APPENDIX TO No. 50 (NEW SERIES, No. 14) OF THE 'JOURNAL OF MENTAL SCIENCE.'

We reprint here, by permission of the author—a member of this Association—the English version of a Catechism on the 'Reform of our Practice in the Treatment of Insanity,' now simultaneously publishing in German, French, Italian and English.

The author has given notice of his intention to move a series of resolutions, having reference to the subject-matter of this Essay, at the approaching ANNUAL MEETING *of the* ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

LONDON, *June 30th.*

A CATECHISM

ON THE

NECESSITY AND POSSIBILITY

OF A

RADICAL REFORM

IN THE TREATMENT OF

INSANITY.

BY

THE AUTHOR OF THE "GHEEL QUESTION."

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THE READER IS REQUESTED TO NOTE § XXV OF THESE PAGES, SHOULD HE BE TEMPTED TO MAKE A CRITICAL EXAMINATION OF THIS PAPER.

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A CATECHISM

ON THE

RADICAL REFORM IN THE TREATMENT OF INSANITY.

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§ I. *Is a reform in the treatment of Insanity at present necessary?*

It is most necessary, and urgently required; because—

1. The asylums for the insane now-a-days are, for the most part, as imperfectly organized as they are administered unfitly.

2. They are greatly deficient in number, considering the large increase of that class of patients.

3. By erecting new asylums, the Government or the community are burdened with ever-increasing taxes; and yet such institutions would perhaps not suffice for a decennium, when fresh supplies would again be required.

4. Because, under the present system, curable patients are not, according to the postulates of science, cured in a satisfactory number, nor do incurable patients meet with that pleasant lot to which they are entitled according to the principles of humanity.

5. Because the indiscriminate sequestration of the insane, one and all, both legal and medical, to which we cling at present, is one of the grossest violations of the rights of individual liberty. We must do away with it; and this so much the more as—

6. Sequestration of the insane may, for at least three fourths of them, be considered neither medico-legally necessary nor therapeutically beneficial.

7. Because, by the fall of the barbarous law and of the inhuman routine of indiscriminate sequestration, all means of restraint which are still flourishing in nearly all institutions on the Continent, must, *ipso facto*, break down. Such is already the case in the United Kingdom of England, Scotland, and Ireland, where, for these twenty

years, the so-called "non-restraint system," for a population of more than 50,000 insane, has become not only a medical practice, but also a Government law.

8. Because it is an incontestable principle in national economy that any kind of institutions for humanitary purposes should, *if possible*, maintain themselves by their own means and labour; and where this is impossible, the expenditures and taxes borne by either Government or community should in the best manner return again to the same, but not to the advantage of particular individuals, such as contractors, architects, builders, butchers, brewers, bakers, and other purveyors.

9. Because by the new reform an end might be put to the practice of speculating on the misfortune of others, viz., to private institutions whose superintendents are not specialists in phrenopathy: such is already the case in Holland.

10. Because by the reform a new law for the insane would become necessary, the present one being deficient and imperfect in all countries.

11. Because by the practice of such a law the clinical instruction in the cure of insanity, and examinations in the same at the Universities, will become obligatory, the social and scientific position of specialists in phrenopathy become regulated, and their number increased according to the pressing necessity.

12. Because the control and inspection over asylums, which has been hitherto most deficient, stands in need of a radical reform.

In reference to some of these points we will only repeat a few words which we published in the 'Mental Science Journal,' October number, 1861:—"It is painful to us to be obliged to confess that, now almost at the close of the nineteenth century, the asylums for the insane and their organization are still in a very unsatisfactory condition, and that the number of such as are at all suitable make but a very limited exception." Besides,

1. Is not the systematic, unconditional, and indiscriminate sequestration of all the insane—which is still held as an established principle—a barbarous routine, which must be done away with, and this so much the more, as the proposed change has been proved to be scientifically and practically both possible and necessary? !

Shall not, then, from Belgium's 'Bethlehem Ephrata,' the little town of Campine—Gheel—ere long, that system proceed which will be the deliverer of all the insane? ! Or shall more than half of the 500,000 insane of Europe remain for ever incarcerated and captive in so useless and wicked a manner? !

