

**Directions for the establishment and government of lunatic asylums / tr.
from the French by E. Quincy Sewell.**

Contributors

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Brierre De Boismont

Directions for the establishment
and government of lunatic
asylums.

transl. E. Quincy Sewall

1834.



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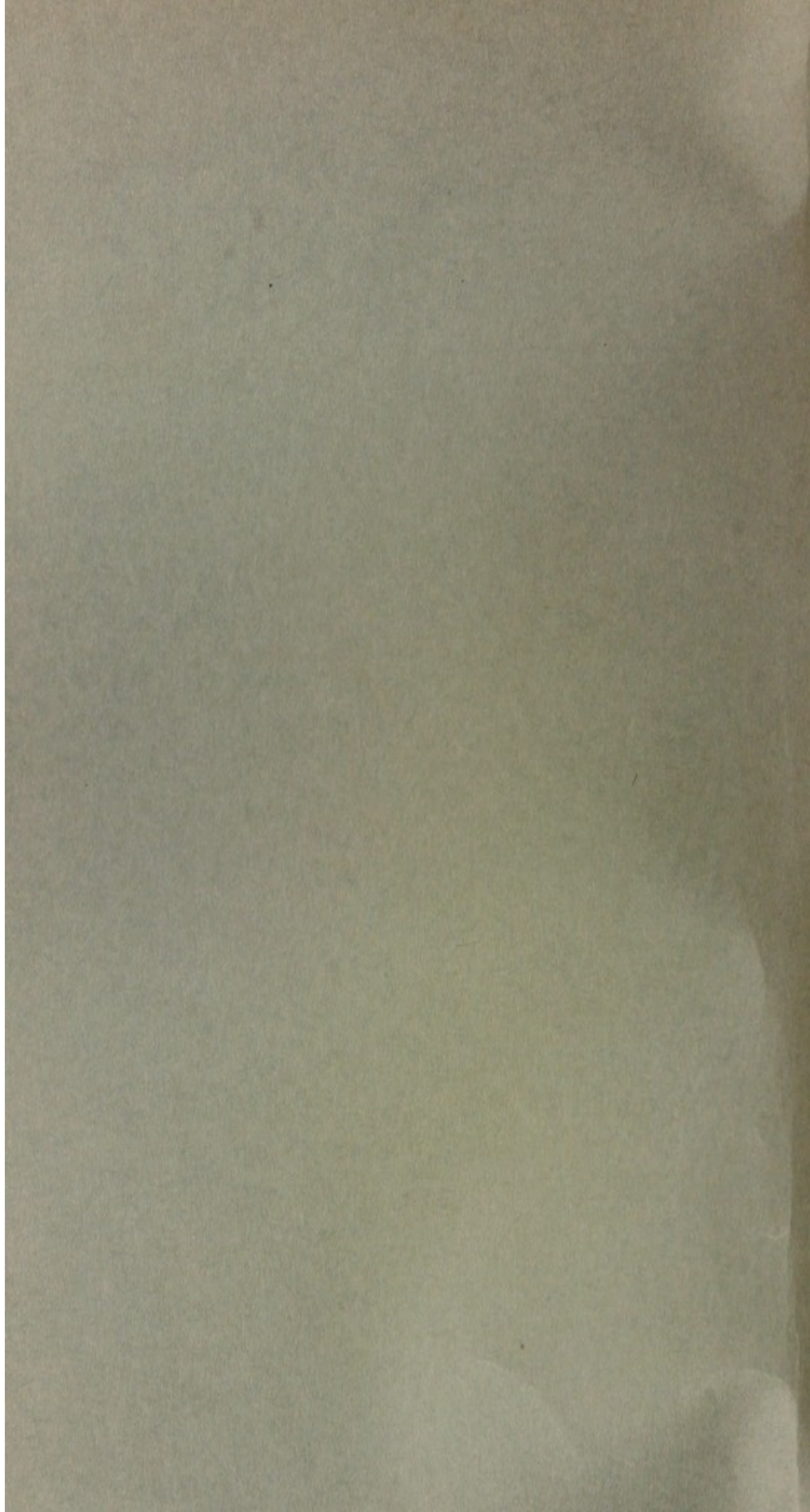
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of Lunatic Asylums, M. D., of the French
of Paris and Knight of the Legion of Honour
Translated from the French by E. Quincy Sewell, M. D.
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DIRECTIONS
FOR THE
ESTABLISHMENT AND GOVERNMENT
OF
LUNATIC ASYLUMS,

*Translated from the French of Brierre De Boismont,
M. D., by E. QUINCY SEWELL, M. D.*

[From the Transactions of the Medical Society of the State of
New-York. Volume 3.]

