Thesis.

Some Features of Modern Asylum Practice.

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I hereby declare that the Thesis, entitled "Some Features of Modern Asylum Practice", has been composed by myself.

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I. Brain Disease recognised as being always the cause of Insanity.

What we call Insanity, or unsoundness of Mind, is simply the outward manifestation of a disorder existing in the central nervous system. The great change, amounting almost to a revolution, that has taken place in the care and treatment of the insane during the last 50 years, began when physicians recognised the fact that disease of the brain is in every case the cause of derangement of the mind. The mind was long regarded as if it were an organ of itself, and the whole subject was enveloped in a cloud of mystery and supernaturalism. The organic Cause, which always exists in disease, was overlooked altogether in the case of Insanity. Galen however seems to have recognised it, for he calls Melancholia "(1) a privation or infection of the

(1) Anatomy of Melancholy. Burton. New Ed: page 108.

middle cell of the head". Dr. Andrew Combe laid great emphasis upon the importance of remembering this great principle, he says:- (1) "If then the manifestations of the mental faculties in a state of health, depend on ~~the~~ a healthy condition of their organs, external and internal, and a change in the state of the mind attends even slight alterations in the state of the brain, it follows that a morbid condition of the organ of mind must be attended with morbid manifestations, or in other words, with mental derangement, and that the mental health can never be re-established without the previous removal of the cause existing in the organ."

The recognition of this fact was the very foundation of all asylum reform, and is the crowning feature of modern asylum practice. The patients are now looked upon as so many persons suffering from disease of the central nervous system, and the treatment is directed to the cure of the disease, or at least the palliation of the symptoms. Whereas formerly the patients were

(1) Observations on Mental Derangement. p. 18.

regarded as so many unfortunates labouring under the curse of heaven; suffering from a mysterious calamity called "disease of the mind", and beyond all help from man. They were looked upon as dead; they were avoided as one would avoid a wild beast, or like the wild animals, they were caged up and exhibited to gaping crowds, at so much a head..

II. "Change of Type" in Brain Disease.

The lunatics of those days were however much more violent and difficult to manage than those with whom we have now to deal. Mania is said to have changed its type, to have become "asthenic", and it is as reasonable to suppose that this change has taken place in the case of disease of the Brain as in that of any other organ. The full-blooded maniac, boiling over with life and spirits, and continuing so for days or weeks, is now a rare creature, and instead we have the asthenic maniac who becomes exhausted at the very beginning of his illness and requires entirely

different treatment. With reference to the rarity of acute Mania, Dr. Clouston says:(1) "Yet this is a type of disease that is nowadays not at all so common as others. Out of the 2377 admissions into the Royal Edinburgh Asylum during the seven years 1874-80, only 297, or about 8% per cent. were classified as acute mania, and then were not twenty of them that could have sat for Esquirol's pictures" But it is Melancholia which is the commonest form of mental disorder in modern times, and the preponderance of these cases is so great that it may be regarded as a feature of our asylum practice. Clouston says with reference to this:—(2) "Though in the statistics of asylums melancholia does not appear to be the most frequent of the varieties of mental disease, yet I think that if statistics of the real frequency of the latter in all its forms, mild and severe, could be got, it would be found that it is the most common form. In its milder varieties it is

(1) Lectures on Mental Diseases. p: 159.
(2) " " " " " 35.

a very manageable disease at home, in this contrasting strongly with cases of mania. For this reason many cases are treated at home and not sent to asylums."
Again Dr. Rutherford says:— [1] "Another feature in the nature of the admissions now, as compared with ten years ago, is the small number of cases of acute mania and the large number of those of mental depression or melancholia."

Cases of acute mania all reach the asylum. They cannot be kept for any length of time in a private house. On the other hand a considerable proportion of cases of ~~to~~ melancholia are treated at home by the family physician, and do not come to the asylum at all; unless perhaps, ultimately, those of their number who are considered incurable. Thus we may take it that melancholia is even a much commoner disease as compared with mania than is shown by the statistics of asylums. In the small asylum of which I have charge, there were during 1887, 36 patients

[1] Crichton Royal Institution, Dumfries, Annual Report for 1886. page 8.

admitted. Of these only one was a typical case of acute mania, whereas there were 13 cases of melancholia in its most acute forms.

Melancholia is a disease of an asthenic type. The patient is cold, anxious, and silent; or groaning in despair, and watching for an opportunity to make away with himself. He wants more blood, & more life. Hence the popularity nowadays of the so-called "over-feeding", of custards to repletion, and tonic treatment generally. No doubt such cases occurred long ago, and are not peculiar to our own day, but they were not common, and were rather looked upon with an interest and curiosity like that with which we now regard a case of typical acute mania.

Bristow combats the theory of the change of type in disease. He says (1) "By the term "change of type in disease" is understood, not the transformation of one epidemic disease by gradual steps into another disease - a process

(1) Theory & Practice of Medicine. 2nd Ed: p. 14.

in which few now believe; but a change in the quality of diseases, in virtue of which they present cycles of greater and lesser intensity of attack, and of other deviations from the normal standard. Such changes are believed to depend partly on variations referrable to the disease itself, partly on "epidemic constitution", partly on cyclical changes in the constitution of mankind. There can be no doubt that differences of severity and fatality do not unfrequently characterise different epidemics of the same disease; and further it is beyond dispute that even during the same epidemic, some persons are attacked with much greater, or much less severity than others, or have the disease in a more or less modified form; and in this sense the fact of variation in the type of disease must be fully admitted. There are many however who still believe that all diseases have undergone a change of type during the last fifty years; that they were formerly sthenic, and were

to be cured by bloodletting, whereas they are now asthenic and demand an exactly opposite line of treatment. It would be strange if while the old descriptions of diseases remain accurately applicable, as in fact they do, to those of the present day, and while the health of the population has been undergoing gradual improvement, as it has done (if, at least, we may judge by the diminishing death rates and the improved circumstances of the people), the effects of these unchanged diseases on the improved constitutions should be to render these latter more helpless during their attacks, and more likely to succumb from sheer debility. Many will be disposed to admit that the change of type has been rather in the medical practitioner than in the disease or in the bodily constitution and that the gradual change of treatment has been due either to the slow advance of knowledge with respect to the effects of remedies in disease

or to fashion".