2. Shall and must not, for such insane as need a continued sequestration, the system of "non-restraint" become a general rule? Or does not England show the most striking proofs that this system is the only practical one for therapeutic and disciplinary purposes?

Shall, then, the practical proof which England gives us on this point, and which the celebrated John Conolly defended so brilliantly in theory and verified so completely in practice, pass us indifferently? Cannot the aspect of thousands of desponding patients tied in chairs and strait-jackets, or by various apparatus fettered to their beds in dark cells,—cannot this sad aspect of our fellow-creatures entrusted to our care and treatment, move us to do away altogether with the system of "restraint" and coercion? ! And what is it that prevents the greater number of our adversaries from acknowledging the necessity and practicability of application of this reform?

Let us state it in distinct words. The power of custom, routine, indolence, comfort, ignorance of these new systems, aversion to a trial and a study of the same, and perhaps often only the want of an opportunity for such studies.

Shall we not also accuse the representatives of this barbarous routine, of fear, egotism, and ill-will?

Indolence and ignorance prevent Government from legally prohibiting the existing practice. With the public at large, whatever be their rank, we find it to be indifference, egotism, and an entire misunderstanding or ignorance of the existing state of things, which render them apathetic.

Accordingly there remains only for the defence of these principles a small number of men who sacrifice their time, money, and position, and who may consider themselves fortunate if they are not on that account themselves declared insane and sequestrated, confined in strait-waistcoats or in the padded room.

3. Who shall venture to accuse us of exaggeration, or even of an untruth, if we maintain, on the ground of our own experience, that—

(*a*) Of the 1000 asylums for the insane, which we perhaps could name in Europe, *scarcely half of them* could be considered as answering their purpose; and this only by not opposing too strongly the old system?

(*b*) Is it not a fact that the greater portion of the insane population of Europe is not placed in proper asylums built for that purpose, but often live in unsuitable divisions of hospitals or workhouses; nay, even in prisons and houses of correction?

(*c*) What else are the so-called model institutions of modern times—if we judge them honestly—but prisons, citadel-like barracks, grand hotels, or manufactories, and which the public erroneously think to be the *ne plus ultra* of modern perfection and progress?

(*d*) Who will deny that there is a great insufficiency in the number of such asylums throughout Europe, for which, with regard to Clause *b*, the best proof is given by the continued raising of new buildings and the enlargement of the old?

(*e*) Are not the private asylums for the insane, *for the greater part*, undertakings of non-professional persons and speculations—*turpis lucri causa*—which, as a rule, pay a suitable house-surgeon for the sake only of appearance? Such institutions are in fact nothing else than bad and expensive hôtels-garnis, or boarding-houses!

(*f*) A general complaint is made everywhere that the status of "alienists," especially in the larger institutions, is inadequate to their duties. But what can be said of the fact that, according to our calculation, there is in Europe, on an average, *only one physician to every* 300 *insane?*

(*g*) The miserable salary which is given to such specialists throughout Europe (excepting perhaps in England), the slighting of the work of their self-sacrificing vocation on the part of the Government, the contempt of their colleagues who are engaged in other branches of the profession;—all these are irrefutable facts, to which there are but few exceptions.

(*h*) It is likewise known that the number of attendants is generally much too small, and that their characters and qualifications leave much to be desired. Their salaries and future provision are likewise lamentably insufficient. Institutions for training and teaching such attendants seem as yet out of our reach!

(*i*) But with regard to the administrative arrangement of the asylums for the insane, to which generally so much praise is given, we can but simply say, "*that there are few asylums in Europe which deserve unmixed commendation.*"

Or do we not still find many institutions the site and structure of which are unsuitable, and not fit for, or opposed to, their purpose? Some where the gardens or grounds are small or flat (if they are not wanting altogether), where the staircases and passages are gloomy, low, narrow, dark, and uncomfortable; nay, often without any light at all, and where the rooms are most like prison-cells?

