’s reception into an asylum shall be made by a Justice or officiating clergyman, it shall be competent for him, if, for special reasons, to be set forth in his order, he shall deem it expedient, to direct that such lunatic be taken, *pro tempore*, to the workhouse, and there detained for such limited period, not exceeding two clear days, as

may be necessary, pending arrangements for his removal to the asylum.”

Now, with all becoming deference to the position and experience of the Commissioners, we must confess to a predilection for our own plan, which, indeed, was drawn out before the appearance of the Supplemental Report. This preference we entertain for the reasons shown when speaking of the relative qualifications of magistrates and clergymen to make the order for admission into asylums; viz. that on the one hand there are no *à priori* grounds for supposing their discrimination of insanity, and of its wants and requisite treatment, to be better than that of other people; that some direct objections attach to clergymen, and that experience proves that neither Justices nor clergymen have hitherto so performed the duty as to afford any inducement to increase its extent; and, on the other, that in the district medical officer we have an independent and skilled person to accomplish the work.

Nevertheless the suggestion offered by the Commissioners is a great improvement upon the practice in vogue, which leaves the determination of the place and means of treatment, and of the capability of a patient to be discharged or removed, to the parish authorities. On this matter we have commented in previous pages, and illustrated at large in the history of the condition of the insane in workhouses, or boarded with their friends outside.

By suggestion 4 (p. 73), we propose that no lunatic or other person of unsound mind in a workhouse should be allowed to be discharged or removed without the sanction of the district medical officer. This proposition we regard as of great importance; for we have seen (p. 90, *et seq.*) with what recklessness, contempt of common sense, and cruelty, poor lunatics are removed from workhouses to asylums under the operation of existing arrangements. Again, some directing, experienced and independent authority is needed (p. 89) to overrule the removal of imbecile and other inmates to the houses of their relatives or of strangers; to

indicate the cases to be sent, and to examine the accommodation, and ascertain the character and fitness of the persons offering to receive them. These functions also we would delegate to the district medical officer. Once more, imbecile, partially idiotic, and occasionally patients more rightly called lunatic, are sent away, or allowed to discharge themselves from,

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the workhouse, with the sanction of the authorities of the House and of the Guardians. The terrible evils of this proceeding are alluded to at p. 77, and more fully entered into in the Commissioners' Supplementary Report (1859), and in the evidence before the Committee on Lunatics (1859, Queries 1594-1596). The district medical officer would here again come into requisition, and, under a distinct enactment of the law, resist the discharge, unless satisfied that the relatives of the disordered or imbecile paupers, particularly when females, could afford proper supervision and accommodation, and exercise due control over them.

The sixth suggestion we have made (p. 73) contemplates the visitation of lunatics in workhouses, not only by the Lunacy Commissioners, as heretofore, but also by a Committee of Magistrates, and the district medical officer.

The powers committed to the Lunacy Commissioners by existing Acts to inspect workhouses are very inadequate and unsatisfactory; for, as the Commissioners observe, they can make recommendations, but have no authority to enforce attention to them, and the only course open to them is, to get their views represented through the medium of the Poor Law Board; and, although this Board co-operates most readily in their recommendations, yet it has no positive power to enforce them. The result is, the Commissioners find that the circuitous and troublesome proceeding to which they are restricted renders their

endeavours in behalf of workhouse lunatics almost nugatory.

To rectify this objectionable state of things, the first principle to be recognised is, that the Lunacy Board shall be charged with the custody of all lunatics, whose interests it shall watch over and have the necessary power to promote, however and wherever they may be found. It should not have to exercise its authority, to enforce its orders and regulations, through the medium or by the agency of any other Board. No competing authority should exist. All lunatics should be reported to the Commissioners; all should be subject to their visitation, or to that of any assistants appointed under them; and the power of release should be lodged in their hands in respect of all classes of patients when they see reason to exercise it. In the instance of pauper lunatics in workhouses, they should be able to interpose in their behalf, to require every necessary precaution to be taken for their security, and due accommodation and treatment provided.

The district medical officer would be their local representative; would make frequent inspections, and report to them and act under their direction. He would indeed be responsible to them in all duties connected with the interests of the insane.

We have (p. 73) proposed a Committee of Visitors of

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Workhouses, for each county or for each division of the county, selected from the magistrates and from the respectable classes of ratepayers, not being guardians or overseers, although chosen with a view to represent parochial interests. This Committee should visit, at least once a quarter, every workhouse containing a person of unsound mind or an idiot, in the district under its jurisdiction; and it would be desirable that the district medical inspector should visit in company with the Committee, besides making other visits by himself at other times.

We are happy to find that this suggestion tallies in general with one made by the Commissioners in Lunacy in their recent Supplementary Report, as well as with the views of Dr. Bucknill. But we conceive it rather a defect in the Commissioners' scheme that they propose that "the Visiting Commissioner and the Poor Law Inspector be empowered to order and direct the relieving officer to take any insane inmate before a Justice, under the provision of the 67th Section of the Lunatic Asylums Act, 1853." For, according to the principle enunciated in the last page, the Lunacy Commissioners, as the special guardians of the insane, should alone be concerned in the direct administration of the Laws of Lunacy, and on this ground we object to the power proposed to be conferred on the Poor Law Inspectors; and we take a further objection to their being called upon to form an opinion respecting the lunatics who require Asylum treatment, and those who do not. There is truly no impediment, in the abstract, to their forming an opinion; yet, on the other hand, we would not have them to act upon it, but desire them to report the circumstances falling under their notice to the Lunacy Commissioners, who would thereupon examine into them, and decide on the steps to be taken. By the plan, however, which we have drawn out, and by the functions proposed to be entrusted to the district medical officer, the whole clause last discussed would be rendered superfluous.

The seventh suggestion (p. 73) submitted to consideration is, that every workhouse containing lunatics should, under certain necessary regulations, be licensed as a place of detention for them, by the Committees of Visitors of Workhouses when situated in the provinces, and by the Lunacy Commissioners when in the metropolitan district, and that the licence should be revoked by the Committees, after reference to the Lunacy Board, in the case of workhouses licensed by them, and by the Commissioners solely in the instance of any workhouse whatever. This plan confers the requisite power on the Commissioners to control the accommodation and management of workhouse wards for lunatics,

and resembles the one pursued at present with regard to asylums. It would likewise permit them to

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order the closure of lunatic wards, and the removal of all lunatics from a workhouse, when they were persuaded that proper Asylum or other accommodation was available for the insane inmates.

Whatever course they adopted, or whatever decision they arrived at on such matters, they would be chiefly guided by the results of the inspection and the reports thereon made by the district medical officer, and further established by their own visitation. The present number of Commissioners is far too small for them to visit each workhouse even once a year; and, if our views respecting the necessity of a complete examination of every one of such institutions, at least four times a year, be correct, it would still be impossible to get this work done by them, even though their number was trebled; therefore, as just said, the inspection made by the district medical officer would afford the chief materials for their guidance in dealing with workhouse lunatics, and save them an immense amount of labour.

Our eighth suggestion (p. 73) is to the effect that all lunatics in workhouses should be reported to the Lunacy Commissioners, and that this should be done by the district medical officer (p. 97). The number, age, sex, form and duration of malady, previous condition in life and occupation, and all particulars touching the mental and bodily condition of the patients, would be thus duly registered. The advantages of such a system of reporting are obvious, and, as this branch of the district officer's work has partially come under notice before, it need not be enlarged upon here.

The law provides for the occasional visitation of pauper lunatics in asylums chargeable to parishes, by a certain number of the officers, and among them the medical officer of the parish to which, as paupers, they are chargeable; and something, by way of

remuneration for their trouble, is allowed out of the funds of the union or parish. This arrangement keeps up a connexion between a parish and the lunatics chargeable to it in the county asylum, which in various respects is desirable, and probably satisfactory to the ratepayers. But the lunatic inmates of an asylum chargeable to the county do not receive the benefit of any such wise provision: when once in the asylum, they find none interested in their condition save the staff of the asylum, its visitors, and the Commissioners. The last-named, in their annual visit, can have no time to consider them apart,—not even to discover and distinguish them from the rest. Very many of them are foreigners, and their condition is consequently more deserving commiseration, as being, most likely, without friends, to interest themselves in their behalf. If the inquiry were made of the superintendents of county asylums, we believe it would be found

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that the omission of the law in providing for the more immediate watching of these poor lunatics is attended with disadvantages and injuries to them. To supply this want, we are disposed to recommend the district medical inspector as their special visitor; for he would be identified, on the one hand, with the county in which his duties lie, and, on the other, with the Lunacy Board, in such a manner as to be able to lay before it, in the readiest and best manner, any circumstances respecting these county pauper lunatics which it might seem desirable to report, and, when they were foreigners, to bring about a communication with the Foreign Office, and secure their removal to their own country.

The visitation of these lunatics would rightly entitle the district officer to remuneration, which might be the same as that now paid per head for the visitation of out-door pauper lunatics, viz. half-a-crown per quarter. This amount would be payable by the county to which the patients were chargeable, and would add to the fund applicable for the general purposes of the Lunacy Board.

The Supplementary Report of the Lunacy Commissioners (1859, p. 13-14) contains some observations relative to the decision, in the instance of workhouse inmates, of the question who among them are to be reckoned as “Lunatics, Insane Persons, and Idiots” on the parish books? It is at present a task left to the guardians, the master, or to the parish medical officer; but the Commissioners rightly recommend that it should be entrusted to the last-named officer. However, we should prefer to see the duty delegated to the district medical inspector, as better qualified, in general, by experience, and, what would be of more importance, as being independent of parochial functionaries: for the duty is a delicate and responsible one; and, the disposition of guardians being economical where money is to be expended on the poor, they always desire to escape the heavier charge entailed by lunatics, and, where they can manage it, are pleased to witness the discharge of imbecile paupers, and of others more correctly called insane, whom they may choose for the time to consider as sane enough to be at large. The difficulties besetting this question of determining what paupers are to be considered insane, and what not, is remarked upon by the Scotch Lunacy Commissioners in their recently-published First Report (1859), and was referred to in the English Commissioners’ Report for 1847 (p. 239 & p. 257). The enormous evils attending the present loose mode of deciding the question are sketched in the Supplementary Report quoted, and in previous pages of this book.