No doubt as Bristow says the old descriptions still accurately describe our diseases. An acute maniac in the olden time was very like an acute maniac of today. But then acute maniacs were common, whereas now patients take rather an asthenic form of disease, such as melancholia. The improvement in the health of the population, to which Bristow refers, can be used as an argument in support of the view that there has been a "change of type" in disease, if we regard the diminishing death rates as a sign of such improvement. A diminished death rate means that a number of sickly lives have been preserved. These weaklings, who have been saved from death only to lead an invalid existence are the persons who are most likely to contract disease in its asthenic form, & so to multiply cases of disease in its "new" type; whereas had they been killed off, or rather had their lives not been preserved, there would have been

a higher death rate, but the survivors would have been persons of strong constitution, more likely to exhibit disease in the sthenic form.

It is very questionable, I think, that as regards nervous disorders, the health of the population has improved. All the conditions of modern life tend to the production of brain disease. Advancing civilisation, universal education, the ever increasing number of those who live by their brains, with a corresponding diminution in the ranks of those who earn their bread by the sweat of their brow, and the preservation of sickly lives, (as referred to above), especially those of children who would otherwise have died of convulsions, and who grow up only to die in asylums after having first reproduced offspring with a double dose of the predisposition to brain disease, all tend to make insanity commoner than it used to be. And it may be expected that these conditions will exercise a more and more powerful influence

in the production of nervous disease as time rolls on.

One may hope that with the spread of education the laws which govern health of body and mind may become more generally known and observed; and that the love of outdoor sports which has always been a characteristic of the natives of this land, may operate in counteracting the influences above mentioned. It is however a matter of little doubt that nervous disease will be the disease of the future.

On this subject Blandford says (1) "To say that our specialized and complex brain is more apt to be disordered than that of lower men, is no more than saying that a compound piece of mechanism is more likely to get out of order than a simple one. Nevertheless it is also true that much of the insanity of civilisation might be prevented. It grows out of the evils and vices of civilisation, just

(1) "Insanity and its treatment". page 153

"as fevers and suchlike disorders are engendered by the crowding of populations. Even education, which, properly conducted, ought to bring strength to the mind and lessen the liability to insanity, may bring danger to individuals in many ways. The cramming for competitive examinations, which now goes on everywhere, is fraught with peril to many boys, and still more to girls, for the latter have to prepare for them at the very trying time of puberty, or shortly after. Although it must always be that the hardworking brain of civilised man is more prone to disorder than that of the childlike savage of the wilderness, yet it is to be hoped that the preventable causes of insanity may be by degrees diminished, just as sanitary knowledge and laws will reduce the mortality from fevers, scarlatina, smallpox, and the like."

Thus it would seem that with the advance of civilisation many of our faculties are replaced or rendered less necessary by the

achievements of our forefathers. Especially is this noticable in large communities where by the constant use of mechanical conveniences, and contrivances which take the place of bodily activity and endurance, men become indolent and physically degenerate, - in fact prematurely old. The higher the state of civilisation, then, reached by a nation, the nearer it is to decay, and the more likely are the individuals composing it to suffer from disease in its asthenic form.

III. Change in the treatment of the insane, accompanying the change in the type of insanity.

There has been as marked a change in the manner in which the insane are treated in modern times, as there has been in the type of the disease from which they suffer. And I believe that had such change of type of the disease not occurred, the improvement which has taken place in the treatment could not have been so great. The

gradual and imperceptible change taking place in the form of disease, rendered it easy to adopt, indeed suggested, improved method of treatment. I imagine that if one of our modern asylums, conducted on the most advanced principles, could suddenly be emptied of its present population, and filled with the class of patients found in asylums half a century ago, the temptation to return temporarily to the methods of treatment then in vogue would be found irresistible. But it must also be borne in mind that the methods of treatment used in the modern asylum are such as would quickly change such a body of lunatics, with few exceptions, into a quiet and orderly household. So that we may consider that a double process has taken place; the change of type in insanity has paved the way for the reform in the treatment, and the improved treatment operates upon many patients easily managed whom under other circumstances it would be very difficult to control.

In no branch of medical practice has a more complete change of treatment taken place during the past half century than in Lunacy. At the very foundation of the modern treatment is the absence of all restraint, the discontinuance of which was advocated by Conolly at Hanwell fifty years ago. Probably he scarcely looked forward to the time, which has now arrived, when it is found possible, and even is usual, to conduct asylums not only without restraint, but without locked doors, airing courts, or other familiar features of the old asylum. There are, no doubt, asylum physicians who believe that restraint is necessary, that unlocked doors are undesirable, and airing courts of great utility, just as there are men who have faith in bleeding, purging, & starving in fever, and there are patients in both cases who justify their line of treatment, in the individual cases, but they are the exceptions.

IV.

The discontinuance of the use of Airing Courts.

The airing court, as a time-honoured

adjunct, and a feature of the old asylum, has had a particularly warm defence. Nor is this to be wondered at, for no doubt it is a convenience, especially for the attendants. It is surrounded by high walls, and the patients cannot possibly escape from it. The attendants have only to see that the patients do not injure themselves and each other; all other supervision is unnecessary. The attendants collect and enjoy their gossip, and the patients are left pretty much to their own devices. No wonder that attendants are strongly opposed to the abolition of such a convenience! I have a vivid recollection of the account given by an asylum physician of his first attempt to exercise all his patients beyond the airing courts, and of the dismal forebodings of the Chief attendant. "Doctor, something dreadful will happen. They will run away, or somebody will be killed." The physician gained his point however and it turned out that no one ran away, & no lives were lost. It is scarcely necessary to add that the

airing courts were no longer used as such.

Consider the case of the unfortunate lunatic, confined for exercise to a small airing court – probably a paved yard, surrounded by high walls – and confined to it for years perhaps for life. It might well be asked – "what evil hath he done?" What more likely to perpetuate ~~the~~ and increase the misery of a poor melancholic, than such an existence in the company of others as depressed as himself, – of vacant dements, or raving maniacs? And in the case of the maniac, what more likely to intensify and prolong excitement than this confinement in idleness?

The Scottish Commissioners in Lunacy have forcibly expressed their views on the subject of airing courts as follows:- "In the Haddington District Asylum which was opened in 1866 airing courts have never been used. In 1869 the operations ~~were~~ undertaken for the enlargement of the

(1) Twenty-third Report of Commissioners in Lunacy for Scotland, p. 31.

Argyll District Asylum necessitated the removal of considerable portions of the walls of the airing courts when they existed. To have constructed new airing courts would at the time have been attended with considerable inconvenience, and it was therefore resolved to endeavour to do without them. The result of this experiment was so satisfactory that the intention to reconstruct walled airing courts was definitely departed from, and since that time the asylum has been managed without such adjuncts.