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YALE MEDICAL
JUN 1961

ART. X. DIRECTIONS *for the Establishment and Government of a LUNATIC ASYLUM.* BY M. BRIERRE DE BOISMONT, M. D., *of the Faculty of Paris and Knight of the Legion of Honour.*

[Translated from the French by E. QUINCY SEWELL, M. D.]

[The following paper received the prize offered in 1834, by the Society of the Medical and Natural Sciences, at Brussels, for the best memoir on the establishment of a Lunatic Asylum—its location—the disposition of its grounds—its internal arrangements—government and Medical attendance. The facts collected in it would be valuable at all times, but they acquire additional importance at a period when the State of New-York is about constructing an extensive asylum for its insane poor. In the hope that some of the suggestions may prove useful, the present translation has been prepared and communicated to the Committee of Publication.]

Experience has long since demonstrated the necessity of secluding the insane in asylums devoted to their safe keeping and proper attendance. But although all enlightened persons agree in the propriety of this, few are able to furnish the practical details that are indispensable to its success. There is scarcely a building, which in all respects, can be considered as a model, and we are obliged to visit a number, in order to make a selection of what appears most useful in each. Many indeed of the modern asylums have been convents, altered or enlarged for the present purpose. Hence little uniformity of plan exists, and none indeed with reference to the main object of the establishment.

It is evident that a knowledge of the nature of the disease and its numerous and varying forms is essential to a proper construction of the building. No one, of course, can be better fitted to furnish a good plan, than a physician who has long studied the subject of insanity, and been familiar with its victims. The monomaniac—gay or sad—the turbulent, furious maniac—the individual disposed to suicide—the convalescent—all require to be separated from each other, and to be removed according to the shifting condition of their

complaints; yet they also should be so arranged, that all can be readily watched. Certainly that establishment is best, which can be inspected at a single glance.

The principal subjects that I shall consider in this memoir will be, the plan of the building, an enlightened government, proper attention to the general health and skilful medical attendance. In preparing it, I have not relied merely on my own experience, nor even on the observations made in visiting most of the principal asylums in Europe; but I have derived much information from physicians distinguished in this branch of medicine, as Dr. Esquirol, Dr. Desportes, Administrator of the Hospitals of Salpetriere and Bicetre; Dr. de Boutteville, Director of the Asylum of Saint Yon and Dr. Lelut, physician at Bicetre.

Situation. Arrangement. Government.

A building, whose principal aim it is to seclude a number of individuals from social life, should evidently not be erected in the midst of a population. Insanity in a vast majority of cases, owes its origin to our vices, our passions, or our misfortunes. Let us remove its subjects from the places which remind them of their unhappy condition.

If we erect our building in a city or near its gates, that quiet which is so indispensable, will be wanting. A single fact will illustrate the truth of this remark. When a stranger appears for the first time among a number of insane, a general excitement occurs, and often cries or rage shew how prejudicial it is. What physician has not observed the benefit of tranquility and silence? Combined with humane treatment they are often sufficient in a few days to calm the most violent transports. We shall presently see that certain European nations have well understood the importance of this, in the otherwise imperfect construction of their asylums.

The country then, *at a little distance from the city*, is the most proper situation for a lunatic asylum. The proximity is of importance, as it enables us easily to procure provisions. The nature of the soil also deserves examination. It should

not be moist, lest fevers, dysenteric affections and dropsical complaints supervene. Several Milanese physicians however, are of opinion that humidity is not prejudicial. They assure us, that intermittent fevers, which are common in Milan, have proved useful to maniacs, and indeed in some cases have induced a cure. But such a belief, although it has the sanction of antiquity, does not deserve any countenance.—The furious form but a small proportion of the whole number, and it has not been supposed that the melancholic or the imbecile are in any degree favorably affected by this complaint. Is there not reason, on the other hand, to ascribe the petechial fever, which is in some measure endemic in the Milanese, to the moisture of their soil?