We now come to the duties of the district medical officer in reference to the pauper insane not in workhouses or asylums,

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but boarded with relatives or strangers: as, however, we have, treated of them at some length in the section on the condition of those lunatics (p. 83, *et seq.*), we will refer the reader back to that portion of the book. Suffice it here to say, that the district medical officer is very much needed as an independent and competent

functionary to supervise and regulate the state and circumstances of this class of poor patients. He should visit every poor person wholly or partially chargeable, or proposed to be made chargeable, to the parish, as being of unsound mind (p. 84), and make a quarterly return to the parochial authorities and to the Lunacy Board (p. 87). He should also take in hand the selection of the residence and the examination into the circumstances surrounding the patient (p. 89).

If the scheme of boarding the pauper insane in the vicinity of the county asylums, in cottage-homes (see p. 90, and p. 145), were carried out, the extent of the duties of the district inspector would be much curtailed, inasmuch as a majority of such lunatics would fall within the sphere of the asylum superintendents in all matters of supervision.

The subsequent publication of the "Evidence before the Select Committee on Lunatics," 1859, enables us to refer the reader to other illustrations of much weight, to show the pressing demand for an efficient inspection of single cases, and for securing satisfactory returns of their condition, particularly when paupers. The necessity for inspection is proved by Lord Shaftesbury's exposure of the wretched state of single patients (at p. 33, *et seq.*), and the want of returns by the evidence of Mr. Gaskell (p. 134, *et seq.*). The passages bearing on these points are too long for quotation at this part of our work, and are very accessible (Blue Book above-mentioned) to every reader desirous of seeing other evidence than that adduced in preceding pages.

The appointment of the district medical officer would have this further benefit with reference to out-door pauper lunatics, that it would set aside discussions respecting the persons who should receive relief as such; a circumstance, upon which turns, as noticed before (p. 84), the question of the quarterly payment of two shillings and sixpence for each lunatic visited. The district officer would possess an entire independence of parish officials, and could

not be suspected of any interested motive in making his decision. In undertaking the inspection of this class of pauper lunatics, he would certainly displace the parish medical officers, and the small fee payable to these last would fall into the treasury of the Lunacy Board; yet the loss to an individual union medical officer would be scarcely appreciable; for the number of lunatics boarded out in any one parish or portion of a parish coming under his care, would, in every case, be very small;

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whilst, on the other hand, the sum in the aggregate paid into the hands of the Commissioners, on account of all such patients in the kingdom, would,—supposing, for example, our estimate of 8000 to be tolerably correct,—form a not inconsiderable sum; taking the number mentioned, it would amount to £4000 per annum,—a useful contribution to the fund for meeting the expenses of district medical inspectors, and sufficient to pay the salary of eight such officers. But the fee might be doubled without being burdensome to any parish.

Although the Commissioners in Lunacy might occasionally visit private lunatics in their own homes, and more especially those boarded with strangers, yet it would be impossible for them, even if their number were doubled, to exercise that degree of supervision which is called for. This would particularly be the case, were the system of registration, or of reporting all persons under restraint on account of mental disorder or mental weakness, carried out; and the only plan that appears for securing the desired inspection of their condition, and of the circumstances and propriety of their detention, is that of imposing the duty upon the district medical officer. We have already suggested that this officer should see all such cases when first registered; by so doing, he would be brought into contact with the patients and their families, and would, as a county physician, also constitute a less objectionable inspector than even the Commissioners themselves

in their character as strangers and as members of a public Board.

The medical inspector's visit should be made at least four times a year, and a moderate fee be paid on account of it to the general fund of the Lunacy Board. If it were only half-a-guinea per quarter for each patient, it would produce a considerable sum available for the purposes of the Commission.

There is yet one other duty we would delegate to the district medical officer, viz. that of visiting the private asylums not in the metropolitan district, in company with the Committee of Visiting Justices, who, according to the requirement of the present law, must join with themselves a physician, in making their statutory visits. We conceive that the assistance of such a physician as we would wish appointed in the capacity of district medical officer, would render the magisterial visits more satisfactory, and establish a desirable connexion between the Visiting Justices and the Lunacy Board. We do hear, at times, of a species of rivalry or of opposition between the visitors of private asylums and the Commissioners, to the detriment of proprietors. If such an evil prevails, one means of checking it would, we believe, be found in the position and authority of the district medical officer when called on, as suggested, to act as the visiting physician with the

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magistracy as well as the local representative of the Commissioners in Lunacy.

On reviewing the duties to be undertaken by a district medical officer, the propriety of the remarks with which we began this chapter will appear:—viz. that he should occupy as independent a position as possible; that, as a medical man, he should be free from all sentiments of rivalry, and therefore not be engaged in practice,—or at least not in general practice. It would be much better that he should not practise at all on his own account, but should be so remunerated that he might devote all his time and

attention to the duties of his office.

He should receive a fixed annual stipend, and not be dependent on fees. By this course, he could not be accused of having any interest in the seclusion of the insane under his supervision. So, again, in order to confer on him the necessary independence in the discharge of his duties, his appointment should be made by the Lunacy Board with the concurrence of the Home Secretary or of the Lord Chancellor,—not by the magistrates, nor by any parochial authorities. It should also be a permanent appointment, held during good behaviour, and revocable by the Commissioners only, after an investigation of any charges of misconduct, and upon conviction.

The acquisition of the services of suitable and competent medical men might be started as a difficulty in carrying out our scheme; yet it is really of so little moment that it scarcely needs discussion. The development of the country perpetually opens up new offices and creates a demand for fitting men to fill them; but, by the law of political economy, that where there is a demand there will be a supply, individuals rapidly come forward who are adapted, or soon become adapted, to the new class of duties. And so it would be on instituting the post of district medical officer in each county or division of a county; for it is to be remembered that the rapid extension of asylums has raised up a class of medical practitioners specially conversant with the insane; so that, when a vacancy occurs in any one such institution, qualified candidates spring up by the dozen, and the difficulty is, not to find a suitable man, but to decide which of many very suitable applicants is the most so. Moreover, the anxiety, the mental wear and tear, and the greater or less seclusion of an asylum superintendent's life, are such, that his retirement after some fifteen or twenty years' service is most desirable, although his age itself may not be so far advanced but that many years of active usefulness are before him: to many such a retired superintendent, the post of district medical inspector, even

at a very moderate salary, would be acceptable, whilst its duties would be most competently performed by him.

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Our business has been to point out wherein a necessity appears for the appointment of a district medical officer in the interests of the insane, and to indicate, in general, the duties which would devolve upon him in regard to them; but we may be allowed to hint at another set of duties which, we are of opinion, might most advantageously be allotted to him, and afford an additional argument in favour of creating him a public servant, so paid as legitimately to demand his withdrawal from private medical practice. The duties we mean are in connexion with medico-legal investigations in cases of sudden and of violent death, of criminal injuries, and of alleged lunacy; duties, by the way, which are exercised by the district or provincial physicians in Continental States. We should, by such an arrangement, obtain the services of a medical man expert in all those inquiries and trials which come before the coroner's court and the higher courts of law; we should obtain a skilled and experienced physician, occupying a position perfectly independent of either side, in any trial or investigation where a medical opinion or the result of medical observation was called for. Medical witnesses, in a legal inquiry, are not unfrequently blamed, and still oftener criticized, and perhaps unfairly so, by their professional brethren, respecting the manner in which they may have made an autopsy, or conducted the examination in other ways, touching the cause of death, or an act of criminal violence; and they are always exposed to the rivalry of their neighbours; and wishes that some skilled individual had been sent for in their stead to conduct the investigation, find their way into the public papers. Again, it should be remembered that a medico-legal inquiry is an exceptional event in the practice of most medical men: they bring to it no particular experience, and generally they would much prefer to escape such investigations altogether, as they seriously interfere with their ordinary

avocations, and obtain for them no adequate remuneration. Yet withal, the plan proposed would far from entirely prevent their being engaged in the subjects comprehended in the term 'Medical Jurisprudence,' or deprive them of fees. As the actual practitioners of the country and always near at hand, they would be the first sent for in any case, the history or termination of which might involve a judicial inquiry; whilst, on the other hand, the district medical officer would have to be summoned and would act in the case only as the representative of the public interests and of the public security. Lastly, the district medical officer in the discharge of his duties would not render the services of special medical jurists unnecessary; the chemist, for instance, would be as important in his special calling as he is at the present time, wherever death by poisoning was suspected.

It would be beside our purpose in this treatise to enlarge upon

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the medico-legal duties which would devolve on the district medical officer in the position in which we would place him, or on the benefits that would accrue from his labour to public justice, and to the interests of the State. Reflection upon the plan will, we believe, convince any reader, who knows how matters now are, that it would lead to an immense improvement.