Corridors and large sitting-rooms are used as dormitories. Decorations are often altogether wanting; comfort is in most institutions—even in private ones—likewise deficient. There is much pretence and show, but no reality. The same is the case with their diversions and amusements, which take place very rarely, and are mostly illusory. A ball which is given once a year, or a concert to which ministers and members of Parliament are invited, *figures at once with pomp in medical and other journals*, and is nothing but ostentation. We will make here an exception of those asylums where such amusements take place very frequently, and are intended for the enjoyment and diversion of the patients; but they are few in number, and withal must we in such cases trust more to one's own eyes than to description. Billiard-rooms and music-halls are mostly found empty, and the

apparatus or instruments of the same are "out of order;" the books and papers lying about are old, and the various games are incomplete. The library (if there is one) remains mostly locked, and without being taken advantage of.

Both quantity and quality of food are often tolerably satisfactory in comparison with the amount paid for board; still oftener the food is very insufficient, and the bill of fare badly selected in a dietetic point of view. Monotony is a rule. At noon they often receive too little food, and in the evening too much. All extras are great exceptions. The bread is usually too heavy; in many places beer and wine are never given, and in other cases we find them inferior in quality.

Furthermore, we find the greatest inconveniences to be: want of light and air, bad ventilation, badly planned and useless drains, and neglected water-closets; cold or badly-heated bedrooms, which is the case almost everywhere, nay, even in the heart of winter; want of blinds to shade the rooms and corridors; too short and badly-covered beds; a much-neglected night-watch, or in most cases none at all; a regular night-watch in the buildings themselves and outside is of rare occurrence.

Diversion therapeutics, for the occupation and distraction of the patients, are seldom thought of, or (as is the case in most institutions) neglected altogether.

We must have recourse here to simple statistics, which teach us that about *one per cent. of such of the insane as are able to work are employed.* Baths of any kind, even such as are absolutely necessary for cleanliness, are entirely wanting in most of the asylums in Europe, or, if there be any, they are usually defective and impracticable, and, worst of all, not even used; the same is the case with the douche. Rarest of all are the steam-baths.

The hour for going to bed is in many institutions absurdly early; in winter sometimes between four and five o'clock, and in summer between five and six in the afternoon. Guarded lights in bedrooms are things generally unknown. A certain amount of cleanliness and order are common everywhere, but this is no merit, but rather a natural duty.

The attendants are usually indifferent, and too few in number. That the number of physicians and medical attendance is deficient, we have already stated. Visits of any kind, out of the institution or in-doors, must be considered as a rare occurrence.

The instruction for the insane, on which we lay no positive value, but which we likewise look upon as a diversion method, exists, generally speaking, in but a few institutions, and even then imperfectly. The statutes and house regulations are mostly defective, or often a dead letter only. The medical and anatomico-pathological studies and resources are also very much neglected.

Shall we add to all this the terrible, afflicting sight of the insane as they lie crowded together in wards, and depict in detail the state of depression and exaltation which, in many instances, are thus provoked by day and by night? Or shall we speak of those 150,000 insane in Europe, who are a dreadful sacrifice to the "restraint" system, and who languish their lifetime in cells, tied with strait-jackets or other apparatus to their bannal-chair, till death releases them from these tortures?!

We should like to draw still further the hypocritical mask from off the face of many a governor of such asylums, and show their selfish comfort, or point out the feigned ardour and false solicitude of the head of many a family; but what would be the use of all these endeavours? Because,

4. It is proved that (with perhaps the exception of Holland) the European law concerning the insane is generally defective and insufficient; nay, we may say that in many countries such a law does not even exist, and that the thought of compiling one is quite recent; and hence it also happens that—

5. Scarcely anything has been done in Europe towards clinical instruction in mental diseases, and that most universities, so to speak, take a pride in possessing no chair for the study of psychology.

Are not these last two questions the sad truths which we hear complained of everywhere, and which have been hitherto remedied in but a few places?

A characteristic mark in our time is the cold indifference to the lot of the insane. If we search for the cause of this we shall find that the greater part of the educated public are not only ignorant of the present condition of those poor fellow-creatures, but that they are also quite indifferent about them.

"In official reports and descriptions of asylums for the insane, or in psychological meetings and societies, opinions are, of course, not expressed so candidly as we give them publicity in these pages. Our remarks are nevertheless *proved facts, for the justification of which it would be unwise to provoke us.*" All this, surely, calls loud enough for the urgent necessity of a reform!