It is, of course, evident that walled airing courts can more easily be dispensed with in an asylum possessed of extensive grounds, than one which is in the heart of a town, where walls may be needed to protect the patients from intrusive observation by the public. The disadvantages of such situations for asylums are, however, becoming every day more apparent. The number of them so situated is steadily diminishing, and it is not improbable that the growing belief that the condition of the insane

is deteriorated by their being cooped up in airing courts will hasten the removal of the remainder to localities where an adequate extent of land can be obtained. Circumstances such as these perhaps prevent any immediate prospect of the universal abolition of walled airing courts, but the advantages which result from their disuse are now widely recognised. Most of the public asylums in Scotland are already without them, while in several where they still exist, they are seldom used. One of the advantages which airing courts with walls were thought to possess, was their supplying a place where patients suffering from maniacal excitement might work off their morbid energy in safety. It can scarcely be doubted, however, that the association, in confined areas, of patients in this state, either with one another, or with other patients in calmer mental states, is attended with various disadvantages. The presence of one such patient may be the cause of a great amount of excitement, and a source of irritation and

annoyance to those confined in an airing court along with him. After the disuse of the airing courts it was found that such patients could be treated satisfactorily in the wider space of the general grounds. It was found by placing them more immediately in companionship with the attendants, and by keeping them from collision with other patients, that the could be made to vent much of their excitement with less disorder, and could often be saved from a considerable amount of it altogether."

Without a considerable extent of ground attached to an asylum, airing courts are a necessity; but if there is a farm or piece of land on which to employ the patients, they can be abolished with benefit to all concerned. The patients are thereby made happier and more contented and the attendants more careful and vigilant. It is not necessary that the land shall be in apple pie order when the patients start to work upon it. Better let them make it so. No more suitable work can be

provides for patients, than quarrying stone, reclaiming bog, laying out terraces, and planting woods and shrubberies. They see the place growing as it were, under their labour, and it affords to them a never-ending interest.

In the report of the Argyle Asylum for the year 1872 the Superintendent remarks:-(1) "Seclusion and the use of airing courts may be considered to be completely abolished in this asylum. With the extent of land possessed, and an adequate staff of attendants, the most excitable, violent, noisy, and destructive cases can be better, though perhaps not so easily treated, without ~~the~~ having recourse to such expedients which, if at all permitted, are so liable to be abused. It is easier for attendants to quieten a violent maniac by shutting him up in a padded room than to walk with him about the grounds for several hours. The effects, however, as may readily be perceived, are much in favour of the latter mode of

(1) Argyle & Bute District Asylum. Annual Report for 1872.

treatment. Airing courts serve much the same purpose out of doors, that padded rooms do indoors."

If in some places airing courts must be used, (and it is acknowledged that in Asylums situated in towns they are a necessity), they should be as spacious as possible, the surrounding wall should not be higher than is absolutely necessary, and the enclosure should be made as cheerful as possible by flowers, aviaries, aquaria &c. A paved or gravelled yard, surrounded by a bare stone wall is always dreary and depressing; but a bright little garden, enclosed by a low wall and ornamental railing, (which is preferable to a high wall when the place is not overlooked), and filled with objects of interest, is just as useful as an airing court, and may be quite a pleasant little place. It is found that patients who will deliberately destroy flowers, and such like are uncommon. At Lenzie Asylum the patients pass daily to and from Chapel through long conservatories

filled with choice flowers, but they do not pluck and destroy them. In this Asylum the doors of a large conservatory open off the drawing room, and the patients have free access at pleasure. I have never found that they destroy the flowers, and an aquarium stocked with S. Lemensis and S. Fontinalis has not hitherto been interfered with so as to cause the fish the slightest injury.-

At the Hemphries asylum some of the airing courts still exist, but they are unlocked, and are unused except occasionally by a few old and feeble patients who are not able to walk far from the house, and who find the airing court a quiet and sheltered place in which to toddle about or sit in the sun.

V. The disuse of strong clothing.

As airing courts have for the most part disappeared from the modern asylum so has strong clothing. It has not been abolished as something which

should not exist, but has simply gone out of use, not being necessary. With plenty of land, open doors, full occupation for those able to work, and an adequate and efficient staff, airing courts and strong clothing are not required. As in the case of airing courts, it is found that in town asylums cannot be done without, and there are therefore many physicians to take up arms in its defence. It seems to me however that because airing courts and strong clothing are found to be necessary features of the town asylum, that they are good in themselves; on the contrary it rather shows that all asylums should be situated in the country, and the patients fully employed, when such appliances would be found unnecessary. Dr. Savage of Bethlem Hospital in a paper read before the Medico-Psychological Association in February 1884 warmly defends the use of strong clothing in certain cases, his strong argument in favour of it being his view that

it enables him to give more liberty to some of his patients. He states that he has found such clothing if not necessary at Bethlem, at least useful and a saving of time, energy, and irritation. I believe that cases in which strong clothing is absolutely necessary are very rare. My experience is short, but in six years I have only seen one case, in which I considered the use of strong clothing advisable. I consider that its habitual use as described by Dr Savage very undesirable, as tending to perpetuate filthy habits. He states-[1] "Anyone who has been much about Bethlem must have seen many very contented, but eminently grubby, patients in strong clothing in our airing courts. They do just as they like from breakfast time till near dinner time, when they are washed and re-dressed. After dinner they are allowed once more to make a mess of themselves if they like, and after tea they are

[1] Journal of Mental Science. Vol XXXIII. page 154-155.

usually quite ready for bed. I think these people, though not pretty objects, yet sleep better, and eat better, than if they looked prettier. Some will say that we might attain the same end if we sent them walking round the grounds with two attendants for some hours a day. Well, I must say I do not like the look of such cases I have seen marching about like the ~~two~~ wild elephant between the two tame ones, and I do not think the washing of clothes so costly as extra attendants."

Even such dirty, chronic, and perhaps hopeless cases, as described here by Dr. Savage, should, I think, be tried over and over again in their ordinary clothing. Even if the elephant between the tame ones should be wild, he is at least clean, and in the way of being tamed, and better situated than the pigs in their sty in whose cases reformation is hopeless. In such patients improvement is possible, even when recovery can scarcely be hoped for, and ~~much~~ improvement

would be more likely to take place, were attendants substituted for the strong clothing. Patients requiring the services of two attendants for any prolonged period are rare, and as a matter of fact it is found, that in the modern pauper asylum the usual proportion is one attendant to eight or ten patients. I venture to think that Dr. Savage will require quite as large a proportion of attendants to patients, and that he does not effect a saving by the use of strong clothing.