It appears to be a feature of our countrymen, both in public and private affairs, that they will avoid, as long as possible, recourse to a system or to a plan of organization; they seem to prefer letting matters go on as long as they will in their own way, and only awake to a consciousness that something is wanting when errors and grievances have reached their culminating point, and a continuation in the old course becomes practically impossible. Then, when the evil has attained gigantic dimensions, when much injury has been inflicted, and an enormous waste in time and money has occurred, committees of inquiry and special

commissioners are hastily appointed, a sort of revelry indulged in the revelations of past misadventures and past folly and neglect; and some scheme is seen to be imperatively necessary, the costliness of which must be endured; and, perhaps, the conviction all at once arises, that the cost of the needed plan of organization, which can be estimated, is in fact much less than what has been submitted to, without attempting an estimate, for a long time before.

We lag behind most countries on the Continent in our state medical organization; our individual instruments are better, yet they are not co-ordinated in any general system. We trust that this has been in some measure shown in the preceding pages, and that it has been made out, that if the insane, and more particularly those in private houses and those who are paupers, are to be efficiently looked after, and their protection from injuries and their proper care and treatment secured, some such scheme as we have indicated is now called for. Surely evils have sufficiently culminated, when at least one-half of the insane inhabitants of this country have either no direct legal protection, are unknown to the publicly-appointed authorities under whose care they ought to be, or are so situated that their protection and their interests are most inadequately provided for.

Did not a necessity for an improved and extended organization on behalf of the interests of the insane exist, the plea of its cost would probably defeat an attempt to establish it, notwithstanding the plainest proofs of its contingent advantages, and of the fact that sooner or later its adoption would be imperative. But, looking at the question merely with reference to the cost entailed, we believe, that this would not be considerable, and that, as a new burden, it would indeed be very small: for, as we have pointed

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out, there are certain moneys now paid under Acts of Parliament,

which would, by the organization advocated, become available towards defraying its expenses. For instance, the fee of ten shillings per annum, payable for the quarterly visits to every pauper lunatic not in asylums, would revert to the district officers; as likewise would the fee payable to the physician called upon by the visitors to the licensed houses in every county. We have also proposed a fee to be paid for a quarterly visit to all county patients in lunatic asylums, and to all private patients provided for singly, and are of opinion that a payment should be made for each lunatic or 'nervous' patient, when registered as such, whether pauper or not; the sum, in the case of a pauper, however, of a smaller amount than that for a private lunatic.

Considering the character and extent of the supervision and attention proposed to be rendered, and the numerous advantages, direct and indirect, which would necessarily accrue from the establishment of the organization suggested, there are certainly good grounds for enforcing payment for services rendered, so as to make the whole scheme nearly, or quite, self-supporting. To repeat one observation before concluding this chapter,—it should be so ordered, that all moneys levied on account of the visits of district medical officers, and of registration, should be paid to the credit of the Lunacy Board, through the medium of which those officers would receive their salaries.

Chap. X.—On the Lunacy Commission.

We put forward our remarks upon this subject with all becoming deference; yet it was impossible to take a review of the state of

Lunacy and of the legal provision for the insane without referring to it. Indeed, in previous pages several observations have fallen respecting the duties and position of the Commission of Lunacy, and the operation and powers of this Board have also formed the topic of many remarks and discussions in other books, as well as in journals, and elsewhere.

There appears to be in the English character such an aversion to centralization as to constitute a real impediment to systematic government. Various questions in social science are allowed, as it were, to work out their own solution, and are not aided and guided towards a correct one by an attempt at system or organization. Confusion, errors, and miseries must prevail for a time, until by general consent an endeavour to allay them is agreed upon, and a long-procrastinated scheme of direction and control is submitted to, and slowly recognized as a long-deferred good. Such is the history of the care and treatment of the insane. After ages of neglect, evils had so accumulated and so loudly cried for

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redress, that some plan of conveying relief became imperative; and it is only within our own era, that the first systematic attempt at legislation for the insane was inaugurated. From time to time experience has shown the existence of defects, and almost every Parliament has been called upon to amend or to repeal old measures, and to enact new ones, to improve and extend the legal organization for the care and treatment of lunatics and of their property.

One most important part of this organization was the establishment of the Lunacy Commission, which has given cohesion and efficacy to the whole. To the energy and activity of this Board are mainly due the immense improvements in the treatment of the insane which characterize the present time, and contrast so forcibly with the state of things that prevailed before this central authority was

called into power. The official visitation by its members of all the asylums of the country has imparted a beneficial impulse to every superintendent; the Commissioners have gone from place to place, uprooting local prejudices, overturning false impressions, and transplanting the results of their wide experience and observation on the construction and organization of asylums, and on the treatment of the insane, by means of their written and unwritten recommendations, and by their official reports, which form the depositories of each year's experience.

An attempt to show the manifold advantages of this central Board would be here out of place; but we may, for example's sake, adduce the recent investigation into the condition of lunatics in workhouses, as one of many excellent illustrations of the benefits derived from an independent central authority. But, whilst illustrating how much and how long the supervision of independent visitors has been, and, in fact, still is needed over lunatics in those receptacles, it also proves that the existing staff is inadequate to fulfil the task. We have, indeed, suggested the appointment of a class of district medical officers who would relieve the Commissioners from the greatest part of the labour of inspecting workhouse lunatic wards, but we would not thereby entirely absolve them from this duty. An annual visit from one Commissioner to each Union-house containing more than a given number of lunatics would not be too much; and, to make this visit effectual, the Commissioner should be armed with such plenary powers as to make his recommendations all but equivalent to commands, though subject to appeal. At present the Lunacy Commissioners are practically powerless; the law orders their visits to be made, and sanctions their recommendations, but gives neither to them nor to the officers of the Poor Law Board the power to insist on their advice being attended to if no reasonable grounds to the contrary can be shown. In this matter, therefore, a reform of the law is called for. The court of appeal from the

views of the Commissioners might be formed of a certain number of the members of the Poor Law Board and of the Lunacy Commission, combined for the purpose when occasion required.

The proposition has been made (p. 179) to institute a Committee of Visitors of Workhouses, chiefly selected from the county magistracy; and it is one that will no doubt be generally approved. But to the further proposition, that the supervision of workhouse lunatics should be entirely entrusted to these Committees, and that the Commissioners in Lunacy should not be at all concerned in it, we do not agree; for, in the first place, we wish to see the Lunacy Commissioners directly interested in every lunatic in the kingdom, and acquainted with each one by their own inspection or by that of special officers acting immediately under their authority; and, in the second place, we desire to retain the visitation of the members of the Commission in the capacity of independent and experienced inspectors. The advantages of an independent body of visitors, as stated in the Commissioners' 'Further Report,' 1847 (p. 93), chiefly with reference to asylums (see p. 192), have much the same force when applied to the visitors of workhouses,—that is, if the insane in these latter receptacles are to be placed on an equality, as far as regards public protection and supervision, with their more fortunate brethren in affliction detained in asylums. But, besides the arguments based on the advantages accruing from an independent and experienced body of visitors, there is yet another to be gathered from the past history of workhouses and their official managers: for among the members of Boards of Guardians, to whom the interests of the poor in workhouses are confided, are to be found, in a large number of parishes, magistrates holding the position of ordinary or of honorary guardians; and, notwithstanding this infusion of the magisterial element, we find that almost incredible catalogue of miseries revealed to us by the Lunacy Commissioners to be endured by the greater number of lunatics in workhouses. In fact, to assign the entire supervision of workhouse lunatic inmates to a committee of visiting Justices is

merely to transfer the task to another body of visitors, who have little further recommendations for the office than the Boards of Guardians as at present constituted. From these and other considerations, we advocate not only the visitation of lunatics in workhouses by the district medical officers proposed, but also, at longer intervals, by one or more of the Commissioners or of their assistants; and, if this idea is to be realized, an increase of the Commission will be necessary, at least until Union-houses are evacuated of their insane inmates.

The beneficial results flowing from the visitation of asylums by the Lunacy Commissioners is a matter of general assent; and the opinion is probably as widely shared, that this visitation

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should be rendered more frequent. A greater frequency of visits would allay many public suspicions and prejudices regarding private asylums, and would, we believe, be cheerfully acquiesced in by asylum proprietors, who usually desire to meet with the countenance and encouragement of the Commissioners in those arrangements which they contrive for the benefit of their patients. The proceeding in question would, likewise, furnish the Commissioners with opportunities for that more thorough and repeated examination of cases, particularly of those which are not unlikely to become the subject of judicial inquiries. The ability to do this might, indeed, often save painful and troublesome law processes; for, surely, the careful and repeated examinations of the Commissioners, skilled in such inquiries, when terminating in the conclusion that the patient is of unsound mind, and rightly secluded, should be accounted a sufficient justification of the confinement, and save both the sufferer and his friends from a public investigation of the case.

The decision of the Lunacy Commissioners, we are of opinion, should be held equivalent to that of a public court, and should not

be set aside except upon appeal to a higher court, and on evidence being shown that there are good reasons for supposing the original decision to be in some measure faulty. Is not, it may be asked, the verdict of a competent, unprejudiced body of gentlemen, skilled in investigating Lunacy cases, of more value than that of a number of perhaps indifferently-instructed men, of no experience in such matters, under the influence of powerful appeals to their feelings by ingenious counsel, and confounded by the multiplicity and diversity of evidence of numerous witnesses, scared or ensnared by cross-examination in its enunciation?

Again, the more frequent visitation of the insane by the Commissioners would be productive of the further benefit of obviating the imputation that patients are improperly detained after recovery; and it would also, in some cases, be salutary to the minds of patients, fretting under the impression of their unnecessary seclusion; for the inmates of asylums naturally look to the Commissioners for release, anticipate their visits with hope, and regret the long interval of two, three, or more months, before they can obtain a chance of making their wants known, particularly since they are conscious how many affairs are to be transacted during the visit, and that only one or two of their number can expect to obtain special consideration.