§ II. *In what consists the project of the reform?*

1. To raise the so-called colonisation or family system to a law. Hence—

2. In forming a new law for the insane, which shall do away with *indiscriminate sequestration* as a principle, and shall declare *sequestration* to exist for such of the insane only as—

(*a*) Are dangerous either to themselves or to society;

(*b*) With whom medico-therapeutic purposes justify sequestration.

3. Which shall legally prohibit the use of all measures of coercion and restraint, except in such cases where medico-therapeutic reasons require the application of them.

4. In a legal prohibition of all private asylums or establishments for the treatment and cure of the insane, held by non-professional men, *i. e.*, by such men as are not graduated physicians, having made mental science their special study: including likewise the "family treatment" for single patients (cottage treatment), unless a legal regulation enforcing the supervision and control of an alienist shall be made a condition for such a privilege.

5. In the introduction of obligatory instruction in mental science at our universities, and of a legal regulation for examinations in this branch of medicine.

6. In entirely reforming the administration of the asylums for the insane, according to the principles of the *so-called colonisation or family system.*

§ III. *Does this colonisation or family system already exist anywhere?*

Yes! At Gheel, in Belgian Campine. Gheel is eight miles from Antwerp, and twelve miles from Brussels. For more than 500 years the insane have been treated there according to that system.

§ IV. *Where else?*

Nowhere, except at Gheel.

In France, about twelve miles from Paris, at Clermont (Oise), there has existed for the last ten years a colony for the insane, called "*Fitz-James;*" but the main principle of the reform, *i. e.*, the family treatment, is excluded there.

§ V. *And nowhere else in a similar manner?*

Indifferent trials were made in a similar manner—

(*a*) In Scotland, with the worst success, because misunderstood and badly executed.

(*b*) In England, in the county of Devonshire, two miles from Exeter, at Exminster, which has been conducted with the best success during the past eight years by Dr. Bucknill; but on a small scale only. This system was, however, set aside as soon as Dr. Bucknill was promoted to the office of chancery visitor.

(*c*) In Hanover, in "Neusandhurst," near Aurich (Ostfriesland), where for the last forty years two peasant families practise a family treatment similar to our reform.

(*d*) In the Austrian empire, on the island of "Cepel" (in Hungary), about four English miles from Pesth, where a kind of family treatment has existed for these many years.

(*e*) In various other countries, but in single instances, and in such different and imperfect conditions, that the trial could scarcely be said to approach—even in a small degree—our system of reform.

At Hayward's Heath, in Sussex, England, for instance, Dr. Robertson tried this system upon patients whom he took from the county asylum, and placed in two houses near, belonging to the servants of the institution, and met with the best result.

§ VI. *What is to be understood by the colonisation of the insane, or by the family system?*

By colonisation of the insane—an expression which, strictly speaking, is incorrect, but which has been adopted and is understood by all those versed in these matters—we mean that system which in principle excludes *as a rule* the living in asylums, *ad hoc*, and which *only recognises* it as an *exception;* but substitutes for it "*the family treatment,*" under the superintendence and care of an alienist. Dr. Bulckens, chief physician of Gheel, does therefore rightly call this system no longer the "colonisation," but the "family-system for the treatment of the insane."

The following is a very brief sketch of the "colonisation," according to the opinions of its most zealous advocates. Let it be imagined—

1. That a purchase be made of a large quantity of land, the topographic, telluric, and social condition of which—with regard to site, climate, air, light, water, country, and people—shall answer to all such necessities as science approves of for good asylums.

2. That in the centre of *this colony* an *hospital* (central asylum) shall be built, which, being complete in every respect, shall be separated into two divisions; the first for fresh and acute cases, the second for the treatment of chronic patients. In this latter division only such patients would be treated who must be *absolutely sequestrated* for the sake of their own protection and preservation, or for their being dangerous to society, or, finally, for scientific purposes. These same principles shall hold good—in a similar manner—for the first division, with regard to therapeutic purposes and diagnostic examinations. Add to this the following arrangement:—

3. Let various farms and cottages be raised on this plot of land, which shall be arranged according to the acknowledged necessities; cottages found to be unsuitable must be rebuilt.

4. In these cottages all patients, either acute or chronic, but who

do not need sequestration, shall be properly nursed, fed, and treated by the inmates of these homes, should they be fit persons, or by such as could be gradually initiated for such a treatment. If not, then by placing in these cottages the families, or married attendants of the asylums for the insane.

