

fate; but his mental condition would have been investigated after conviction, and he would probably have been reprieved. But even if he had been hanged, I do not think that justice would have been outraged. The comment of the prisoner's counsel, upon the literary attainments essential to the expert in lunacy, has my cordial concurrence.

"PRIVATE" CARE OF THE INSANE IN BELGIUM.

Under the heading of *The very lamentable condition of the Care of the Insane in Belgium*, our excellent contemporary, the *Psychiatrisch-neurologische Wochenschrift*, draws attention to a report read by Dr. Lentz at the Royal Academy of Medicine in Brussels. Dr. Lentz, as the *Wochenschrift* reminds its readers, holds the office of *Inspecteur adjoint des asiles d'aliénés de Belgique*, and is the oldest and most experienced of Belgian alienists. His utterances are therefore of much weight, and what he says must be regarded as delivered under the gravest sense of responsibility. Our contemporary quotes his report in the original French, which may be rendered as follows:

"There is, in Belgium, a very important work—namely, the care of the insane—which has been completely given over to private enterprise [*i. e.* to the religious orders, as the German transcriber notes]. I say completely, for of the fifty establishments, if one leaves out the special divisions in St. John's Hospital, there is not one—not even of the State asylums—which is exclusively managed by public authority.

"Private enterprise, then, has been absolutely supreme; it has only been stimulated by State inspection. Well, let us see what this work, thus given up to private enterprise, is worth, above all from a medical point of view, for it is especially that which characterises and gives value to the whole organisation. Let us see if the medical organisation of these asylums answers really to the demands of modern science, and to the progress which it has effected elsewhere, and at first I shall not speak of the unflattering criticisms which have been circulated by the German, Dutch, and French physicians, who took part in the Congress for the Treatment of the Insane at Antwerp. I shall not speak of the still less flattering reflections which have appeared in a certain foreign paper, and which are far from being in praise of our mental medicine, or of our alienist physicians. I only want to quote facts, the reality and the value of which cannot be contested. The first of these facts refers to the number of physicians attached to our different asylums. While in most countries—Germany, England, and Holland especially—asylums holding 500 to 1000 patients have all five to ten medical officers, all alienists, all living in the asylum, and all working exclusively there; these same asylums in Belgium, with very nearly the same number of inmates, have only one physician, non-resident, and engaged for most of his time in private practice. There is even one place where two large asylums have only one specialist. What can one physician do?—I omit the consultant (adjoint), who is not an alienist, who does not treat mental cases, but only incidental maladies. What good can be done by one physician in charge of 500 to 900 lunatics? What can a service be worth that is thus cut down? Also look at the results. Three great progressive steps have characterised these last thirty years of psychiatric evolution—non-restraint, treatment by rest in bed with prolonged baths, and the extension of the Family Care system.

"Germany, Holland, England, and even France, often so much inclined to resist foreign innovations, have all vied zealously with each other in the application of these modes of treatment to the patients in their asylums. Belgium alone has remained inert, nay, I even say has shown itself obstructive; some Belgium alienists have offered a stubborn opposition to the progress effected in the neighbouring countries.

"For many years England, Germany, and Holland have no longer known

shackles, but it is barely a year since one asylum only in Belgium introduced non-restraint, and even then under material conditions, which seem to leave much to be desired. Everywhere else restraint still remains in full force.

"For many years treatment by rest in bed, combined with prolonged baths, has become general in Germany, in England, and in Holland, and has given the best results in these countries, and called forth the highest praise.

"Not one Belgium physician has yet had the will, the courage, or even the power to introduce it into his asylum; but I am wrong, one of our colleagues has had the boldness to try, and, considering the opposition which his attempt has created and the difficulties which it has encountered, one sets one's self how he has had the energy necessary to persevere in the course which he had undertaken, and in which he had as yet only made some very timid and feeble trials.

"Lastly, the extension and development of the family care system forms the last item in the entirety of the progress effected by modern psychiatry in the treatment of insanity. If any country ought to have esteemed it an honour to uphold this system it should certainly be Belgium, the land that has seen the birth of the colony of Gheel, where the lunatic was already living in liberty at a time when everywhere else there was not even such a thing as an asylum and the prison was the only refuge for madness. Well! sad to say, it has been necessary for strangers to come amongst us into the very country of Gheel and take up the defence of the system of family care, while our own alienists had nothing to offer except indifference, criticism, and even blame. And it is this sad and heart-breaking spectacle which the physicians employed under private initiative have, with painful unanimity, exhibited to the astonished strangers. While the latter are full of admiration and praise for the organisation of our family care system, it remains for our own physicians to make light of its value and contest its advantages. Never has private enterprise seemed to me more incompetent, more partial, and more pitiful.

"It is necessary to read the account of the Congress for the Treatment of the Insane held at Antwerp in 1901 to understand the narrow spirit which prevails in Belgian mental science and the stubborn hostility which the Belgian family care system has met with. That hostility is the work of private initiative. I would not myself dare to give you the explanation of the truly wonderful fact that one of the finest achievements of practical psychiatry has been discredited, almost vilified, in the very land which saw it born and has seen it develop and prosper, the land whence it has gone out as a model for other nations.