There is, moreover, a new set of duties the Commissioners propose to charge themselves with, involved in the clause of the Bill introduced in the last session of Parliament (clause 26), requiring information to be given them of the payment made for patients in asylums, in order to their being able to satisfy

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themselves that the accommodation provided is equivalent to the charges paid. This task will necessarily entail increased labour on the Commission, and lead, not only to inquiries touching the provision made for the care and comfort of the patients within the

asylum, but also to others concerning the means in the possession of their friends, and the fair proportion which ought to be allotted for their use. In short, we cannot help thinking that the duties proposed will frequently lead the Commissioners to take the initiative in a course of inquiries respecting the property of lunatics available for their maintenance.

According to present arrangements, although every asylum in the country is under the jurisdiction of the Commissioners in Lunacy, yet, beyond the metropolitan district, their jurisdiction is divided, and the county magistrates share in it. Indeed, provincial asylums are placed especially under the jurisdiction of the magistrates, by whom the plans of licensed houses are approved, licences granted or revoked, and four visitations made in the course of each year; whilst the Commissioners, although they can, by appeal to the Chancellor, revoke licences in the provinces, are not concerned in granting them, and make only two visits yearly to each licensed house beyond the metropolitan district. This variety in the extent of the jurisdiction of the Lunacy Board in town and country, is, to our mind, anomalous, and without any practical advantage. If the magisterial authority is valuable in the regulation of asylums at one portion of the country, it must be equally so at another; the ‘non-professional element’ (Evid. Com., Query 126), if of importance in the country, must be equally so in the neighbourhood of the metropolis. We do not argue against the introduction of magisterial visitation of asylums, but against the anomaly of requiring it in the country and not in town, and against treating provincial asylums as not equally in need of the supervision of the Central Board with the metropolitan. We perceive a distinction made, but cannot recognize a difference. There is a single jurisdiction in the instance of one set of asylums, and a divided one in that of another; and yet the circumstances are alike in the two.

The real explanation of this anomaly in the public supervision and control of asylums, is, we believe, to be found in the fact of the

inadequacy of the Lunacy Commission to undertake the entire work. The superiority of the Commissioners, as more efficient, experienced, and independent visitors, will be generally admitted; but they are too few in number to carry out the same inspection of all the private asylums in the country, as they do of those in the metropolitan district. The Commissioners are free from local prejudices, unmixed in county politics, and constitute a permanent, unfluctuating board of inspection and

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reference; whereas county and borough magistrates owe their appointment usually to political considerations and influence: politics are a subject of bitter warfare among them in most counties; local and personal prejudices and dislikes are more prone to affect them as local men; and, withal, the Committees of Visiting Justices are liable to perpetual change, and, out of the entire number elected on a committee, the actual work is undertaken only by a few, who therefore wield all the legal powers entrusted to the whole body.

A passage from the 'Further Report' of the Lunacy Commissioners (1847) recently referred to (p. 189) may be serviceably quoted in this place. Speaking of the extracts selected by them for publication in the Report, "to show that occasions are continually arising, where the intervention of authority is beneficial," the Commissioners proceed to remark that "the defects adverted to in the extracts may sometimes appear to be not very important; but they are considerable in point of number, and, taken altogether, the aggregate amount of benefit derived by the patients from their amendment, and from the amendment of many other defects only verbally noticed by the Commissioners, has been very great. It is most desirable that no defect, however small, which can interfere with the comfort of the patient, should at any time escape remark. A careful and frequent scrutiny has been found to contribute more than anything else to ensure cleanliness and comfort in lunatic

establishments, and good treatment to the insane. These facts will tend to show how advantageous, and indeed how necessary, is the frequent visitation of all asylums. It is indispensable that powers of supervision should exist in every case; that they should be vested in persons totally unconnected with the establishment; and that the visitations should not be limited in point of number, and should be uncertain in point of time: for it is most important to the patients that every proprietor and superintendent should always be kept in expectation of a visit, and should thus be compelled to maintain his establishment and its inmates in such a state of cleanliness and comfort as to exempt him from the probability of censure. We are satisfied, from our experience, that, if the power of visitation were withdrawn, all or most of the abuses that the Parliamentary Investigations of 1815, 1816, and 1827 brought to light, would speedily revive, and that the condition of the lunatic would be again rendered as miserable as heretofore.”

We have in past pages referred to magisterial authority in relation with the pauper insane, as frequently exercised prejudicially, and with reference to asylum construction and organization, as sometimes placed in antagonism to acknowledged

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principles and universal practice, much to the injury of the afflicted inmates. Its operation is not more satisfactory when extended to the duties of inspection. We have heard complaints made that magistrates sometimes act very arbitrarily in their capacity of visitors to asylums, and that it is not uncommon for them, instead of acting in concert with the Commissioners in Lunacy, to place themselves in opposition to their views. In fact, the Annual Reports of the Commissioners testify to the not unfrequent want of harmony between the visiting magistrates and the Commissioners in Lunacy; and the very facts, that the latter have to make special yearly reports to the Lord Chancellor on the neglect or unfitness of certain private houses, and that they have sometimes to apply to

him to revoke licences, demonstrate that the magisterial authorities are at times backward and negligent in their duties. Indeed, the impression to be gathered from the annual reports of the Commission is, that almost the only efficient supervision and control of provincial asylums are exercised by the Lunacy Commissioners.

The publication of the evidence before the Select Committee (1859) adds fresh proofs that magistrates make but indifferent visitors of asylums, and but imperfectly protect the interests of the insane; and that an extension of the jurisdiction and of the inspection by the Lunacy Commissioners is much needed. We would refer for particulars to queries and answers numbered from 2582 to 2605, and from 2788 to 2789.

We have commented in previous pages on the manner in which the Visiting Justices of public asylums perform their duties, and need not repeat the statements already made; yet we may here remark that the visitation of the wards of county asylums is often so very carelessly made, that it has little or no value, and that it is frequently difficult to get the quorum of two Justices to make it, the majority objecting on personal and other grounds.

From the foregoing considerations we would advocate the extension of the Commissioners' jurisdiction, and its assimilation to that in force within the metropolitan district. To extend it merely to thirty miles around the metropolis, as some have proposed, would be only to increase the anomaly complained of. The lunatics, and those in whose charge they live, in every district in England, should be under one uniform jurisdiction, with the authority and protection of one set of public officers and one code of rules. If magisterial supervision have a real value, let it be superadded to a complete scheme of inspection and control exercised by the Lunacy Commissioners; and if it exist anywhere, let no district be exempt from it; for the existence of any such exemption furnishes a standing argument against the value

attributed to its presence. For instance, it may be fairly asked,—Are the metropolitan licensed houses any the worse for the absence of magisterial authority, or, otherwise, are the provincial any better for its presence?

According to Lord Shaftesbury's evidence,—and his Lordship is favourable to the authority of the Justices being perpetuated,—the system of licensing provincial houses is sometimes loosely conducted; the house is only known to the licensing magistrates by the plan presented, and its internal arrangements must be virtually unknown, inasmuch as no inspection is made of the premises. This furnishes an argument for handing over the licensing power to the Commissioners in Lunacy, who exercise this portion of their duties with the greatest care and after the most minute examination. But, besides this, the position of a magistrate does not afford in itself any guarantee of capacity for estimating what the requirements of the insane ought to be, or of judging of the fitness of a house for their reception. The act of licensing should certainly be conducted upon one uniform system and set of regulations; and the revocation of licences should likewise be in the hands of one body. No division of opinion should arise between a public Board and a Committee of Justices respecting the circumstances which should regulate the granting or the refusing, the continuation or the revocation of a licence. A divided, and therefore jarring jurisdiction, cannot be beneficial; and the arguments for the introduction of the magisterial element depend on the popular plea for the liberty of local government,—a liberty, which too often tends to the annihilation of all effectual administration.

If our views are correct, and if the jurisdiction of the Commissioners in Lunacy ought to be increased, then, as a result, the number of Commissioners must also be augmented. In the need of this increase, very many, indeed the large majority of persons acquainted with the legal provisions made for the care and

treatment of lunatics, concur; and reasons for it will still further appear upon a review of the other functions assigned to the Commissioners, and of those with which we would charge them.

By existing arrangements there are two State authorities concerned with lunatics, one particularly charged with their persons, whether rich or poor,—the Lunacy Commission;—the other with their estates, and therefore, with those only who have more or less property,—the office of the Masters in Lunacy. Here, then, is another instance of divided jurisdiction, although it is one wherein there are no cross-purposes, the distinction of powers and duties being accurately defined in most respects. Perhaps the separation of the two authorities is too distinct and too wide, and a united jurisdiction might work better; but on this point we

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forbear to speak, not having the knowledge of the laws of property and of their administration necessary to guide us to a correct conclusion. Yet we may thus far express an opinion, that the visitation of lunatics, whether found so by inquisition or not, should devolve on the members of the Lunacy Commission. We can perceive no reason for having distinct medical visitors to Chancery lunatics; as it is, a large number of such lunatics is found in asylums and licensed houses, and comes therefore under the inspection of the Commissioners. Thus, according to the returns moved for by Mr. Tite (1859), it appears there are 602 lunatics, in respect of whom a Commission of Lunacy is in force, and of these, 300 are inmates of asylums; therefore one-half of the entire number of such lunatics is regularly inspected by the Lunacy Commissioners, and the visits of the “Medical Visitors of Lunatics” are nothing else than formal; we would therefore suggest that two Assistant Commissioners should be added to the Lunacy Board, who should receive the salaries now payable to the Chancery lunatics’ medical visitors, be disallowed practice, and be entirely engaged as medical inspectors under the direction of the

Board; or that, in other words, the moneys derived from the Lunacy Masters' office should be paid over to the Commission for its general purposes, upon its undertaking to provide for the efficient protection and visitation of all lunatics, so found on inquisition.