A dry situation is then one of the first requisites for a lunatic asylum, and to ensure this the soil should be sandy.—Besides being the most healthy, we need dig only a few feet in order to lay a foundation. An abundant supply of water is also extremely essential. The more freely that it can be used by the insane, the better will they be in every respect. In no establishment of the kind is water more liberally supplied than in that of St. Lazarus, near Reggio in Modena. The whole domestic arrangement of an asylum is benefitted by this abundance, and above all, cleanliness is greatly promoted. We must remember too, that the pipes conducting it into the building and through its various apartments be not of too small a diameter, lest from being accidentally choked, the supply is intercepted, and the physician, as almost daily happens in the hospitals of Paris, is obliged to refuse baths, when they are actually wanted.

The grounds should be undulating. If they are too level, they fatigue by their monotony. Natural and artificial elevations, multiply the points of observation. There is more than one lunatic who evinces his delight with the beauty of a landscape and monomaniacs will pass hours in observing it. But above all, the grounds should be extensive, shaded by numerous trees and defended in many places from the heat of

the sun. The vicinity of groves invites to exercise, and we breathe more freely under their protecting foliage. A large number of insane do nothing else; they love to walk or recline for hours in some favorite spot. It is hence necessary to have extensive shaded promenades. And the more numerous these are, the less will coercive measures be required. The maniac dissipates his strength in exercise, and many owe to it, that rest and sleep which the most powerful narcotics cannot procure. And here we may observe, that after the strength is dissipated or exhausted, medicines prove useful, which have no effect when the system is highly excited.—The air, the verdure, the covered alleys, the green fields and the flowers are then to be reckoned among the hygienic means useful to the insane. But extensive grounds afford additional advantages. They allow us to devote certain portions to useful purposes, and also to conceal from the inmates the watchfulness we exercise over them.

The exposure of the grounds is no less worthy of attention. If it be towards the south, sheltered by a rising hill in its vicinity, it will not be subject to the force of the winds, and particularly the north wind, which is productive of disease to the insane. The buildings should face the east, the heat of the south wind in summer, and the cold of the north in winter are thus equally modified, while the fresh morning air is most agreeable in ventilating all the apartments.

The ground being thus selected, in a dry spot, well provided with water, well wooded, exposed to the south and sheltered from winds, the next question is, what plan shall we adopt in the construction of the building. The investigations of M. Esquirol appear to show that one, with a ground floor only, is alone proper as an asylum for lunatics.

How many inconveniences indeed result from having a building several stories high. Iron cages and grates, bolts and locks are its necessary accompaniments. From its resemblance to a prison it infuses terror into the minds of its inmates, and particularly aggravates the sufferings of the me-

lancholy monomaniac. In addition to this the superintendence is infinitely more difficult. The height of the stairs to be climbed, renders the insane unwilling to indulge in their walks. While in the individual disposed to suicide, the depth down which he looks fosters his unhappy propensity. All those who are affected with general weakness, with commencing paralysis, the demented and the idiots, if placed in the upper stories, can with difficulty be brought down into the open air. We have often seen them remain constantly in the halls. Finally, the prevalence of diseases of the heart so common in the insane, is another reason why a building with a ground floor should be preferred.

All these objections are obviated by a building with a single floor. Every thing resembling a prison may in a great measure be dispensed with. The cells or bedrooms being on a level with the ground, invite the inmates to indulge in walking. They see their neighbors pass out for this purpose, and the sight induces them to do likewise. The inspection is more readily performed, and fewer persons are needed for this duty. There is also every facility for ventilating the apartments.

All the cells and halls should, however, be constructed over vaults or kitchens that admit a free current of air. Without these the ground floor would be soon saturated with moisture. Mildew covered with an efflorescence of saltpetre would discolour the flooring and cause it, as well as the beams resting in the wall, to decay. It is only by the assistance of dry and well ventilated vaults that the story above can be effectually secured from dampness.