VI. The disuse of locked doors.

With airing courts and strong clothing, the large bunch of keys by which the asylum physician of olden time passed from ward to ward, has also disappeared. In many asylums of the most advanced type no key whatever is required and one may pass from room to room right through the buildings without finding a locked door. At the Lengel asylum even the doors leading into the grounds are unlocked.

In other asylums only one or two wards containing the worst patients are kept locked. –

In bygone days it seemed to be taken for granted that the desire to escape exists in every ~~one~~ lunatic in confinement. Perhaps they all did want to escape, in the old asylum when they were dressed up in sackcloth and locked in airing courts, and dark rooms. Such treatment would create a strong desire to escape in the brain of anyone having the smallest atom of sense left. But it is an entire mistake to suppose that patients, as a rule, want to escape from the modern asylum. Those who have such a desire, or who will run away if allowed are in a very small minority, and the great bulk of the patients never think of anything of the kind. Is it reasonable then or fair, that all of them should be kept closely under lock and key because a few of their number may have a desire to leave the place, and when these few can easily be watched and prevented by the attendants?

As in the case of airing courts the locked door is a great convenience for asylum attendants. With all the patients securely fastened in, they do not require to watch individual cases with such vigilance as when the doors are unlocked. The discontinuance of locked doors has therefore tended to make the attendants more careful and vigilant, more observant, and more anxious to make the patients contented and free from all desire to escape. The attendants, moreover, soon discover who are the patients to be closely watched and who are to be trusted. They also find that it is to their advantage to keep the patients employed, as an idle patient is much more likely to become discontented and restless than a busy one. The effect of locked doors on patients is frequently to excite a desire to get out. They learn to see a possible chance of doing so every time the door is opened, but when the door is left unlocked the desire ceases. I have a lady under my care at present who was

strictly under lock and key when I made her acquaintance and had been so for years. She had a constant desire to escape, was continually on the watch, and had succeeded in doing so more than once. When I proposed to leave the door of the ward unlocked it was predicted by the officials that this lady would certainly escape. She did so, and was speedily brought back, and the door still left unlocked. She again made her escape, was again brought back & treated just the same. She became gradually accustomed to the unlocked door, the amount of liberty allowed her was increased, and she is now a contented and useful patient, much improved in body & mind and in the enjoyment of full liberty on parole. Many similar cases might be recorded by those who have discontinued the use of locked doors, showing how the desire to escape is thereby diminished or made to cease altogether.

Locked doors are no more necessary in ~~for~~ asylums for private patients

than in pauper institutions, and their entire discontinuance is only a question of time.

VII. The employment of the patients.

If there is one feature of the modern asylum more than any other in which it contrasts with the institutions of former times, it is in the extent to which the patients are occupied.

There was always in every asylum a small number of patients employed in one way or another, but they were exceptionally quiet and trustworthy cases, who, perhaps after a long period of confinement in idleness, took to doing a little work of their own free will. Perhaps in a few isolated cases, in small asylums, the patients were induced to engage in outdoor work, not indeed, as a means of treatment but for the value of their labour. ~~The~~ Dr Gregory's Highlanders who worked his farm with lunatics, and thereby acquired fame for his successful treatment of insanity, considered

rather it is to be feared the interests of his pocket than those of his patients (1)
However in the beginning of the century and even earlier systematic attempts were made to employ convalescent patients in useful labour, particularly in some of the French and Dutch asylums. Pinel also makes mention of a Spanish hospital (2) where all the patients capable of working were employed on the asylum farm in separate parties in charge of their attendants, the only difference from the practice universally followed nowadays, being that the attendant seemed to stand idly by on guard as it were, than to work with, and encourage the patients by his example. "

"The introduction of regular occupation for the patients in lunatic asylums accompanied and followed that of the various other improvements and features of the modern asylum which have been described. In fact it was found

(1) Pinel's Treatise on Insanity. p. 64.
(2) " " " " " 193

that without occupation for the patients it would either be impossible to abolish restraint, airing-courts, and locked doors, or the doing so would render it absolutely necessary to add very greatly to the existing staff of attendants. The greatly extended liberty afforded to the patients gave extra work to the attendants, in keeping under observation not only the comparatively small number of patients who were looking for a chance to escape, but the much larger number of quiet, harmless cases, who were apt to wander away and get into mischief. The remedy for all this was easily found and consists ~~in~~ simply in employing all, both patients and attendants, at some healthy occupation. The bad and troublesome patients are separated and one or perhaps two, given to each attendant with a balance of those who can be trusted. Each attendant has therefore only one, or perhaps two individuals who must be strictly watched, and these he keeps close beside him at

work with himself, whilst with the remainder of the party he is not necessarily so particular. It is thus plainly to the attendants' own advantage to have their patients employed, as they are then more easily kept under observation and not so apt to wander away.

It is naturally in the pauper asylums that the plan of engaging the patients in outdoor occupation has been to the greatest extent developed. They have become veritable hives of industry, and in those institutions in which the feature is thoroughly carried out an idle person will not be found, unless those who are incapacitated through illness. If one were to walk, during the working hours, through an asylum of this class, say through the Barony Asylum at Lenzie, it would be found almost empty, the only occupants being a few invalids in the infirmary ward and a few able-bodied patients engaged in house-work. The house cleaning is nearly all done by patients and attendants before breakfast after breakfast and

prayers the working patients of the male department are all drawn up in line and inspected by the medical officers. Any patient who is unfitted for the work of the day is now withdrawn and sent to the infirmary ward, and the remainder proceed in parties of eight or ten in charge of their attendants, to the work. They return to dinner, and afterwards a similar inspection takes place and they resume work till evening.

Regarding this feature of the modern asylum Dr Rutherford reports in 1880:-

(1) "With 382 acres of land surrounding the asylum there can be no lack of means of employment for the patients, and of such a kind as cannot fail to still further develop those principles in which this Asylum has taken a decided lead and stands out prominently among similar institutions in the country. Although Woodilee draws its patients from a large commercial and manufacturing city, and receives 200 new cases yearly, a large proportion of whom are of the

(1) Barony Parochial Asylum, Lenzie. Annual Report for 1880 page 8.

acute, dangerous, and suicidal class, yet a visitor may go through the whole house without seeing any of these disagreeable manifestations of excitement and fury so often associated with restraint, confinement, and idleness; while in the grounds all the men who are physically able will be found with their attendants working together like ordinary labourers."