The plan of bringing all lunatics and all so-called 'nervous' patients, whether placed out singly or detained in asylums of any sort under the cognizance and care of the Commission, as enlarged upon in previous pages, would materially augment the labours of the central office; and, in our humble opinion, a greater division of labour than has hitherto marked the proceedings of the Commission would greatly facilitate the work to be done. At present, the members of the Commission perform a threefold function; viz. of inspectors, reporters, and judges. The task of inspecting asylums and their insane inmates, of ascertaining the treatment pursued and examining the hygienic measures provided, is peculiarly one falling within the province of medical men, and should be chiefly performed by medical Commissioners. On the other hand, the business of the Board, in its corporate capacity, is only indirectly and partially medical. Lord Shaftesbury, indeed, goes so far as to say (query 14, Evid. Com.) "that the business transacted at the Board is entirely civil in ninety-nine cases out of one hundred. A purely medical case does not come before us once in twenty Boards." These considerations certainly appear to indicate a natural and necessary division of the Board into a deliberative central body, sitting *en permanence*, once, twice, or oftener in the week, if necessary, and a corps of visitors and

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reporters to examine the state of asylums and the insane throughout the country. This division of the Commission would obviate the chief objection to an increase of the number of members; viz. that a larger number of Commissioners than at present would render the Board unwieldy, and rather impede than facilitate its business as a

deliberative assembly. We entertain, moreover, the opinion that it would be more satisfactory to those who sought instructions, or whose affairs or conduct were in any way the subject of investigation, to have to deal with such a permanent deliberative or judicial body as proposed, than with one combining, like the members of the present Board, the various functions of inspectors, reporters, and judges; a condition, whereby any question agitated must, to a certain extent, be prejudged by the official reports of the very same persons called upon to examine it.

Again, if this proposed division of the Lunacy Board took place, it would furnish a better justification for increasing certain of its powers, as these would be wielded by a permanent deliberative body, instead of, as at present, by a Commission exercising mingled functions. The value of the Board would be increased as a court of reference in all matters, such as the construction and the size of asylums, where the authority of the State, by duly ordered channels, is called for to overrule the decisions of local administrative bodies. Lastly, this arrangement would facilitate the amalgamation, proposed by some persons, of the office of the Masters with the Commission in Lunacy; or it would, at least, render the co-operation and combined action of the two offices more simple and easy.

There are other reasons for an increase of the staff of the Lunacy Commission, following from the amount of work which, by any revision of existing statutes, must fall within the compass of its operations. For instance, we regard the suggestion that we have made, that no uncured lunatic or 'nervous' patient should be removed from an asylum or other establishment, without the sanction of the Commissioners and their approval of the place and conditions to which the removal is intended,—as very important for the protection of the insane. To carry out this duty will involve a certain amount of labour, particularly as it would often require some member of the Commission to examine the patient and the

locality in which it is proposed to place him, and to report on the expediency of his removal. Often, perhaps, this business might be entrusted to the district medical officer, particularly in the country. On the other hand, in the metropolitan district, the work of district medical officers might be advantageously performed,—at least in all that concerns the insane,—by a couple of the Assistant Commissioners hereafter spoken of, in addition to their other duties elsewhere.

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Another piece of evidence, to our apprehension, that the present Commission is inadequate to the multifarious duties imposed upon it, is, that the Commissioners have never hitherto effectually inspected gaols, nor succeeded in getting imbecile and lunatic criminals reported to them with the least approach to accuracy. The inspection of workhouses proved that it did not suffice to receive the reports of workhouse officials respecting the existence and number of insane inmates, but that, to ascertain these facts, personal examination by the Commissioners was necessary; and there is no satisfactory reason for supposing the discrimination of insane prisoners to be much better effected than that of workhouse lunatics, in the many prisons distributed over the country. It comes out, in the course of the evidence before the Select Committee, 1859, that the Commissioners know little about the insane inmates of gaols, and that reports of the presence of such inmates are but rarely supplied them. The law requires the Commissioners to visit gaols where any lunatics are reported to them to exist; but the duty of reporting is made the business of no particular individual, and therefore, as a natural consequence, no one attends to it. In the evidence referred to, the case of ten alleged lunatics, committed to York Castle and imprisoned there for a series of years, as criminals acquitted on the ground of insanity, elicited much attention, and Lord Shaftesbury alluded to the interference of the Lunacy Commission on behalf of several lunatics in different prisons. The fact we have brought to light from one Government report, as

stated at p. 6 of this treatise, is of much moment in discussing the present subject; viz. that there were as many as 216 persons of unsound mind in the ten convict prisons under the immediate control of the Government, in the course of one year, and that of these the Dartmoor Prison wards contained as many as 106 such inmates. There is no allusion, in the Commissioners' reports or in the printed evidence of the Select Committee, to show that these insane prisoners were visited by, or known to, any members of the Lunacy Board. But, besides these insane inmates thus distinctly made known to us to exist in so few prisons, there must be many more detained in the numerous houses of detention throughout the kingdom. These facts render it an obvious duty on the part of the Commission of Lunacy to ascertaining the number and condition of this unhappy class of lunatics, and to order suitable provision to be made for them. There is a disposition on the part of some visitors of gaols to erect, or set apart, special wards for lunatic prisoners; a system to be much more deprecated than even the establishment of lunatic wards in connexion with workhouses, and one which will require the active interposition of the Lunacy Board to discourage and arrest.

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It were easy to take up the duties of the Commissioners in Lunacy in detail, and to show that they cannot be efficiently performed by the existing staff; but the fact will be patent to any attentive reader of this chapter and of the foregoing dissertations on the provisions necessary for the care and supervision of lunatics in general. The scheme which we have, with all due deference to established authorities, sketched in outline, to increase the jurisdiction and usefulness of the Lunacy Commission, provides for a division of its staff; in the first place, by altering to a greater or less extent the character and position of the present Board, so as to constitute it a fixed central Commission or Council, chiefly charged with adjudging and determining questions put before it; with superintending the public arrangements for the interests of the

insane generally, and with providing for the good and regular management, organization, and construction of lunatic asylums; and in the next place, by instituting, in connexion with this head deliberative body (which need not, by the way, consist of so many members as the present Commission), a corps of Assistant Commissioners, specially charged with the duties of visitation, inspection, and reporting, and with the carrying out of the resolutions determined on by the deliberative council. At the same time, the power of visiting and reporting might still be left with some Commissioners under certain circumstances, as well as in making special investigations, and in examining matters of dispute raised upon the reports of the Assistants.

Though differing from so high an authority as the noble chairman of the Lunacy Board, we must say that we cannot conceive of it as at all a necessary consequence, that, if the work of visitation to asylums and lunatics is performed by a class of inspectors or Assistant Commissioners, and not by the present members of the Commission, it must be indifferently done, and prove a source of dissatisfaction:—that is, we have no such apprehensions, provided always that proper men are appointed, and that their official status is made what it ought to be, both in remuneration and in independence of position. Nor can we agree to the giving up of the proposed plan on the score of its expense. If the whole of the lunatic and ‘nervous’ people suffering confinement in this country are to be brought within the knowledge and under the supervision of the Lunacy Commissioners, if the enlarged provisions of the law necessary for their proper care and treatment,—and even those only among them proposed by the Commissioners themselves are to be carried into effect,—the Commission must be increased. And, instead of adding new Commissioners on the same footing and salary as the existing ones, we believe the public would be better served by the appointment of Assistant Commissioners with the duties

we have proposed,—two of whom could be remunerated at the same outlay as one full Commissioner. Moreover, we have proposed that the sum payable out of the Masters' office to medical visitors be devoted to the purposes of the Commission; and, if our notion of a central deliberative body were accepted, one legal and one medical member of the present Commission could well be spared to undertake more especially the duties of visiting Commissioners.

Lastly, if the jurisdiction and powers of the Commission were extended to all lunatics living singly and to so-called 'nervous patients,' a considerable addition to the treasury would be obtained, even by a small tax, or per-centage on income. Probably six Assistant Commissioners, constantly employed in the work of inspection, with the aid of two visiting chief Commissioners from the present Board, would suffice for the discharge of the duties to be entrusted to them. If so, the cost of six such additional officers would be very trifling, covered as it would be by increased funds passing into the hands of the central office in the administration of the improved legislation.

If precedent be a recommendation to a plan, it can be found in favour of appointing Assistant Commissioners in the example of the Scotch Lunacy Commission, and in the constitution of the Poor Law Board, which has a distinct class of officers known as inspectors. In fact, every other Government Board or Commission, except that of Lunacy, has a staff of Assistants or of Inspectors.

Chap. XI.—On some Principles in the

Construction of Public Lunatic Asylums.

In the preceding pages of this book we have had occasion to discuss many important points respecting the organization of public asylums; and, as we entertain some views at variance with the prevalent system of asylum construction, a supplementary chapter to elucidate them cannot be misplaced. The substance of the following remarks formed the subject of a chapter on Asylum Construction published by us in the 'Asylum Journal' (vol. iv. 1858, p. 188) above a year since, and, as we then remarked, the principles put forward had been adopted by us some five or six years previously, and were strengthened and confirmed by the extended observations we had personally made more recently on the plans and organization of most of the principal asylums of France, Germany, and Italy.

All the public asylums of this country are, with slight variations, constructed after one model, in which a corridor, having sleeping-rooms along one side, and one or more day-rooms at

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one end,—or a recess (a sort of dilatation or offset of the corridor at one spot), in lieu of a room, constituting a section or apartment fitted for constant occupation, day and night, forms—to use the term in vogue—a 'ward.' An asylum consists of a larger or smaller number of these wards, united together on the same level, and also superposed in one, two, three, and occasionally four stories. There are, indeed, variations observed in different asylums, consisting chiefly in the manner in which the wards are juxtaposed and disposed in reference to the block and ground plans, or in the introduction of accessory rooms, sometimes on the opposite side of the corridor to the general row of small chambers, to be used as dormitories or otherwise; but these variations do not involve a departure from the principle of construction adopted.