5. To each of these cottages and families shall be allotted a certain portion of land, pasture, cattle, &c., which—with due regard to their particular necessities—they shall husband, and for which they shall pay a rent to the estate. The house proprietor, on the other hand, would receive pecuniary compensation for his patients, according to the plan or mode of division laid down.

6. No house shall contain more than four patients. The separation of the sexes is often necessary, though not always absolutely so.

Gheel furnishes proofs of this.

7. As all necessary materials for this "*patronal asylum*" or *colony* would be produced in the same, it would be necessary to have due regard to dividing the insane in these cottages according to their capacity or former occupation. They would, for instance, always receive attendants of the same trade—shoemakers, tailors, carpenters, bakers, brewers, &c.

8. The Government or the community must be the purchaser and proprietor of the estate, but the chief physician is the temporal ruler or governor; he is the immediate warden, manager, and steward, or director of the estate. Every officer of the administration and of the farms shall be his subordinate, and every steward and farmer depend on him alone.

9. The responsibility of the chief physician is specially limited to one authority only—either to that of the ministry or of the community which founded the colony.

10. The number of assistant-physicians shall be in proportion to the size of the estate and the number of the patients. At any rate, the number of physicians should be considerably increased above their present proportion, which has been proved to be most insufficient.

11. The duties of the administration, as well as that of the assistant-physicians and other attendants, must be laid down by special regulations.

12. It follows, as a matter of course, that various modifications of the projects will be necessary, according to the country population and other exceptional circumstances.

§ VII. ***By what can it be proved that this proposition, as laid down in theory, is not only practically reasonable and less expensive than the present system, but that it adduces even great advantages?***

By the main examples which at present exist; viz.:

(*a*) Gheel, and
(*b*) Fitz-James.

§ VIII. ***Are these examples to be patterns or models of the reform, and is this latter to be framed after them?***

Examples are, as a general rule, neither patterns nor models, but only "*practical sketches*," from which we learn to imitate what is good, and set aside what is bad: such is also the case in these instances.

To frame the reform entirely after their pattern would be improper, as local, social, and individual reasons might be incompatible with it.

§ IX. ***With what success does Gheel exist, and what are its advantages in comparison with other asylums?***

Gheel meets with the best of success; for,

(*a*) On a surface of about nine German miles, and in a town with 4000 inhabitants and 618 houses, and in a district which counts 14 villages, with an aggregate population of nearly 12,000 souls, there are lodged among the families—free and without any striking inspection—from between 800 to 1000 insane.
(*b*) This costs the government not a single farthing, because the various communities of the kingdom send their insane there, where they are treated and provided for at half the costs of a public asylum.
(*c*) Although the law permits *incurables only* to be sent to Gheel, yet, according to official reports, eighteen out of every 100 of these *so-called incurables* are cured.

From this it may easily be seen that "family treatment" and liberty have a most salutary effect on the insane, and that such a system is at the same time the cheapest and most advantageous to both families and communities.

§ X. *With what success does Fitz-James exist?*

Messrs. Labitte Brothers, who founded Fitz-James some fifteen years ago, have grown rich by this institution, though without committing the slightest abuse. The numbers discharged as cured exceed at Fitz-James by much that of other public and private asylums. Incurable patients live there much happier, healthier, and more comfortable than in the generality of institutions for that class of sufferers.

§ XI. *Has it not been tried to imitate Gheel and Fitz-James, and with what success?*

Nowhere besides those places mentioned, where it met with little success.

§ XII. *Why?*

Because this reform appears for the present so great a leap in science and humanity, as once upon a time steam appeared, and now aerostatics seem to be.

§ XIII. *Is this idea therefore impracticable or utopian?*

Not at all, it is just the contrary; for it contains principles which are imposed on us by science, sound understanding, experience, and necessity, and which, no doubt, will be realized some future time by that very necessity.

§ XIV. *Is this principle applicable to the rich as well as the poor?*

To both equally well; the rich, of course, can find very easily such family treatment for their relations away from their own family.

But for the poor, the government or the community must provide by means of this colonization-system, which, accordingly, is to be made a law.

§ XV. *Is this system applicable to all countries and provinces?*

To all countries, yes; but not in all provinces and counties, as we have already seen clearly in § vi.