"One hundred and fifty of the men are regularly employed at outdoor work in parties of eight or ten, each under the care of an attendant. The number of ordinary resident attendants is 17. Twelve of these, and three non-resident attendants, regularly accompany and work with the patients, under the direction of the chief outdoor attendant, whose duty it is to regulate and supervise all work other than the ordinary cultivation of the farm and garden, which is conducted under the surveillance of the farm-steward and gardener. Five attendants remain indoors, and

along with 12 able-bodied patients who occupy themselves as house-cleaners, perform all indoor duties under the direction of the chief indoor attendant. The proportion of attendants to patients is certainly not greater than would be required were the patients treated on the old system of confinement in airing courts and with locked doors."

"The nature of the work necessarily varies with the season of the year. It consists of the cultivation of the farm and garden, together with ordinary estate work, such as road-making, planting, fencing, draining, quarrying, building &c."

Further on Dr Rutherford continues:-

"Besides the 150 men who thus work out of doors under the care of ordinary attendants, and the 12 able-bodied men who act as house-cleaners, about 30 are employed as tailors, upholsterers, storekeepers, shoemakers, bakers plumbers, blacksmiths, painters,

joiners, engineers, and stokers, under skilled artizans who are required primarily for necessary tradesman's work in connection with the Institution, and are attendants only in the sense that they employ the patients of their respective trades."

I have quoted largely from Dr Rutherford's report, because the daily routine at Woodilee as described by him, is followed to a greater or less extent in all other asylums conducted on the same principles of treatment. The men are constantly employed on the land of the asylum or in its workshops. A tradesman patient, is set to work at his craft in the asylum if possible, if not he works as a garden or farm labourer. It requires no special training or skill to enable a man to wheel a barrow, and in many cases the relief from a man's ordinary employment, and a change to such a simple occupation in the open air is of great benefit.

what a change for instance is barrow-work to a watchmaker or a tailor, accustomed to a sedentary occupation indoors.

In the case of patients who have been accustomed to agriculture, care is taken to employ each at the department in which he is most interested. Thus a man accustomed to cattle is sent to work about the byres, and one with a liking for horses finds his way to the stables. An important point is that the attendants are not "keepers" alone, they are workmen as well, and each one of them takes off his coat and does his days work, thus encouraging his patients to do likewise.

The laundry is to the female patients what the farm is to the men, a source of steady occupation. The laundry has disadvantages, however. The work cannot be conducted in the open air; it affords almost no variety; and, in parts of the building at least, it is always more or less damp owing to the escape of steam

and water. As a healthy occupation it cannot be compared with farm work, but it is one of the best that has as yet been provided for the females of the pauper asylum. It affords a certain amount of active exercise which is specially necessary in cases of insanity accompanied by excitement. In the asylum laundry little of the work is done by machinery, so that as many hands as possible may be employed. In a few institutions washing is even taken in with the same object, as well as the pecuniary benefit in view. In many asylums the women are employed in the dairy, and in harvest time, in the fields; and in others they work at industries peculiar to the district, for instance weaving in the West Riding of Yorkshire asylums, and spinning in that of the Isle of Man. In all, needlework is the great occupation for the women whose time is not otherwise engaged.

There are two problems yet to be solved, however, in connection with occupation for asylum patients; one is to provide an indoor occupation, of a simple nature and yet affording variety, for the men in wet weather, and the other is to find an outdoor one suitable for the women when the weather is fine.

The benefit derived by the patients of pauper asylums from constant occupation is so well known and fully acknowledged, and the industrial system has undergone such development in these institutions that it is quite unnecessary that I should dwell longer on the manner in which the patients are employed, and the advantages to be derived from it.

More recently, however, attempts have been made to engage also the patients of the higher and middle classes in systematic outdoor labour. The great difficulty of course at the very outset is the fact that it is work to which the patients have not been

accustomed and which they are apt to look upon as only fit for common labourers and not for gentlemen. Another possible difficulty is that patients friends may object, but my experience is that attempts to engage the patients in work, meet with nothing from the friends but encouragement and approval.

Patients cannot be compelled to work, but few will remain idle for any length of time if constantly advised to engage in a pleasant and light occupation, and if sent out day after day to accompany the working party. The sight of a man's companions working away heartily and deriving benefit from the exercise, acts as a very powerful incentive. The nature of the work, too, is an ~~~~ important matter. It must not be too heavy, and it must not be unpleasant in its nature. If it is an inviting and ~~~~ attractive employment so much the better. Last Summer here several gentlemen were induced to engage in the gathering of strawberries and other fruit

who could not previously be got to occupy themselves with anything. As generally happens, however, after they had made a beginning there was no more trouble, and they became regular members of the working party. The hours of labour must not be too long. Men who have not been accustomed to manual labour cannot be expected to take kindly to a long day's work, but can do four or five hours, with perhaps an hour's interval, with ease. Another matter of importance is that the attendant must be of a kindly disposition, cheerful, and possessed of tact. He should ever bear in mind that the patients are gentlemen, although presently under his control, and in addressing them he should be particularly careful not to hurt their feelings by neglecting the use of the customary prefix Mr.

In this asylum all the walks, roads, shrubberies, & lawns are kept in order by the gentlemen patients and a gardener attendant

each patient doing half a days work, and spending the remainder in recreation. The attendant thus works the whole day, but with different patients morning and afternoon. At the Kenmuir Royal Asylum the systematic occupation of the private patients has been successfully carried on for some years, as also at the Perth Royal asylum. At St. Andrew's Hospital Northampton, containing private patients only, they are regularly engaged in occupations, and this part of the treatment is described by Dr Lloyd Francis, the assistant Physician, in the Journal of Mental Science for October 1887.

The third case reported by him to illustrate the remarkable benefit sometimes derived from occupation is certainly a remarkable one. It is as follows:— (1)

"Case III. (Acute Mania — Secondary Dementia. Recovery.) This case possesses rather a special interest, on account

(1) Journal of Mental Scince, Oct: 1887. page 364.

of the patients previous intellectual successes, and his subsequent brilliant career. C. W. admitted March 2nd 1882, aged 20; single; undergraduate. Second attack, (first at 15) of nine days' duration. Supposed cause, low physical condition through overwork, prolonged suspense as to its result. He was a Scholar of his College and just prior to his attack had succeeded in winning the first place in the annual college examination. On admission he showed maniacal symptoms; he was restless and noisy, laughing and talking to himself in an irrational, punning way; applied fantastic names to people around him; and was sleepless and destructive to bedding at night.