Those who have perambulated the corridors of monastic establishments will recognize in the 'ward-system' a repetition of the same general arrangements,—a similarity doubtless due in part to the fact of ancient monasteries having been often appropriated to the residence of the insane, and in part to the old notions of treatment required by the insane, as ferocious individuals, to be shut apart from their fellow-men.

Whilst the ideas of treatment just alluded to prevailed, there was good reason for building corridors and rows of single rooms or cells; but, since they have been exploded, and a humane system of treating the insane established in their place, the perpetuation of the 'ward-system' has been an anomaly and a disastrous mistake. The explanation of the error is to be found in the facts,—that medical men in England, engaged in the care of the insane, have contented themselves with suggesting modifications of the prevailing system,—than which indeed they found no other models in their own country; and that the usual course has been, to seek plans from architects, who, having no personal acquaintance with the requirements of the insane, and the necessary arrangements of asylums, have been compelled to become copyists of the generally-approved principle of construction, which they have only ventured to depart from in non-essential details, and in matters of style and ornamentation.

The literature of asylum architecture in this country evidences the little attention which has been paid to the subject. The only indigenous work on asylum-building—for the few pages on construction in Tuke's introduction to his translation of Jacobi's book, and the still fewer pages in Dr. Brown's book on asylums, published above twenty years ago, do not assume the character of treatises—is the small one by Dr. Conolly, and even this is actually more occupied by a description of internal arrangements in connexion with the management of lunatics, than by an

examination of the principles and plans of construction. This bald state of English literature on the subject of construction contrasts strongly with the numerous publications produced on the Continent, and chiefly by asylum physicians, the best-qualified judges of what an asylum ought to be in structure and arrangements.

However, to resume the consideration of the 'ward-system' as it exists, let us briefly examine it in its relations to the wants and the treatment of the insane. Every day adds conviction to the impression, that the less the insane are treated as exceptional beings, the better is it both for their interests and for those who superintend them. In other words, the grand object to be kept in view when providing for the accommodation of the insane, is to assimilate their condition and the circumstances surrounding them as closely as possible to those of ordinary life. Now, though it is clearly impracticable to repeat all the conditions of existence prevailing in the homes of the poorer middle and pauper classes of society who constitute the inmates of our public asylums, when these persons are brought together to form a large community for their better treatment and management, yet we may say of the 'ward-system,' that it is about as wide a departure from those conditions as can well be conceived. It is an inversion of those social and domestic arrangements under which English people habitually live.

The new-comer into the asylum is ushered into a long passage or corridor, with a series of small doors on one side, and a row of peculiarly-constructed windows on the other; he finds himself mingled with a number of eccentric beings, pacing singly up and down the corridor, or perhaps collected in unsocial groups in a room opening out of it, or in a nondescript sort of space formed by a bulging-out of its wall at one spot, duly lighted, and furnished with tables, benches, and chairs, but withal not a room within the meaning of the term, and in the patient's apprehension. Presently,

he will be introduced through one of the many little doors around him into his single sleeping-room, or will find himself lodged in a dormitory with several others, and by degrees will learn that another little door admits him to a lavatory, another to a bath, another to a scullery or store-closet, another to a water-closet (with which probably he has never been before in such close relation), another to a *sanctum sanctorum*—the attendant's room, within which he must not enter. Within this curiously constructed and arranged place he will discover his lot to be cast for all the purposes of life, excepting when out-door exercise or employment in a workroom calls him away: within it he will have to take his meals, to find his private occupation or amusement, or join in intercourse with his fellow-inmates, to take indoor exercise, and seek repose in sleep; he will

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breathe the same air, occupy the same space, and be surrounded by the same objects, night and day.

This sketch may suffice to illustrate the relations of a ward as a place of abode for patients, and to exhibit how widely different are all the arrangements from those they have been accustomed to. Let us now notice briefly the relations of the ward-system to the treatment required for insane inmates. The monotonous existence is unfavourable: the same apartment and objects night and day, and the same arrangements and routine, necessitated by living in a ward, are not conducive to the relief of the disordered mind. Where access to the sleeping-rooms is permitted by day, the torpid and indolent, the melancholic, the morose and the mischievous, will find occasion and inducement to indulge in their several humours; opportunity is afforded them to elude the eye of the attendants, to indulge in reverie, and to cherish their morbid sentiments. When the rules of the institution forbid resort to their rooms by day, the idea of being hardly dealt with by the refusal will probably arise in their minds, since the inducement to use them is suggested by their

contiguity; the doors, close at hand, will ever create the desire to indulge in the withheld gratification of entering them. How many insane are animated with a desire to lounge, to mope unseen, and to lie in bed, needs not to be told to those conversant with their peculiarities; and, surely, the removal of the temptation to indulge would be a boon both to physician and patients.

Again, the corridor and its suite of rooms present obstacles to ventilation and warming, and, as the former in general serves, besides the purpose of a covered promenade, that of a passage of communication between adjoining wards, it is less fitted for the general purposes of daily life, and the passage to and fro of persons through it is a source of disturbance to its occupants, and often objectionable to the passer-by. As a place of indoor exercise, the corridor has little real value, especially when considered in relation to the other objects it has to serve. Those who desire to sit still, to read, to amuse or to employ themselves, feel it an annoyance to have one or more individuals walking up and down, and often disposed to vagaries of various sorts; few of the whole number care for perambulating it if they can get out of doors for exercise (and there are not many days when they cannot), and, as far as concerns the health of those few who use the corridor for exercise, it would be better to encourage them to walk in the grounds, than, by having such a space within doors, to induce their remaining there.

When casual sickness or temporary indisposition overtakes a patient, and a removal to the infirmary ward is not needed, though repose is required, it is a great disadvantage to have an

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exercising corridor in such immediate contiguity with the bedroom, and to have the room open into the corridor; for it is an arrangement more or less destructive of quiet, and exposes the poor sufferer to the intrusion of the other inmates of the ward,

unless the room-door be locked,—a proceeding rarely advisable under the circumstances supposed.

The introduction of the plan of building an open recess in a corridor as a sitting apartment instead of an ordinary room was a consequence of the difficulties experienced in exercising an efficient supervision of the inmates when dispersed, some in the corridor, and others in the day or dining rooms. Yet, although the plan in question partially removes these difficulties, no one could wish to exchange the advantages in comfort and appearance of a sitting-room with the greater approximation it affords to the ordinary structure of a house, for a recess in a corridor, if effectual supervision could in any other way be attained. But the plan of a corridor with an offset in lieu of a room does not secure a completely effective oversight, control, and regulation of the occupants, since it presents many opportunities, in its large space, and by the disposition of its parts, for those to mope who may be so disposed, and for the disorderly to annoy their neighbours, without arresting the attention of the one or two attendants.

In the construction and arrangements of a ward, it is necessary to provide for all the wants of the inmates both by day and night, to supply the fittings and furniture needed by the little community inhabiting it; and all such arrangements and conveniences have consequently to be repeated in every one of the many wards found in the asylum, at a very large cost. Again, by the ward-system, the patients are lodged on each floor of the building, and therefore the service of the asylum becomes more difficult, just in proportion to the number of stories above the ground-floor, or the basement, where the kitchen and other general offices are situated. It is chiefly to obviate this difficulty that the elevation of our public asylums has been limited to two stories, and a greater expenditure thereby incurred for their extension over a larger area. (See p. 212.)

From whatever point of view the ward-system may be regarded, there is in it, to our view, an absence of all those domestic and

social arrangements and provisions which give a charm to the homes of English people. The peculiar combination of day and night accommodation is without analogy in any house; whilst the sitting, working, or reading, and, occasionally, the taking of meals, in a corridor, a place used also for exercise, and for the passage of persons from one part of the asylum to another, represent conditions of life without parallel among the domestic arrangements of any classes of the community.

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The principle of construction we contend for is, the separation, as far as practicable, of the day from the night accommodation. Instead of building wards fitted for the constant habitation of their inmates, we propose to construct a series of sitting or day rooms on the ground-floor, and to devote the stories above entirely to bedroom accommodation. Not that we would have none to sleep on the ground-floor, for we recognise the utility of supplying accommodation there, both by night and day, for certain classes of patients, such, for instance, as the aged and infirm, who can with difficulty mount or descend stairs; the paralytics; some epileptics, and others of dirty habits, and the most refractory and noisy patients. The last-named are, in our opinion, best lodged in a detached wing, particularly during their paroxysms of noise and fury, according to the plan adopted in several French asylums. And we may, by the way, remark, that if such patients were so disposed of, one reason assigned for internal corridors as places requisite for indoor exercise, would be set aside, inasmuch as these are supposed practically to be most useful to that class of asylum inmates.

In our paper on construction in the 'Asylum Journal,' before referred to, we illustrated (*op. cit.* p. 194) our views by reference to a rough outline of a part of a plan for a public asylum we had some years before designed; but it seems unnecessary to reproduce that special plan here, since, if the principle advocated be accepted, it becomes a mere matter of detail to arrange the disposition, the

relative dimensions, and such like particulars, whether of the day-rooms below or of the chambers above. There is this much, however, worth noting, that, by the construction of adjoining capacious sitting-rooms, it is easy so to order it, that any two, or even three, may, by means of folding-doors, be thrown into one, and a suite of rooms obtained suited for public occasions, for dancing, for lectures, or theatricals. So again, even in the case of those who may be placed together in the same section of the establishment, and who join at meals, the construction of two or more contiguous sitting-rooms affords an opportunity for a more careful classification, in consideration of their different tastes, and of their capability for association, for employment, or for amusement.