§ XVI. *Is this system applicable to all the insane without distinction?*

No; for in the same § vi 2, we speak of a central asylum which shall contain those of the insane patients for whom the colonisation system would be inapplicable.

§ XVII. *Is this system to be extended to Cretins as well as insane children?*

Certainly not to these two classes.

The latter must have separate asylums. Cretins must be provided for and treated in quite a different manner from that laid down in this reform, and cretinismus itself utterly destroyed.

§ XVIII. *Who then are the opponents to this reform, and what reasons do they adduce as bearing against its main points?*

The opponents of this reform are:

(*a*) All such who know the present system only, and either never heard of the reform or have but a very imperfect notion of it. But in the medical world their name is "Legion."

(*b*) All proprietors of private asylums for the insane, who by the proposed new law in § ii, consider themselves as ruined at once. But still, besides these personal (subjective) opponents, there are also many objective ones, such as—

(*c*) The routine;

(*d*) Indolence;

(*e*) The indifference of the majority of the public to the present lot of the insane.

(*f*) The spirit of our time, which is bent upon quite different reforms, and which looks upon the question as completely solved.

(*g*) Ignorance of the miserable condition of matters at present regarding insanity, of the real state of which both Government and the educated public are not aware.

But against the reform itself its opponents struggle by applying the following tactics:

1. They avoid in a most careful manner to dispute and discuss the principles of the reform; nay, they reject such discussions at once —a proof of which we had quite recently in England (1862).

2. But, in return, they attack the only existing insufficient examples, viz., Gheel especially, and then Fitz-James.

3. These examples, with all their imperfections, are abused in an incredible manner. All facts *contra* are multiplied, and those that speak for them are either denied or represented in a wrong light, &c. And thereby they wish,

4. To prove the impossibility of making a trial of the reform on the ground of such examples; nay, of even discussing the point, it being utterly utopian!

5. Surely, they say, "the present condition of the asylums for the insane is the real reform and the only possible progress."

6. They deny, with a striking audacity, all facts which cry aloud against the existing systems, and in the same manner those which can be brought in support of the projected reform.

7. And, last of all, they lose themselves, as is always the case in these kind of controversies, in personal quarrels and "subjectivismus." For, as they deny the necessity of a reform and even contest the possibility and practicability of it, they naturally come to the desperate means of becoming personal, and this so much the more as they usually profess their love for progress.

§ XIX. *How does this controversy stand at present?*

Apparently very unfavorably for the advocates of the reform.

1. The psychologists in England avoided (1862) entering into the debate for the reasons set down in the foregoing paragraph.

2. The French alienists, after a most superficial report by one of their fellow-practitioners, declared in 1861 both the Gheel question and principle to be impracticable.

3. The psychiatrists in Germany gave up the windy discussions on colonization in 1861. There arose, however, throughout Europe and America,

1. Proposals for the colonization.
2. A reform of the present system is sifted in various points.
3. Practical trials of it are made on a small scale.
4. Gheel and Fitz-James are visited much more than they were formerly, and there is so much writing, speaking, and discussion about it, that,
5. This question is now raised to the principal topic of administrative psychiatry.

§ XX. *Have such projects already been made to various Governments?*

No, and sad enough too, for it is certain that, regardless of the *dura necessitas*, the good result of such a reform could only be

established as a law either by the categorical decree of an enlightened prince or minister, or by a practical community.

§ XXI. *But why are no such colonies founded by private undertaking; and why none in Belgium, where we have Gheel, and in France, where Fitz-James is flourishing?*

Because by private persons the system is still yet very little understood, otherwise the success of Fitz-James ought to excite their cupidity; in fact, for those reasons given in paragraphs XVIII and XX.

Because in Belgium, "Bureaucracy" has ever taken a dislike to Gheel, and from sheer ignorance, indolence and egotism seems to question the possibility of establishing a similar colony to Gheel elsewhere. To the population of Belgium Gheel serves continually as "a ludibrium" for idle wit. Fitz-James, in which the family system is not practised, is generally, but very wrongly, looked upon as an imposture.