Having carefully detailed M. Esquirol's arguments in favour of buildings of only one story, we now venture, in the hope of meeting with the approval of scientific men, to explain the modifications which may be applied to his system. It cannot be denied, that a lunatic asylum constructed according to his ideas, demands a very large surface of ground.—The outlay at the onset is therefore so great, that the local

authorities are immediately disposed to reject the plans laid before them. The expense is not confined to the purchase of large grounds alone, but extends to the costs of building which are so much the greater, since many separate pavilions require to be erected. All these disadvantages may be avoided, by simply adding a second flat or story, and besides being more airy and cheerful than the ground flat, its construction would diminish the expense to a third of the sum required in the former case. If on the score of economy the proposed alteration be found advisable, nothing now remains but to examine how far it will agree with the arrangements hitherto adopted in the treatment of the insane. For this purpose, it is necessary to ascertain whether lunatics of every class are compelled, at the peril of losing their health or life to remain on a ground floor. This subject admits of several distinctions. There can be no doubt, that agitated and furious maniacs, the melancholy, the suicidally disposed, the partially paralytic, the mischievous and epileptics who are liable to a frequent recurrence of their malady cannot reside in the second flat without great danger and inconvenience. The alienation of mind however, is not complete in these subjects and they form only a division, numerous it is true, but which does not embrace one half of the whole amount of the insane. The larger class, composed of the convalescents, the tranquil monomaniacs, peaceable maniacs, the demented, the imbecile not disposed to self destruction, and epileptics whose attacks are mild or occur at distant intervals, may with propriety occupy the second flat. With respect to idiots, we conceive that a part of them should occupy the ground floor. To the objection, that among these patients there are many who prefer remaining in the cells to encountering the fatigue caused by descending and ascending a flight of stairs, we answer, that the adoption of such vigorous regulations as we have seen in several establishments, will soon cause them to descend with promptness at the appointed hours, to the courtyard, the workshop or refectory.

Another benefit connected with the second story is, that the patients can no longer avail themselves of the opportunities for escape which the columns of the covered walk afford.— When not occupied it may advantageously be used as store-rooms for drying linen, &c.

If the foregoing remarks respecting the elevation of a second flat are allowed to be well founded, the solid benefits resulting from it will in like manner be acknowledged. The establishment being more concentrated, the expenses are prodigiously diminished, while at the same time the superintendence is more certain and less extended. The only objections of weight that can be brought forward, relate to the treatment and safety of the patients. It has already been shown, that the classifications generally adopted will undergo no change whatever; that the insane will be transferred from one story to the other, according to the degree or progress of their disease, and lastly, that their safety can never be compromised in the slightest manner, since all those whose residence in the second flat might prove dangerous, will remain in the first or ground floor.

The kind of habitation more particularly suited to the convalescent affords matter for interesting enquiry. It is not improbable that by making another division of these more in conformity to their wants, the number of necessary chambers in the establishment might be still more lessened. Long experience has convinced us of the vast importance of moral means in the later treatment of insanity. Among these may be ranked, the permission granted to the convalescent to quit his cell for the residence of the director and physician. It is for him a sort of re-initiation into the duties of social life to which he is soon to return. Being under their immediate superintendence he is almost constantly in their company. His mind is soothed by kind and benevolent intercourse, and his judgment strengthened by coming frequently in contact with the domestics of the establishment. Of the truth of the foregoing remarks we are perfectly convinced, and therefore propose

that accommodation for the reception of convalescents be made in the first or second flat of the director's residence, and in the wing parallel with the main building. The internal arrangement should consist of dormitories and cells.

By this means it would be easy to reduce anew the number of sections for the men including those of the epileptics and furious. The same division might be made for the women, but on account of the greater prevalence of insanity among them, the sections should be made to contain thirty instead of twenty beds each.

The preliminary points being now discussed, the next subject which presents itself for our consideration, is the plan or model upon which the building should be constructed. It has long been said, that the great desideratum in the distributions of a lunatic asylum is the rapidity with which its several parts may be surveyed. This object is gained in the *panoptic* construction of some penitentiaries in this country, but it is liable to the objection, that the acute angles formed in the approach of the edifice towards the central point, contract the cells in such manner as to render them unfit for the abode of the patients. The square form is most generally resorted to, and it is that which we now recommend. A window secured with iron gratings, should be made in one of the four walls, in order that the eye of the patients may repose upon agreeable objects. But in order that the desired result should not be frustrated, it should not open upon a road or thoroughfare, for they become exasperated at the sight of strangers and are apt to imagine themselves confined in a real prison.