However, without delaying to point out the advantages accruing in minor details of internal arrangements when the principle is carried out, let us briefly examine its merits abstractedly, and in relation to the system in vogue.

1. It assimilates the condition of the patients to that of ordinary life, as far as can be done in a public institution. They are brought together by day into a series of sitting-rooms adapted to the particular class inhabiting them, and varied in

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fittings and furniture according to the particular use to which they are applied,—as, for instance, for taking meals, or for the lighter sorts of work, indoor amusements, and reading. For the sections, indeed, inhabited by the more refractory and the epileptic, a single day-room would suffice. When thus brought together in rooms, instead of being distributed along a corridor and its divergent apartments, association between the several patients can be more readily promoted; and this is a matter worth promoting, for the insane are morbidly selfish and exclusive. Likewise, it becomes more easy for the attendants to direct and watch them in their

amusements or occupations, and to give special attention or encouragement to some one or more of their number without overlooking the rest. Besides this, rooms admit of being arranged and furnished as such apartments should be; whilst, whatever money may be laid out in furnishing and ornamenting corridors, they can never be rendered like any sort of apartment to be met with in the homes of English people. The separation of the sleeping-rooms from the day accommodation also has the similar advantage of meeting the wishes and habits of our countrymen, who always strive to secure themselves a sitting and a bed room apart: and, altogether, it may be said, that in a suite of day-rooms disposed after the plan advocated, and in the perfectly separated bedroom accommodation, there is, to use a peculiarly English word, a *comfort* completely unattainable by the ward-system, however thoroughly developed.

2. Greater salubrity and greater facilities for warming and ventilation are secured. It will be universally conceded that sleeping-rooms are more healthy when placed above the ground-floor, so as to escape the constant humidity and exhalations from the earth, particularly at night. The system suggested secures this greater salubrity for the majority of the population, who occupy the upper floors during the night; those only being excepted, whom, for some sufficient reason, it is desirable not to move up and down stairs, or not to lodge at night in the immediate vicinity of the rest of the patients. Again, the separation of the apartments for use by day from those occupied at night favours the health of the establishment by rendering ventilation more easy and complete. In a ward occupied all day and all night, the air is subject to perpetual vitiation, and, whilst patients are present, it is, especially in bad weather, difficult or quite unadvisable to attempt thorough ventilation by the natural means of opening windows and doors,—a means which we believe to be preferable to all the schemes of artificial ventilation of all the ingenious engineers who have attempted to make the currents of air and the law of diffusion of

gases obedient to their behests. But “the wind bloweth where it listeth,” and all the traps set to

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catch the foul exhalations, and all the jets of prepared fresh air sent in from other quarters, will not serve their bidding: the airy currents will disport themselves pretty much as they please, and intermingle in spite of the solicitations of opposing flues to draw them different ways. But if, on our plan, the apartments for day use are kept completely distinct from those used by night, each set being emptied alternately, a most thorough renewal of air may be obtained by every aperture communicating with the external atmosphere.

The actual construction of a ward creates an impediment to the perfect ventilation of all its apartments. There is a wide corridor, and along one side a series of small chambers, the windows of which are necessarily small, and sometimes high up; the windows, too, both in rooms and corridor, must be peculiarly constructed, and the openings in them for ventilation small. Although it is easy in this arrangement to get a free circulation of air along the corridor, it is not so to obtain it for each room opening out of it. By the scheme of construction we propose, these difficulties are mostly removed. The day-rooms on the ground-floor need no corridor alongside, and, as a single series or line of apartments, are permeated by a current of air traversing them from side to side. But if, for the convenience of the service of the house, some passage were thought necessary, it would be external to the rooms, and in designing the asylum it should be an object to prevent such corridors of communication interfering with the introduction of windows on the opposite sides of each sitting-room. On the bedroom-floor above, a corridor, where necessary, would not be a wide space for exercise, such as is required for a ward, but merely a passage, giving access from one part of the building to another. So, with respect to the windows, except those in the single

bedrooms, it would be perfectly compatible with security to construct them much after the usual style adopted in ordinary houses, and thereby allow large openings for the free circulation of air.

Further, when the patients inhabit ordinarily-constructed sitting-rooms, the warming of these may be effected by the common open fires, which are dear to the sight and feelings of every Englishman, and impart a cheerful and home-like character. Likewise, there would be no need of keeping the whole building constantly heated at an enormous expense; for only one half of it would be occupied at a time, nor would those most costly and complicated systems of heating be at all required. The saving in large public asylums would be something very large in this one item,—that of fuel to burn, without counting the expenditure which is generally incurred for the heating apparatus, flues, furnaces, and shafts. As with the warming, so

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with the lighting of an institution constructed on our model,—only one-half would require illumination at the same time, and much gas-fitting would be saved by the diminution of the number of small apartments, repeated, after the prevailing model, in every ward, and requiring to be lighted.

3. Access to the airing courts, offices, workshops, &c., becomes easier to all the inmates. According to the established system of construction, the half, or upwards, of the patients have to descend from the wards on the upper floors for exercise or for work, and to ascend again to them for their meals, or to retire to rest. This ascent and descent of stairs may have to be repeated several times daily; and it must be remembered that it cannot take place without the risk of various inconveniences and dangers necessarily dependent on stairs, and that it must frequently entail trouble and anxiety upon the attendants, particularly in mischievous and in feeble

cases. The plan advocated obviates all these evils, so far as practicable. The patients would have to go up and down stairs only once a-day, and the attendants, therefore, escape much of the constantly occurring trouble of helping the feeble, or of inducing the unwilling to undertake the repeated ascent and descent,—a task ever likely to be neglected, and to lead to patients being deprived, to a greater or less extent, of out-door exercise and amusement.

4. It facilitates supervision. Supervision, both by the medical officers and by the attendants, becomes much more easy and effectual when the patients are collected in rooms, affording them no corners or hiding-places for moping and indulging in their mental vagaries, their selfishness and moroseness. When the medical officer enters the day-room, all the inmates come at once under his observation, and this affords him the best opportunity of noting their cases, and of discovering their condition and progress. By the attendants similar advantages are to be gained; the patients will be more immediately and constantly under their eye than when distributed in a corridor and connected rooms; their requirements will be sooner perceived, and more readily supplied; their peculiarities better detected and provided against; their insane tendencies more easily controlled and directed; whilst, at the same time, the degree and mode of association will call forth feelings of interest and attachment between the two.

Just as supervision becomes more easy by day, so does watching by night; for almost the whole staff of attendants would sleep on the same floor with the patients, and thereby a more immediate communication between them be established, and a salutary check on the conduct of the latter, from the knowledge of the attendants being close at hand, more fully attained. Perhaps these advantages will appear more clear when it is understood that the

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subdivision of the bed-room floor into several distinct wards, cut

off from each other by doors, stair-landings, &c., would not be at all necessary on the principle of construction recommended. The comparatively few noisy patients in a well-regulated asylum would occupy the sleeping-rooms of the ground-floor wings, if not placed in a distinct section; and therefore, the inhabitants of the floor above being all quiet patients, no partitions need separate their section of the building into distinct portions or wards, and act as impediments to the freedom of communication and ventilation.

This matter of the partitions needed is, however, a point of detail, which would have to be determined pretty much by the general design adopted.

5. Classification is more perfect. Owing to the sleeping apartments being quite distinct from those occupied by day, the rule usually observed in a ward, as a matter of necessary convenience, of keeping the same group of occupants in it both night and day, need not at all be followed. On retiring from their sitting-rooms, where they have been placed according to the principles of classification pursued, the day association would be broken up, and their distribution in the sleeping-rooms might be regulated according to their peculiar requirements at night. This valuable idea, of arranging patients differently by day and by night, was put forward by Dr. Sankey, of Hanwell ('Asylum Journal,' vol. ii. 1856, p. 473), in the following paragraph:—"Whatever the basis of the classification, it will not hold good throughout the twenty-four hours: why, therefore, should it be attempted to make it do so? At night the classification should be based on the requirement of the patient during the night; and during the day, the patient should be placed where he can be best attended during the day." Let us add, that the more perfectly Dr. Sankey's principle could be carried out, the more easy would supervision be rendered.

Since mechanical restraint has been set aside, seclusion in a specially-constructed chamber, or in the patient's own room, has in some measure taken its place, and been frequently abused; for it is

more difficult to control the employment of seclusion than of instrumental restraint, and in a ward there is almost a temptation to employ it where a patient is inconveniently troublesome to the attendant; the single room is close at hand, and it is a simple matter to thrust the patient into it, and an easy one to release him if the footstep of the superintendent is heard approaching. The plan of construction we would substitute for the ward-system would almost of itself cure the evil alluded to. Furthermore, since sitting-rooms and other apartments to meet the exigencies of daily use are excluded from the upper floors, it would become easier for the architect to dispose the single rooms

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and dormitories, and more especially the attendants' rooms, with a view to the most effectual supervision. We may, in fine, state under the two last heads, generally, that access to the patients, their quiet and comfort, their watching and tending and their classification will be more readily and also more efficiently secured by the arrangement pointed out, than by the system of construction hitherto pursued in this country.

6. Domestic arrangements will be facilitated in various ways.—The patients, in the first place, will be less disturbed by the necessary operations of cleaning, which every superintendent knows are apt to be a source of irritation and annoyance, both to patients and attendants. The ground-floor may be prepared for the day's use before the patients leave their bedrooms; and in the same way the latter may be cleaned during the occupation of the ground-floor. By the present constitution of a ward for use both night and day, considerable inconvenience, and many irregularities in management constantly result. The cleaning has to be hurried over, or to be done at awkward hours, to avoid alike the interruption of patients, or the being interrupted by them; and, at the best, it will from time to time happen that patients are excluded from their day or their bedrooms, or from the corridors, during the operation.