§ XXII. *Have no means been proposed to reconcile the present system with the reform; and what success did they meet with?*

Yes, in various ways, but without success, because this reform does not suffer any abridgement, for it would be no useful reform then, but merely a miserable intermediate thing composed of good and bad. Thus they proposed—

(*a*) In Germany, the so-called "Relatively connected Hospitals for the cure and treatment of the Insane."

(*b*) In France, the "Ferme Asyle," *i. e.*, an asylum in connection with a farmyard.

(*c*) In England, single detached small buildings, a project which is called the "block system."

But in all these projects they are reluctant in accepting the propositions of the radical reform, and consequently making a rule of,

1. Abolishing "*indiscriminate sequestration*" of the insane.
2. Exclusion of the use of all means of coercion.
3. Individual liberty and freedom for the insane to move about at leisure; with due consideration to those restrictions laid down in §§ i and ii.
4. The proper use of the produce of labour of the insane according to the principles of national economy, as also the costs of their maintenance and treatment for the good of the community, and not for enriching a few individuals.

5. The family treatment and personal contact with reasonable persons.

All the half measures we have before spoken of do therefore in no way aim at the task which the reform proposes, viz.—

I. To restore the curable patient quickly and agreeably.

II. To prepare to the incurable the most pleasing and comfortable lot possible.

III. To take away from the Government or community the taxes and burdens for the treatment and management of the insane, and to keep the pauper patients by means of their own labour.

§ XXIII. *Have Gheel and Fitz-James been visited much; and how can we get the best detailed information on this matter?*

According to official dates, Gheel has been visited till now by about 70 alienist physicians and a few philanthropists in a space of about just as many years.

Fitz-James has been visited by about fifteen professional gentlemen, but this only recently.

The little that has been written on Gheel appeared in pamphlets or medical publications.

On Fitz-James, Dr. G. Labitte published in 1861 a small pamphlet (Baillière, Paris). Nothing else of any import has been published on this colony.

But we meet almost daily with papers and essays treating on this subject in the various medical journals and other publications.

One of the most zealous advocates of this reform, J. Mundy, M.D., of Moravia, has collected more than 12 vols. roy. 8vo. on Gheel literature up to this date.

This same physician has visited Gheel and Fitz-James several times, and was established for some months at Gheel for the special study of this question. Dr. J. Mundy, after having visited many asylums of the greater part of Europe, is now occupied with a systematic treatise on the reform which is to comprise the new system, both from a theoretical and practical point of view.

Non-professional gentlemen or such physicians as have not made psychiatry their special study will get the best information on the "colonization" system in a work written by the celebrated French political economist, Jules Duval—'Gheel, une Colonie d'Aliénés,' &c.—published by Guillaumin, Paris, 1860.

In that work the reader will also find a good part of the literature on this question.

§ XXIV. *Who are the most zealous advocates of this reform, and who its best known adversaries?*

In the true sense of the word, there are but few zealous advocates of this reform; we will give their names in alphabetical order.

1. Dr. Bulckens, chief physician at Gheel, Belgium.
2. Dr. Droste, counsellor to the Board of Health, Osnabrück, Hanover.
3. Jules Duval, one of the editors of the "Journal des Débats" and "L'Économiste," Paris.
4. Dr. Moreau (from Tours), one of the chief physicians to the Imperial Asylum, Salpêtrière, Paris.
5. Dr. J. Mundy, from Moravia.
6. Professor J. Parigot, M.D., formerly chief physician at Gheel, now in New York.

Likewise as partisans—although in most different degrees—we may add:

1. Dr. Auzouy, Pau.
2. Dr. Belloc, Alençon.
3. Dr. Ser. Biffi, Milan.
4. Dr. Bonnefous, Leyme.
5. Dr. W. Browne, Edinburgh.
6. Dr. Brun-Séchaud, Limoges.
7. Dr. Bucknill, London.
8. Dr. Cornaz, Neufchatel.
9. Sir James Coxe, M.D., Edinburgh.
10. Dr. Damerow, at Halle, on the Saale.
11. Dr. F. Joel, Lausanne.
12. Dr. Griesinger, Zurich.
13. Dr. Gustavus Labitte, Fitz-James.
14. Dr. Lauder Lindsay, Perth.
15. Dr. Maudsley, London.
16. Dr. A. Mitchell, Edinburgh.
17. Dr. Morel, Rouen.
18. Dr. Robertson, Hayward's Heath.
19. Dr. Roller, Illenau.
20. Dr. Sibbald, Lochgilphead.
21. Dr. Schlager, Vienna.
22. Dr. Webster, London.