The establishment should consist of three principal divisions. One of these should be in the centre and be occupied by the administration of the asylum; there should be a second story attached to it, and it should be subdivided into three sets of apartments, separated by two courtyards. In continuation of our plan, the first peristyle is allotted as the habitation for the chaplain, the chief physician, the medical students, the servants and the porter. In this portion are also

the admission office, the reception room, the rooms for the guards, and the wardrobes. The second set of apartments receive the director, steward, apothecary, and assistant physician. It also contains the medicine room, and stores of cloth, linen, and domestic utensils of every kind. The vaults contain the kitchen, larder, bread closets, groceries, &c.— This arrangement, as it exists at Saint Yon, appears to us highly convenient. A cupola might be constructed over the second story, from which every part of the building may be seen. The last building which completes the parallelogram, embraces the chapel, common room, linen presses, bakery, laundry, (sink, washroom, depot of dirty linen, drying room, &c.) store of bedding, amphitheatre or operating room, dead room, butchery, charcoal room, reservoir and fire engine. If these buildings are not sufficiently ample, they might be extended from the sides. The style of architecture should be characterized by a noble simplicity. It must be remembered that it is the refuge for those afflicted with the direst calamity incident to our race, and that therefore much ornamental or sculptural work lavished upon its exterior would be in bad taste. In addition to the arrangements recommended for this building, there is another convenience existing in the asylum of Saint Yon, which in our opinion, possesses great value. At the entry of the house there is a large hall opening immediately upon a beautiful garden. The disposition of this part of the establishment is well adapted for visiting; the patients and their friends have sufficient room to walk about, and they are not incommoded by the presence of strangers.

A long corridor extending from either side of the second set of apartments serves to connect the pavilions or sections of the insane. These pavilions are nine in number, four on each side. The ninth, destined for the reception of the furious, is situated at the extremity of each wing. The same distribution applies equally to the wants of both sexes.— Having said that nine sections should be appropriated for each sex, it is proper that the facts and the classifications of pa-

tients upon which this recommendation is founded, should be made known. In the French asylums the insane are separated into two grand divisions. 1st, *the curable*, comprising the monomaniacs, maniacs, furious, those disposed to suicide and some stupid and demented patients. 2d, *the incurable*, consisting of monomaniacs, maniacs subject to remittent, intermittent, and periodical attacks of their disease, the demented imbecile, and idiotic. To these two classes must be added the convalescent and epileptic; these are for the most part placed in the same hospital, but in different parts of it.

The following tables, from the registers of the Bicetre and Salpetriere, show the comparative number under each classification.

Bicetre, 31st December, 1824.

Insane.	Curable,	147.	} 107 under treatment. 40 convalescent.
	Incurable,	268	
	Imbecile,	225	
Epileptics.	Curable,	5	
	Incurable,	183	
		<hr/>	
		828	

The curable cases here are as one to three and a half.

From Dr. Lelut's report for this year of the condition of the patients in the Bicetre, which he had the kindness to send us, it appears that the number is less than it has been for ten years past. The division only contains 752 cases, of which 168 are epileptic. The insane affected with general paralysis amount to 44. There are 110 idiots or imbeciles. The remainder consisting of maniacs and the demented, are in the proportion of one fourth and one fifth to the last. M. Lelut affirms that true monomania is excessively rare; an opinion which we ourselves advanced some years ago, in a pamphlet upon mental alienation.

Salpetriere, 31st December, 1824.

Insane.	Curable,	199	} 152 under treatment. 47 convalescent.
	Incurable,	656	
Epileptic.	Imbecile,	660	
	Curable,	32	
	Incurable,	295	
		1842	

The result of this table shews a proportion of one curable to six and a half incurable cases—the epileptic not being included in this calculation.

A comparison between the two divisions will show, that if two sections are required for the curables, there will be six wanted for the incurables, and a larger number still for the female lunatics. Where the alienation is hopeless, the patients are generally tranquil. The mind being almost annihilated, there is no necessity for isolating them from their companions, as in the case of those under treatment. The cells might here be replaced by dormitories, and much room saved by the change. By removing the convalescents to the superintendent's house, there would remain yet more cells for the reception of new comers.