He went steadily from bad to worse for several months, and seemed to be passing into a condition of hopeless dementia; was silent, obstinate, faulty in habits, drivelling, fatuous in aspect, indifferent to his surroundings.

In July he was sent to work

on the farm, wheeling a barrow being the only employment for which his then mental condition fitted him. For four or five months he continued at this occupation with benefit to his bodily health, but no material improvement in mind.

At length he showed signs of amendment; the first indication being a request for a change of employment. Subsequent improvement though steady and continuous, was slow, and it was not until August 31st 1883 that he was finally discharged.

After a short period spent in travel he returned to the University, renewed his studies, and not only obtained his degree but won the second place in the Classical Honours List."

It must not be supposed that in every case of insanity unaccompanied by serious bodily illness, outdoor manual labour is recommended as a remedial agent. There are many cases in which it would do positive harm. In all cases where

there are signs of physical exhaustion it must not be used. In acute mania when the excitement is intense it will be impossible to get the patient to engage in work, and even when the excitement diminishes, if the pulse shows signs of weakness, and the temperature is elevated, no work should be allowed. In such cases, especially in people past middle life, exhaustion from ~~exhaustion~~ exertion comes on very rapidly, and may never be rallied from. The pulse and temperature should be watched as carefully in these cases as in a case of fever, and as a general rule it may be stated that until they are normal, with returning appetite, and diminishing excitement the acute maniac cannot safely engage in manual labour.

But if a case of acute mania can be brought under treatment at the very beginning of the attack, (which rarely happens in the pauper asylum, and never in one for private patients) and before the stage of

delirium with increase of temperature and loss of weight, occupation in the open air is the best possible sedative, and may cut short the attack altogether.

In cases of Chronic Mania, employment is of great value. Clouston says:—[1] "One of the great improvements that has taken place in modern asylum management has been that rational physiological outlets are provided for the morbid muscular energy of the case of Chronic mania. They are neither confined in their rooms nor within "airing courts" enclosed by high walls. They are made to walk about. They are made to wheel barrows, and dig on farms. They are encouraged to dance, and they are well fed. Most of them eat enormously, and if they have not enough to eat they fall off, get worse in their mental state, and in their habits. Many of them can be got to expend their energies in hard regulated work, and they are the very best

[1] Lectures on Mental Diseases, page 195.

workers on the farms and in the laundries of Asylums."

In Melancholia, even of a mild type, manual labour may be overdone, and should be used with caution, unless the patient is increasing in weight and showing other signs of returning health. When these appear, however, nothing does so much good as steady work in the open air.

In cases of dementia, when the patient has retained sufficient mental power to enable him to engage in occupation, it is of the very greatest value as a means of treatment. His physical health is maintained or improved, his habits become cleanly, he sleeps well, his appetite increases, his destructive tendencies are checked. In fact, although cases of complete recovery from secondary dementia, rarely if ever, occur, (notwithstanding the case reported by Dr Francis), a great and lasting improvement generally follows the adoption of outdoor manual labour as a remedial agent.

VIII. The Dietary of the Insane.

The importance of a liberal dietary in the treatment of the insane cannot be over-estimated. Asylum physicians are agreed that the patients must be well fed if the asylum is to be successful, and it is equally true that a larger quantity of food is required by a population of lunatics than would be needed by an equal number of sane folk. In chronic unfavourable cases of insanity an enormous appetite is the rule. Thus General paralytics, chronic onanists, epileptics, and dements are great eaters; in fact many of them would injure themselves by their voracity if allowed. In acute mania, and acute melancholia diminished or complete want of appetite is the rule, but when the case begins to improve appetite returns, becoming at first abnormally large, and then normal. Should the case become chronic, increase of appetite also takes place, and I have seen cases of chronic melancholia with enormous appetites. The return

of appetite with approaching convalescence occurs in all cases, just as in other diseases. Want of appetite is sometimes due to the overpowering nature of certain delusions. Perverted appetite is of pretty frequent occurrence in various forms of insanity. The increased appetite so often present in the insane, should not, I think, be looked upon as an entirely morbid peculiarity, and should be satisfied if not very unreasonable in its demands. In some cases it amounts to positive gluttony, and in such, of course, the food must be limited in amount. But a moderate increase of appetite should be looked upon as nature's demand, and an increased allowance of plain unstimulating food supplied to satisfy it.

Starvation was long ago considered the proper treatment for cases of acute mania, just as in fevers. Now we know that there is no form of insanity, in which it is more important to feed well and early in the disease, than in acute mania, and the amount of milk and eggs which such a case will take and

assimilate will astonish anyone who has not had experience of it. Dr Sibbald mentions the hold the starvation theory had in the Highlands of Scotland within comparatively recent years. He says:— (1) "When the insanity is accompanied by excitement and violence it is supposed to be the result of an inflammation which ought to be reduced by low diet and other such remedies supposed to have a depressing effect. The correct treatment in almost all such cases is, on the contrary, to supply as much easily digestible and nourishing food as the patient will take; and in many cases this will be considerably more than would be necessary in health. The appetite furnishes a sufficiently correct guide in this matter. The error of attempting to starve down the excitement generally has the effect of increasing it, and often leads to a fatal result. Cases frequently

(1) Argyle & Bute District Asylum. Annual Report for 1868.

occur in which a patient has been so much reduced in strength by the treatment adopted before sending him to an asylum, that he has died from want of power to rally from the bodily weakness."

I cannot agree with Dr Gibbald as to the appetite frequently furnishing a correct guide to the amount of food required. In cases of what I would call "asthenic" mania, where symptoms of exhaustion set in early, the appetite forms no guide whatever. The patient must be fed, at once, and liberally, with easily digestible, and predigested food, if he is to be kept alive. In fact you can hardly 'over-feed' such a patient. He may take innumerable eggs, and pints upon pints of milk, enough to sicken any ordinary healthy person, and yet his tongue will clean, he will gain strength, excitement will diminish, and his appetite, which perhaps had vanished altogether, will increase to that of the convalescent.