Among those who distinguished themselves by their opposition we find —

1. Dr. Jules Falret, Paris; partner of a well-known private asylum.
2. Dr. Flemming, Schwerin, Mecklenburg.
3. Dr. Dumesnil, Rouen.
4. Dr. Theob. Güntz, chief physician to a private asylum at Thonberg, near Leipzig.
5. Dr. Willers Jessen, Kiel, in Holstein, assistant-physician to a private asylum.
6. Dr. Parchappe, Paris.
7. Dr. Renaudin, Maréville, France.
8. Dr. Henry Stevens, London.
9. Dr. Harrington Tuke, proprietor of the private asylum "Manor House," Chiswick, near London.

§ XXV. *Has the reform been sufficiently sifted in this essay so as to withstand all controversy?*

Decidedly not!—How were it possible to thoroughly sift in so few pages a subject of such a magnitude? Nay, these are but a few striking words thrown out in a rhapsody which, if they deserve notice, may induce the reader to further investigation, and the author to a more elaborate paper, viz., the publication of a "Catechism on the Family-system or so-called Colonization of the Insane."

These pages have been exclusively written to satisfy the pressing requests of those partisans and opponents who wished to become acquainted with the "Reform question" *in nuce.*

For the same reason this catechism was published simultaneously in the German, French, English, and Italian languages.

Conclusion.

However little we can expect from the future to see such a reform even partly realised; however much private interests, the power of routine, ignorance, indolence, &c., may stand in the way; and lastly also, the spirit of our time is not tending in that direction,—yet it is an obvious fact that the crying necessity for bringing about this reform will become imperative.

Meanwhile the author of these pages must console himself with the words of the celebrated Roman: "Arbores serit diligens agricola quarum fructus nunquam aspiciet!"

Association of Medical Officers of Asylums and Hospitals for the Insane.

AGENDA FOR THE ANNUAL MEETING, 1864.

THE

ANNUAL GENERAL MEETING

WILL BE HELD AT

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON

(BY THE KIND PERMISSION OF THE PRESIDENT AND FELLOWS),

ON THURSDAY, JULY 14TH, 1864,

UNDER THE PRESIDENCY OF HENRY MONRO, M.D. OXON., F.R.C.P.

I. MEETING OF THE GENERAL COMMITTEE, at 10 a.m.

II. MORNING MEETING OF THE ASSOCIATION, at 11 a.m.

1. Address by DAVID SKAE, M.D., retiring President.
2. Report of the Committee on Superannuation Clause.
3. General Business and Revision of Laws.
4. Resolutions, of which notice has been given, will be proposed by the Honorary Secretary, and by BARON MUNDY, M.D.

III. AFTERNOON MEETING, at 2 p.m.

The following papers will be read:

1. *On the present state and future prospects of Psychological Medicine.* By M. le Dr. MOREL, Médecin en chef de l'Asile de St. Yon, Rouen, Honorary Member.
2. *Upon the advantage of the Cottage Plan over all others for the Accommodation and Treatment of the Insane.* By E. TOLLER, M.D.
3. *On Asylum Dietetics.* By LOCKHART ROBERTSON, M.D. Cantab.

The following gentlemen will be proposed as Honorary Members of the Association:

THOMAS WATSON, M.D. Cantab.; F.R.S., President of the Royal College of Physicians, London.
ALEXANDER TWEEDIE, M.D. Edin.; F.R.S., F.R.C.P. London.
PROFESSOR GRIESINGER, M.D., Zurich.
Dr. KIRKBRIDE, Philadelphia.

The Members of the Association and their Friends will hold their ANNUAL DINNER at the Crystal Palace, Sydenham, at 7 p.m.

The President for the ensuing year, Dr. MONRO, will entertain the Members of the Association at a *Conversazione,* at 13, Cavendish Square, on Wednesday evening, July 13th.

Members of the Profession desirous of admission into the Association are requested to communicate with the Honorary Secretary.

HARRINGTON TUKE, M.D.,
Honorary Secretary.

37, ALBEMARLE STREET, W.;
June, 1864.

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