Another advantage will accrue from the system proposed. The amount of cleaning will be much diminished, for the two floors will be used only alternately, and not only the wear and tear of the entire building, but also the exposure to dirt will be greatly lessened; above all, the small extent of corridor will make an immense difference in the labour of the attendants in cleaning, compared with that which now falls to their lot.

Again, the drying of floors after they have been washed is always a difficulty, particularly in winter, and is the more felt in the case of the bedrooms, which have, when single-bedded or small, but a slight current of air through them, and consequently dry slowly. This difficulty is augmented, when, as it often happens, it is necessary for them to be kept locked, to prevent the intrusion of their occupants or of others. The ill effects of frequently wetted floors in apartments constantly occupied, and therefore dried during occupation, have been fully recognized and admitted by hospital surgeons, and have impressed some so strongly, that, to escape them, they have substituted dry rubbing and polished floors to avoid the pail and scrubbing-brush. By the arrangements submitted, however, this difficulty in washing the floors is removed, since there is no constant occupancy of the rooms, and therefore ample time for drying permitted.

Further, by the plan in question, the distribution of food, of medicine, and of stores, becomes more easy and rapid; the

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collection, and the serving of the patients at meals, are greatly simplified and expedited. A regularity of management in many minor details will likewise be promoted. As the majority of the patients are quite removed from proximity to their sleeping-rooms, the temptation and inducement to indulge in bed by day, or before the appointed hour at night, will be removed, as will also the irregularity frequently seen in wards some time before the hour of

bed, of patients prematurely stowed away in their beds, and of others disrobing, whilst the remainder of the population is indulging in its amusements, its gossips, or in the 'quiet pipe,' before turning in.

7. Management facilitated.—Our own experience convinces us that there is no plan so effectual for keeping otherwise restless and refractory patients in order as that of bringing them together into a room, under the immediate influence and control of an attendant, who will do his best to divert or employ them. We are, let it be understood, only now speaking of their management when necessarily in-doors; for, where there is no impediment to it, there is nothing so salutary to such patients as out-door exercise, amusement, and employment. On the contrary, to turn refractory patients loose into a large corridor, we hold to be generally objectionable. Its dimensions suggest movement; the patient will walk fast, run, jump, or dance about, and will, under the spur of his activity, meddle with others, or with furniture, and the like; and if an attendant follow or interfere, irritation will often ensue. But in a room with an attendant at hand, there are neither the same inducements nor similar opportunities for such irregularities. Some would say, such a patient is well placed in a corridor, for he there works off his superabundant activity. But we cannot subscribe to this doctrine; for we believe the undue activity may be first called forth by his being placed in a corridor; and that it is besides rare that a patient, particularly if his attack be recent, has any actual strength to waste in such constant abnormal activity as the existence of a space to exercise it in encourages. And, lastly, it is better to restrict the exhibition of such perverted movement to the exercising grounds, or better still to divert it to some useful purpose by occupation; for in a ward such exhibitions are contagious.

These remarks bear upon the question of the purpose and utility of corridors as places for exercise, concerning which we have

previously expressed ourselves as having a poor opinion, and have throughout treated corridors mainly as passages or means of communication.

8. A less staff of attendants required.—If the foregoing propositions, relative to the advantages of the system propounded, be

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admitted, the corollary, that a less staff of attendants will suffice, must likewise be granted, and needs not a separate demonstration. There is this much, however, to be said, that the proposition made in a former page to distinguish attendants upon the insane from the cleaners or those more immediately concerned in the domestic work of the house, would be an easier matter when the construction followed the principles recommended. The attendants upon the occupants of the sitting-rooms need be but few, for their attention would not be distracted from their patients by domestic details; for the cleaners would prepare the apartments ready for occupation, would be engaged in fetching and carrying meals, fuel, and other things necessary for use, and the attendants would thereby be deprived of numerous excuses for absence from their rooms, and for irregularities occurring during their occupation with household duties.

9. The actual cost of construction of an asylum on the plan set forth would be greatly diminished.—It has just been shown that the proposed plan will ensure a more ready and economical management; and if structural details could be here entered upon, in connexion with an estimate of costs for work and materials, it could without difficulty be proved, that the cost of accommodation per head, for the patients, would fall much under that entailed by the plan of building generally followed. The professional architect who assisted us made a most careful estimate of the cost of carrying out the particular plan we prepared (designed to

accommodate 220 patients), and calculated that every expense of construction, including drainage of the site, gas apparatus, farm-buildings, &c., would be covered by £19,000, *i. e.* at the rate of less than £90 (£87) per head.

That a considerable saving must attend the system propounded will be evident from the fact, that, instead of a corridor, on the first floor, at least twelve feet wide, as constructed on the prevailing plan, one of six feet, or less, simply as a passage for communication, is all that is required, and thus a saving of about that number of feet in the thickness or depth of the building, in each story above the ground-floor, is at once gained. A similar, though smaller, economical advantage is likewise obtained on the ground-floor, for the corridor there need be nothing more than an external appendage, and of little cost to construct.

A further saving would attend the construction of an asylum on the plan set forth, both from the concentration of the several parts for night and day use respectively, and generally from the rejection of the ward-system. The construction of almost all the sleeping accommodation on one floor would render many provisions for safety and convenience unnecessary,—for instance, in the construction of the windows. So the substitution of what

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may be termed divisions, or quarters in lieu of wards, would do away with the necessity of many arrangements requisite for apartments, when intended for use, both by night and day. As constructed commonly, each ward is a complete residence in itself, replete with all the requisites for every-day life, except indeed in the cooking department; and the consequence is, there is a great repetition throughout the institution of similar conveniences and appurtenances. Indeed, in the plan we designed, the influence of example or general usage led us to introduce many repetitions of several accessory apartments, which were, in fact, uncalled for,

and added much to the estimate. For instance, we assigned a bath-room to each division, although we consider that a room, well-placed, to contain several baths (*i. e.* in French phrase, a ‘salle des bains’), would more conveniently serve the purpose of the whole ground-floor inmates, and be much cheaper to construct and to supply. Yet, if this notion of a ‘bath-house’ be unacceptable to English Asylum Superintendents, a smaller number of bath-rooms than was either provided in the particular plan alluded to, or is usually apportioned to asylums, would assuredly suffice. The same may be said of the lavatories, sculleries, and store-rooms.

10. The plan removes most of the objections to the erection of a second-floor or third-story.

These objections generally owe their force to the difficulty of assuring the inmates of a third-story their due amount of attention, and their fair share of out-door exercise, and of much indoor amusement, without entailing such trouble upon all parties concerned, that a frequent dereliction or negligence of duty is almost a necessary consequence.

Dr. Bucknill (‘Asylum Journal,’ vol. iii., 1857, p. 387, *et seq.*) has well argued against the erection of a third-story, on economical grounds; and remarks that “practically, in asylums built with a multiplicity of stories, the patients who live aloft, are, to a considerable extent, removed from the enjoyment of air and exercise, and the care and sympathy of their fellow-men. They are less visited by the asylum officers, and they less frequently and fully enjoy the blessings of out-door recreation and exercise. Those below will have many a half-hour’s run from which they are debarred; the half-hours of sunshine on rainy days, the half-hours following meals, and many of the scraps of time, which are idly, but not uselessly spent, in breathing the fresh air.”

The foregoing considerations are certainly sufficient to condemn the appropriation of a third story for the day and night uses of

patients, according to the 'ward-system' in operation; but they have no weight when the floor is occupied only for sleeping.

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We must confess we cannot appreciate the chief objection of Dr. Bucknill (*op. cit.* pp. 388, 389,) to the use of a third floor for sleeping-rooms only, for we do not see the reason why "the use of a whole story for sleeping-rooms renders the single-room arrangement exceedingly inconvenient;" for surely, on the common plan of construction, a row of single rooms might extend the whole length of a third floor on one side of a corridor, equally well as on the floors beneath.

Without desiring to enter on the question of the relative merits of single-room and of dormitory accommodation, to examine which is the special object of the paper quoted, we may remark, that the addition of a third story, when the plan we have advocated is carried out, obviates the generally admitted objections to such a proceeding. The same arrangement of apartments may obtain in it as on the bedroom-floor below, and the proportion of single rooms to dormitories, viz. one-third of the whole sleeping accommodation to the former, insisted upon by Dr. Bucknill, can be readily supplied. Attention would only be required to allow in the plan sufficient day-room space on the ground-floor,—a requirement to be met without difficulty.

The existence of a third story is no necessary feature to an asylum constructed on the principle discussed, and we have adverted to it for the sole purpose of showing that the ordinary objections to it are invalid, when the arrangement and purposes of its accommodation are rendered conformable to the general principles of construction advocated in this chapter.

A hint from Dr. Bucknill's excellent remarks on the advantage of being able to utilize spare half-hours must not be lost. Two flights of stairs, he well states, constitute a great obstacle to a frequent and

ready access to the open air, and we are sure he would allow even one to be a considerable impediment to it; and, consequently, that an asylum with no stairs interposing between the patients and their pleasure-grounds would possess the advantage of facilitating their enjoyment of them.

These remarks on the advantages of the principle of construction we advise for adoption would admit of extension, but sufficient has been advanced, we trust, to make good our views. We have taken in hand to write a chapter on some principles in the construction of public asylums, but we must stop at the point we have now reached; for it would grow into a treatise, did we attempt to examine the many principles propounded, and entirely surpass the end and aim of this present work.

THE END.

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