"I will allow myself, however, to bring here to your mind the words of one of those who took part in the Congress, who, with a frankness quite scientific though very teutonic, and perhaps too brutal, wrote the lines which follow:—'It is evident that the Clerical Communities fall furiously upon the family system with all their forces, because its extension cannot fail to make them lose some of their patients, and in any case to lessen the admissions into their asylums, and therefore the capital sunk will be much less remunerative. Consequently Father Amédée and one of his principal doctors have strongly opposed the family care system in general, and more particularly its extension to a greater number of patients.'

"This is what private initiative is worth in matters relating to the hospital organisation of the care of the insane. I do not think that I exaggerate when I affirm that with regard to the value of medical treatment in a strict sense it has fallen to a great extent.

"Being an enthusiastic supporter of liberty and individuality, it is with reluctance that I give vent to this opinion, and, coming from one opposed to public interference, it brings with it still greater importance. In a speech made on this subject in 1899, on the treatment of epileptics, I still retained my illusions: unhappily, since then experience has dispersed them one by one.

"Thus, in the department given over to the hospital treatment of epileptics, what has private initiative done? Nothing, or next to nothing, for the small asylum for epileptic children, which has been founded during a period of more than ten years, serves only to point out its lamentable failure; and, moreover, the medical organisation of this establishment does not certainly rank so high as that of similar institutions in neighbouring countries. I may then conclude that if in the treatment of the insane private enterprise has perhaps supplied quantity, it has certainly not supplied quality. The medical and scientific organisation of Belgian asylums is very much inferior to that of German, English, Dutch, and

even French asylums, and we are not, unhappily, the only ones who hold this view.

"One of the King's visitors, who has most conscientiously fulfilled his duty of inspection and oversight, is entirely of our opinion. 'I should fail altogether in my duties,' he writes, 'if I abstained from adding that I am firmly convinced that the lunatics confined in the greater number of asylums are neglected in a most deplorable way as regards medical treatment. This service, as it is organised at present, is quite insufficient, not to say completely worthless. The one doctor (his consultant [adjoint] is only an ordinary practitioner), to whom the care of hundreds of lunatics is entrusted, cannot be equal to his task, more especially as outside practice occupies the greater part of his day, and he only gives up his surplus time to the asylum, that is to say, about two hours a day. Also he limits himself to giving his attention to incidental maladies of the inmates without attending to the actual ailment from which they suffer, and still less without attending to the moral régime, which is an all important thing in asylums.' The King's visitor ends by saying: 'It is not the first time that I have drawn attention to this state of affairs, which constitutes a real scandal, but always with the same lack of success.' Now, as the perfectness of its medical service ought to be the principal aim of the work of a sanatorium, I am therefore justified in asserting that private enterprise is incapable of securing this end in accordance with the conditions which science demands."

A VISIT TO THE BICÊTRE.

Before spending a short time in Paris in September last I had provided myself with an introduction to M. Bourneville. As I had feared, however, he was on holiday during my stay, and his well-known Saturday demonstrations were in abeyance. Any interest, therefore, attaching to my experiences depends on the fact that, unlike the majority of visitors, I saw the Bicêtre in its everyday condition and without preparation.

Many centuries ago an English prelate built a palace on an eminence of the rolling ground south of Paris, a stone's throw from the modern fortifications. Its traces have long since disappeared, but the name Winchester survives in the corrupted form of Bicêtre, and the Hospice des Aliénés stands on the aforesaid episcopal domain. The tramway of the Rue de Fontainebleau leads to the foot of the hill, and a few minutes' walk brings the visitor to the main gate of the institution, fronting eastwards. Arriving early, I was told that M. Bourneville's deputy would not be there for an hour or more, so that I had leisure to stroll through the quadrangles and note the outdoor life of the asylum.

A great boulevard, paved with large irregular slabs of granite, leads from the east gateway through the three main squares. It is flanked by wide dusty footpaths, worn and uneven, about which are scattered numerous bare wooden benches. Further back are grass-plots, shut off by a low trellis-work, planted with trimmed, flat-topped trees, and bordered by masses of geranium and fuchsia, picturesque, but untidy. The buildings, of dull yellow stone, vary in height, owing to additions, from two to four stories; with their flaking whitewash, blistering paint, and generally unclean appearance they suggest some huge overgrown provincial inn of Southern France. The greater portion of the asylum, which contains 3000 male beds, is devoted to the aged of more or less sound mind, and corresponds to an English workhouse. The department for imbecile children, of which more anon, is lodged in out-buildings to the south-west.

The morning of my visit was bright, and as the early chill of autumn passed off the inmates began to hobble out and dispose themselves to smoke and doze in the sun. Every variety of human wreck was represented, but the aged were in the majority, young adult imbeciles being few and senile demented in plenty. Many were hemiplegic or paralytic, and provided either with bath-chairs or with a curious form of go-cart, consisting of an oblong wooden frame with four small wheels, and fitted with a seat for the patient's occasional rest. There was no uniformity as regards dress, all descriptions being in evidence from hat to footgear. The commonest consisted of a thick rough jacket, trousers, and peaked cap of French grey, with a collarless shirt of unstarched calico; but every concession had been made to individual prejudice; one