Clouston says :- [1] "Milk, eggs, beef-tea, ground beef, custards, strong soups, with plenty of vegetables, and porridge, are the best, as often as the patient can be got to take them, and in as large quantity. As Dr Blandford says "we can hardly give too much"; do not for a moment be afraid of a dirty tongue, and think it contra-indicates food: Nothing could be a greater mistake, in acute mania at all events. The furred tongue is not from an over loaded alimentary canal, but results from perverted innervation of the digestive tract. Malt liquors, such as porter and ale can be given freely with advantage. Soda waters too; if they can be got. Even whisky or brandy will act as a direct sedative to the excitement in some cases. Anstie taught us some good therapeutics in his "Stimulants and narcotics" on this point. But alcohol you will find will

[1] Lectures on Mental Diseases, page 171.

sometimes flush and cause excitement. In that case use it sparingly. I have seen a pint of beef tea, representing all that was soluble in a pound of beefsteak, and a glass of whiskey, reduce the temperature 2°.3. To show the quantity of food that such patients can take and digest, I mention that at the asylum I am never satisfied except the bad cases get at least six eggs a day, beaten up in liquid custard, in addition to their ordinary food, beef tea &c. I have known many patients take a dozen eggs a day for three months running. The constant motion and fresh air enables them to digest and assimilate all this. So long as a patient is losing weight, the physician should never be satisfied. When he becomes stationary, then one may begin to think that the disease is being overcome by nature and treatment. When he begins to gain in weight, and the temperature becomes normal, then convalescence, or dementia,

Dr Campbell of the Carlisle Asylum remarks:-
(Journal of Mental Science for July 1886. page 109):-
"I think it highly probable that want of
action of the absorbents really accounts for
the absence of ill effects in those patients
that Dr Clouston describes (Edinburgh Asylum
Report for 1881), as daily taking 16 eggs and
eight pints of milk; few healthy
people could do it"

Of course; that is just the point; "few
healthy people could do it". It is not
necessary that they should, but the
patients who get the eggs and milk
can do it, and experience shows that
they do absorb it, and fatten on it,
and recover on it; and more than that,
they deteriorate at once when it is withheld.

has begun. The patient should be weighed every week during the acute stage." -

This is Dr Clouston's "Gospel of fresh air and fatness" and it is applicable to cases of mental disease in every form. The maniac, the melancholic, the adolescent, are fattened, and in the process they are cured. The paralytic, and the demented are fattened to make them comfortable and contented and thus to render their descent to the shades an easy one.

In all cases a small quantity of alcohol should be added to a feed composed of egg and milk. The improvement in flavour and digestibility obtained by the addition of only a tablespoonful of sherry is very great, and the feed is more likely to be taken willingly, and therefore more likely to do good, than if a nauseous and accasioning disgust. A feed taken willingly and enjoyed, is worth two given by force. -

Forcible Feeding.

Forcible feeding is found necessary more or less frequently in every asylum

Experience varies, however, as to the frequency with which it is required, and I think the tendency in modern times is to resort to it less often than was formerly the case. Nurses are more careful and skilful, and a patient and persevering effort to induce the patient to swallow food in the natural manner succeeds, when in former times recourse would have been had to the stomach pump. More or less frequently however cases arise in which no power of persuasion can induce the patients to take food. These cases seem to occur in some asylums more frequently than in others. Dr. Campbell of the Carlisle Asylum reports[1] "that the recent insane take their food very badly, in many cases refuse it, and this so far as I can learn to a greater extent than in many other districts. A great number of the patients admitted here in the early part of their attack seem to want appetite, to loathe food, and in

[1] Journal of Mental Science for July 1886. page 195.

very many cases this is a source of very considerable trouble in their early treatment. . . . . I have exchanged opinions on this matter with numerous asylum physicians. Dr Rorie, Dundee, some years ago told me that he had little or no trouble about making his patients take their food, and that up to that date he had not required to use mechanical aid for forced alimentation. Several Irish superintendents have told me that their patients, who, as a rule, did not fare too sumptuously when at home, nearly always took food well in the asylum, and that complete refusal of food or necessity for forced alimentation was almost entirely unknown."

Dr Campbell's experience at the Carlisle Asylum is I believe the common one in England & Scotland. In the Royal Asylums of Edinburgh, Glasgow and Dumfries, artificial feeding is common. At the Dumfries asylum ~~of~~ I have fed the same cases regularly for months. In this

small asylum, I have had four cases requiring forcible feeding for weeks together, within the past six months.

"Methods of Forcible Feeding.

There are various methods by which food may be administered to a patient who refuses to take it. It may be given through the mouth, nose, or rectum. Through the mouth the patient may be fed with a spoon, as recommended by Dr Williams, and fully described in Dr Blandford's book,(1) or II with the ordinary stomach pump, and a hard or soft tube, the mouth being held open by means of a gag, or III. with a soft rubber tube attached to a funnel, & a gag as the last method; or IV. with a similar soft tube and a feeding bottle as used by Dr Yellowlees of Glasgow Royal Asylum.

In feeding through the nose, a hard or soft tube may be used, of the size of a large urethral catheter. The tube may be used long or short. If long

(1) Journal of Mental Science, 1864, and Blandford "Insanity and its Treatment," page 416.

it is passed through the nostril and down into the stomach, and the food is poured through a funnel, or injected by a suitable apparatus. In short, the tube reaches only to the pharynx and the food finds its own way from there to the stomach - Dr. Harrington Tuke recommends feeding through the nose with the stiff gum-elastic tube seventeen inches long passed right down to the stomach. That seems to me to be attended with considerable danger. Dr. Clouston uses a soft tube and feeds through the nose in ordinary cases. At first the tube is only six inches long with a funnel. When the patient learns to eject the food through the mouth, he uses a long red rubber tube. When this fails he feeds by means of a large red rubber tube passed through the mouth, and a stomach pump or funnel. (1)

Feeding per rectum can only be

(1) Lectures on Mental Diseases, page 113.

regarded as an auxiliary to the other methods of artificial alimentation. There are cases however in which it is a very valuable one. The stomach may be very irritable and reject the food constantly, or there may be gastric ulcer, or cancer, or oesophageal stricture. In such cases we must administer food by the rectum in as large quantity and as concentrated a form as possible. Eggs, milk, beef juice, beef tea, brandy &c, may be injected by a syringe, and in addition we can use nutrient suppositories. The zymonised suppositories, recently introduced, appear likely to be of special value in these unfortunate cases.

