

involving a keener struggle and more exhausting labour, itself feeds the evil. To restrain the crime by the dread of punishment is the most hopeless plan of all, for when a man is bent on inflicting the last punishment on himself it is of no use to threaten him with fine and imprisonment. The only effective remedy for this, as for all diseases, would be to remove or soften its causes, and this might be done if the restraining and encouraging influence of sympathy could meet the sufferer at the critical time. Such a remedy, however, it is very hard to apply. It is one of the consequences of the rush and hurry of life of which we have spoken that men easily become very much alone in the world. A man's neighbours, and even relations, whose friendship would have sustained him in quieter times, are absorbed in their own occupations, and even husband and wife fail sometimes to find opportunities for that mutual refreshment of quiet confidence which is one of the great benefits of such a relation. How, then, can poor people in one of the labyrinths of this great city find a friend at the crisis of their despair? Such an office is the peculiar duty of a clergyman, and of those who, under whatever names, devote themselves to the Christian office of visiting the sick and suffering. It is not our province to speak of the religious encouragements which can be offered, though these ought to be the strongest of all, but the mere exercise of kindly feeling, of genuine sympathy, would be enough to soothe many of these overworn beings, and lead them out of their despair. There is a charm about a bright smile, a kind eye, and a gentle voice, which has a subtler and more penetrating influence upon the human heart than all the arguments and punishments in the world. It is true in our overgrown parishes, it is as hard to apply this remedy as the others. But this is the direction in which to work at this moral disease if its epidemic character continues. Every addition to the means of quiet, to the influences which lead to rest, contentment, and peace, will tend to counteract the evil. The more the turmoil and hurry of our life increase, the more necessary is it to increase the opportunities of escaping from them, or at least of softening them.—*The Times*, August 13.

#### *The Overgrowth of our Public Lunatic Asylums.*

A prominent and painful feature in the Reports of these different county asylums is the general outcry for an increase of accommodation. Although it is not yet satisfactorily proved that there is a positive increase in the annual production of lunacy, it is certain that each asylum in its turn becomes unequal to the wants of the county. New buildings are nearly completed, we are told, at the Sussex Asylum; additions have been made to the Wilts Asylum, by which accom-

modation for 80 more females has been obtained, but the male side is still full; at the Essex Asylum new buildings to contain 75 inmates have been opened during the year; estimates have been approved for increasing the Joint Counties Asylum to the extent of 100 more males and 120 females; the Commissioners in Lunacy urge upon the Visiting Justices of Colney Hatch Asylum the necessity of considering at the earliest period the question of the best mode of providing additional accommodation; and the Committee of the Cumberland and Westmoreland Asylum regret to say "that they are not able to provide sufficient accommodation," and that "unless some provision be made for the care of chronic and incurable cases," they will have to enlarge the asylum. The question as to what is to be done with our pauper lunatics is thus assuming great importance. Are the existing county asylums to be enlarged time after time until they become as monstrous and unmanageable as the metropolitan ones are? Colney Hatch already contains 1930 patients, and is too large for successful management by the most willing and attentive officers. We are glad to see that the Committee of Visitors have recognised this, and "are not prepared to advise the Court of Quarter Sessions that it would be expedient to enlarge the asylum any further."

With the object of relieving the county asylum, the "Lunacy Acts Amendment Act of 1862" provided that chronic diseases might, with the approval of the Commissioners and of the President of the Poor-law Board, be removed to workhouses "in which adequate accommodation and care and attendance can be ensured." But as the Commissioners—as stated in their last Report—are of opinion that "the general construction and arrangement of workhouses render them altogether unsuitable for the accommodation and treatment of insane patients," and require, therefore, as indispensable conditions of their consent, that such arrangements should be made as would convert a part of the workhouse into a counterpart of the asylum, it is plain that guardians have nothing to gain in the way of economy by taking lunatics from the asylum, while they would gain a great increase of responsibility and trouble. The consequence has been that scarcely any use has been made of the Act, and the enlargement of one asylum after another throughout the country continues a necessity.

The usual and cheapest mode of enlarging the asylum seems to be, by adding new buildings to it at any convenient corner, or by raising it a story where that is possible. This can generally be done at a cost of from £35 to £50 per patient; but there comes a time, even in the case of a metropolitan asylum, when it can go on no longer. It is generally admitted, too, that an asylum, to be well managed, must not contain more than 800 patients. A second mode of extension, which obviates the necessity of a new asylum, is by separate buildings containing large rooms, and adapted for the

convalescing and quieter patients who are capable of being employed, and are fit to sleep in dormitories. This plan has been adopted at the Essex Asylum, where three blocks, connected by covered corridors, furnish accommodation for seventy-five patients. The Commissioners in Lunacy, we observe, speak highly of the comfort of these blocks, but they say nothing of the cost of them. On referring to the building account in the Essex Report, we find that the total cost of them is put down at £8905 19s. 5*d.*, which is actually all but £120 per patient. Probably the sum would rise still higher if all incidental extras were included in it; but as it stands it is extravagant enough to suggest a reflection as to whether there is to be a limit to the amount of money which may be spent on a pauper lunatic. Such lavish expenditure appears as unnecessary as it is inexplicable; for at the Devon Asylum excellent accommodation was provided in a detached building, by Dr. Bucknill, for a hundred patients, at a cost of £3800, or £38 per patient. If all the ratepayers were county magistrates, not a word need be said even if it were determined to build a pauper asylum of marble; but while many of them have a hard struggle for existence, there is perhaps more to praise in the just and considerate economy of Devon than in the apparent extravagance of Essex.

A third proposed plan of extending the provision for the insane, which has received great attention and been much discussed of late, is to place such of them as are suitable in cottages in the neighbourhood of the asylum—a system which, when carried out on a large scale, is known as the “Gheel system,” or the “colonisation of the insane.” It has recently been determined at Lyons, in France, to place 100 insane in this way as boarders in the families of peasants; and one third of the pauper lunatics of Scotland are now living in private houses, at a cost of 5*½d.* a day, or 3*s.* 4*¼d.* a week each, while it appears that the cost of each patient in the English asylums varies from 7*s.* 8*½d.* per week at the Wilts, to 9*s.* 5*¾d.* at the Essex. At Gheel there are 800 patients treated under this family system, the principle there adopted being that, as a rule, the insane need not be sequestered. With a fundamental principle so doubtful, it is no wonder that the Gheel system is not a great success. In the first place, cases that are known to be dangerous, or otherwise unsuitable, are not sent there; in the second place, as appears from a report by Dr. Wiedemeister to the Hanoverian Minister of the Interior, as many as sixty-eight patients constantly wear long iron chains to their feet, or restraint-girdles to which their hands are fastened; in the third place, it has been found necessary to build at Gheel what is called an infirmary, but what is really a central asylum for fifty patients, and which contains the disproportionate number of eighteen strong seclusion cells; and lastly, while a large number escape from Gheel and are never recovered, as many as half of those

who are admitted each year die. There can be no doubt that the right principle to begin with is that the insane must be sequestered, and exceptions may afterwards be made of particular cases. It certainly is not necessary to sequester all the insane; many of the Chancery patients are living in private houses, with the best results as regards comfort; and the superintendent of the Joint Counties Asylum says in his report that he has provided for twelve men at the farm, where "the degree of domestic comfort and liberty they enjoy is very pleasing." There are a large number of women, at least forty, he says, who might be so accommodated with advantage. The superintendent of the Cumberland Asylum has carefully classified his patients (225) with reference to the kind of treatment under which they might be placed; and he finds that there are 16 who are fit to be in cottages, or under family treatment; 72 who are fit to be in a detached building of an inexpensive character; and that 137 remain who require ordinary asylum accommodation.

It is evident that the question of further provision for the pauper insane requires fundamental consideration. The Commissioners in Lunacy, on finding an asylum full, urge the necessity of increased accommodation; and the magistrates, after avoiding the expense as long as they can, usually make the necessary increase at as little cost as possible. Meanwhile there are more than 8000 lunatics in the different workhouses of England and Wales, who, if the opinion of the commissioners as to the accommodation in such places be right, must be improperly treated; and no one knows how many single patients may be pining in solitude and filth, as the poor man at Flushing was, whose ease recently excited such horror. The account lately given of the state of lunacy in Scotland proved how miserable was the condition of single patients there before the commissioners began their supervision; but it is not the duty of the English commissioners to visit those pauper lunatics who are living in private houses, and accordingly there is no guarantee that they are being properly treated. Some observations in the report of the Abergavenny Asylum indicate what is the condition of things in the distant counties of England and Wales. A question arose whether insanity was as common in Radnorshire as in the other counties which send their insane to that asylum, because the number of patients sent from that county was much smaller, in proportion to the population, than from the other counties. Dr. McCullough found, on examining into the matter, that those who were sent from Radnorshire were of a particular class—namely, such as, from their excitement, their attempts to commit suicide, or other causes, were least manageable at home or in the workhouse. There was not one case of imbecility, or of those milder kinds of mental disease which form a considerable proportion of the general admissions. Where, then, are those cases which are not so violent as to be unmanageable? and who is respon-

sible for their proper treatment? Only a few days ago a lunatic murdered his brother in a Welsh county; and it was stated that the relieving officer had been urgently asked to remove the man previously, because he was not safe, but had refused. Certainly it seems very desirable that a regular system of supervision, not only of the insane in workhouses, but also of pauper lunatics in private houses, should be established. If that were done, it might then be well to allow those patients who are fit for cottage treatment to live out of the asylum under proper care; thus to permit them all the comfort and liberty which their state will admit of, and to relieve the over-crowded asylums.—*The Lancet*, July 2.

#### *Illegal Detention of a Lunatic.*

Mr. Henry Wilkins, a surgeon, residing at Ealing, surrendered to take his trial upon a charge of misdemeanour, for having undertaken the charge of a lunatic patient for profit, his establishment not being duly licensed for the reception of such patients. It will be remembered that on the morning of the 6th of August, a young lady named Eliza Mitton was found in the Edgeware Road by a police constable, who put some questions to her, the result of which appeared to be that he considered she was unable to take care of herself, and he conveyed her to the Marylebone workhouse, where she was seen by Mr. Fuller, the resident medical officer, and Dr. Randall, the physician of the establishment. They both came to the conclusion that the young lady was of unsound mind, and she was placed in the ward appropriated for the reception of such persons. On the same day the defendant claimed her as his patient, and it turned out that the young lady had been placed in his charge by her father, and that he received an allowance of £180 a year for taking care of her; and he took her away with him. Mr. Giffard and Mr. Poland conducted the prosecution, on behalf of the Commissioners of Lunacy; and Mr. Metcalfe appeared for the defendant. The defence was, that at the time the patient was sent to the defendant she was not insane, but merely excitable and nervous, and required change of air and attention.

Mr. Baron Pigott described the Act under which the proceedings were taken as a most sensible and humane Act, and one much called for. In his directions to the jury he said that it was shown that the house of Mr. Wilkins did not answer any of the conditions therein laid down, neither had Mr. Wilkins received any order or certificate from a duly qualified medical practitioner, nor had he of course complied with the Act, which requires that he should send to the Secretary of State a copy of such certificate. With respect to the fact of the patient not being of unsound mind at the time of her reception by the defendant, if that view were taken by the jury, the case

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