Each method of forcible feeding has its advantages in certain cases, and is unsuitable in others. I agree with Dr Clouston's view, that in the ordinary run of recent cases, not likely to require forcible feeding for prolonged periods, the short nose tube is the apparatus to be preferred. There is no danger of

passing it into the windpipe, or into the aorta; no gag is required; it is easily cleaned & does not get out of order; it is not easily broken; it cannot give rise to an irritable condition of the stomach as the longer tube sometimes does. -

But when refusal of food persists it is advisable to change the mode of feeding occasionally, and to make the process more unpleasant. The stomach pump may be tried in such a case, and the food slowly injected. The best gag to use is a modification of Lister's, the ends being well covered with tape or chamois skin. The ends of Lister's gag turn outwards slightly so as to prevent the instrument slipping out of the mouth when inserted. When the teeth are perfect, however, the insertion of the gag is sometimes very difficult, and I therefore use a gag with the ends at one end straightened out, like a thin wedge, rendering its insertion perfectly easy.

Some patients become so accustomed

to artificial feeding that no method has any terror for them. I then feed by the method recommended by Dr. Yellowlees. It is the quickest and cleanest way possible, and any kind of food, moderately finely divided, can be injected with great ease. A large, soft tube should be used. It is safer than one of small calibre, and just as easy to pass, and through it the food passes more rapidly.(1) When a patient has become accustomed to the process, it is simplicity itself. I have seen a patient pass the tube himself. And in more than one case in which I have had to feed by this method for months, no gag, and no assistance whatever was required. The patient seated himself in a chair, placed a towel under his chin, opened his mouth for the tube, received his feed. Then after the tube was taken out, he would wipe his mouth, thank the operator, and withdraw.

(1) Lancet, May 19th 1888. page 1004.

For a case like this, in which the process has to be repeated three or four times a day for weeks or months, no method is so convenient as that recommended by Dr Yellowlees. I have recently used with his bottle, a silk tube which I obtained from Milliard, Edinburgh. So far it has answered the purpose admirably. It is beautifully smooth and flexible, possessing these qualities in a higher degree than red rubber, and it passes therefore through the oesophagus with very great ease.

Every effort should be made to prevent confirmation of the habit of refusing food. As the patient begins to get accustomed to one method of feeding, another should be tried. A display of formidable looking instruments often has a powerful moral effect, and feeding by the nose is in most cases disliked more than any other method. I have at present an old lady who refused food for weeks and was fed with the bottle. I tried the nose tube one day and rather than undergo it again she

has since taken her food in the natural manner.

IX

The use of drugs in the treatment of Brain diseases.

In the modern asylum drugs causing depression and depletion are rarely if ever used. The opinion is now in favour of tonic treatment in the great majority of cases from the very beginning. This naturally would be expected from the high value placed upon nature's tonic fresh air, and upon good food. Even in acute mania, when the first stage has passed, every kind of tonic & stimulant remedy may be found useful to overcome the reaction and the tendency to dementia. In cases of melancholia tonic treatment is required all through. The drugs found most valuable in this disease are quinine, iron, strychnia, & arsenic. I have found the phosphates and the hypophosphites most useful in the melancholia of young people. Phosphorus, the mineral acids, and the vegetable bitters are also of use in suitable cases. In old people

we find a valuable remedy in alcohol, both in cases of mania and melancholia. As a tonic it may be used in the form of wine, or beer, or porter, with food; as a sedative and soporific nothing is more valuable than a dose of hot whisky and water at bedtime.

Narcotics and sedatives have fallen into comparative disuse. At the Lunacy asylum, weeks often passed in my time without the necessity arising for a sleeping draught. In this asylum there has not been a sleeping draught required for a long time. The secret is to make the patients spend the day in the open air, engaged in some employment, and they will obtain natural sleep at night. Opium as a sleep-producer is but little used, as it almost invariably does harm by disordering digestion, even when hypodermically administered. Chloral may be used in recent cases in moderate doses - 15 to 20 grains, combined with about 30 grains of bromide of ammonium, potassium, or sodium. Paraldehyde is one of

the best narcotics we have in melancholia, and may be used steadily in doses of from 30 minims to 2 drms. without causing any apparent injury. A mixture of bromide of potassium and tincture of cannabis indica is strongly recommended by Dr Clouston as a "day sedative" in cases of agitated melancholia,[1] as it scarcely interferes with the appetite. I have found it useful in a few cases, but it is a nauseous mixture and with a very repulsive appearance, and it is difficult to get patients to take it. With regard to the use of sedatives and narcotics in insanity, we should before having recourse to any of them, exhaust every other possible means of attaining the end in view. The use of narcotics is like the letting out of water — easy to begin but difficult to control or check, and the advantages derived from the use of such medicines are often more than counterbalanced, by other injurious effects.

[1] "Lectures on Mental Diseases. page 135.

X

The Moral Treatment of the Insane.

This is a feature which has undergone great development in the modern asylum. By occupation, exercise, amusement, and association with sane persons the lunatic is assisted in directing his thoughts into new channels, and in getting rid of his morbid ideas.

In pauper establishments the amusements provided are dances, bowling, skittles, football, and the ordinary sports of the class of people forming the population of the asylum. In these institutions the patients are so fully employed, that the time for amusement is limited. In the asylums for the wealthy, on the other hand, the difficulty is to find amusements to fill up the time, unless the patients work, and all the sports and recreations to which the patients have been accustomed at home are called upon to help, even hunting, shooting, and fishing.

It is important that the educated patient shall have the companionship

of same proph of culture and refinement, and in some asylums lady and gentleman attendants have been tried. I see no reason why we should not have lady nurses for the insane, as we have in general hospitals, but I find that a full staff of ordinary nurses of the lower class is required as well. The ladies only act as companions. Gentleman attendants, worthy of the name, are not to be had, and their introduction into asylums is not likely to be generally adopted. The moral control exercised by the asylum physician is the most important of all. He should endeavour to know each patient intimately, and to study the peculiarities of each. In such gigantic institutions as there are in England, it must be next to impossible for the superintendent even to know all his patients by headmark, and they are deprived of one of the most important moral influences thereby.

In the model asylum the superintendent should come daily into direct contact with each patient. He should be in the confidence of each, and

make a special study of each individual case. We can only fulfil this part of his duty in a large asylum, & in the case of recent and interesting cases, and those of longer standing & of a less hopeful character are deprived of one of the most valuable aids to treatment. -

It will be a notable advance in asylum practice when separate institutions are provided for the two classes of cases - acute and chronic. The chronic incurable cases will be kept cheaply in large asylums, without any necessity for an expensive medical & nursing staff; and the acute cases will occupy the hospitals for the insane, which will be conducted as nearly as possible on the same principles as the best of our modern general hospitals.