Three *pavilions* might, therefore, be consecrated to the use of those under treatment, the five others might be occupied by the incurable, the epileptic and the sick.

The following table will show the order we propose in classifying the patients.

Convalescents in the building of the administration.

Monomaniacs,	}	1
Suicidally disposed,		
Acute delirium, maniacs,		2
Imbeciles, demented,	}	1
Idiots,		
Infirmary,	}	2
<i>Gateurs</i> ,*		
Paralytics,	}	1
Epileptics,		

*We are unable to give a meaning to this term. Possibly, judging from analogy, it may imply the mischievous.

A building at a distance from all the others is destined for the furious, who are always few in number. These are chiefly from among the lower classes, and the prevalence of this form among them seems to depend upon the uncontrollable violence of their passions and their total want of education. This observation should never be lost sight of, where a hospital for the insane is about to be established. Perhaps in imitation of the asylums at Milan, and the hospital of San Bonifazio at Florence, it would be well to have a darkened chamber in this building. That at San Bonifazio is lined in every direction with matting, covered over with black cloth. When the violence or agitation of the maniac is excessive, he is shut up here, and in most cases is quickly brought to a calm state. At the Asylum de la Senavretta, in Milan, thunder storms are imitated, rain is made to fall, and light followed by darkness is caused to imitate the alternations of day and night. Dr. Lombardi informed us, that he employed these means with success in cases of casual stupor and violent delirium.

We have seen that the amount of insanity among women in France, is greater than among men. The same fact applies to Belgium. Statistical tables containing every case of insanity that happened in the provinces of North Holland, from the year 1820 to 1825, drawn up by M. Guislan, give as the result :

2,157 Men.

2,363 Women.

It is therefore necessary to increase the number of sections for the females, or what is better, to enlarge the *pavilions* in actual use, and to render them capable of receiving thirty patients in each flat. Supposing that an institution for 500 insane was about to be formed, if the accommodations are intended for 240 men, this calculation would assign a space sufficiently extensive for the reception of about 260 women.

An important question now presents itself, whether all the sections should be made either into cells or dormitories, or

whether we should allow both? Our experience has taught us, that monomaniacs, maniacs, the suicidally disposed, the furious or agitated cannot be admitted with safety into the common sleeping room. The immense majority of these cases demand the most complete isolation, either because the spectacle of their companions in misfortune depresses or irritates them, or because they disturb the quiet of the peaceable.—The same mode of treatment is moreover not applicable to all without distinction; it requires to be modified in almost every particular case, and the moral treatment so often called for, cannot without bad consequences following, be extended to the whole of them. When during the progress of the disease, vigorous measures and severe reprimands are too often employed, the moral influence of the physician suffers. In order to command obedience from the patients, firmness of purpose must be accompanied with mildness of manner.

Cells are therefore essential for the class of lunatics just spoken of, but they are not wanted for convalescents, idiots, &c., nor for lunatics suffering under bodily sickness. Convalescents about to re-enter society should be allowed to make a trial of their accustomed habits as in health; and their re-union has for its object to accustom them, by degrees, to the usages and social regulations of the world. When in each other's company they soon feel the necessity of exercising a certain control over their speech and actions.

The second class no longer requires to be strictly watched. The superintendence in the dormitories is rendered easy, and a less number of domestics are wanted.

Boarders are admitted to St. Yon and several other establishments, and the sums paid by them constitute a valuable income to these houses. The number of those being small who pay high fees, a small and retired house as at St. Yon, might be built expressly for them. A circumstance we remarked at the convalescent asylum of Sonnenstein merits notice here. This institution only contains two classes of persons; but by a wise and liberal conduct on the part of the

director, no regard is paid to rank ; if the patient, although poor, be an educated man, or has moved in good society, he is at once transferred to the first class.

Each section is of a square form. It is that, as we have already remarked, upon which the new additions to the Bicetre, Salpetriere and Charenton, St. Yon and M. Esquirol's house are planned. In their construction this principle should not be forgotten, namely, that each section must be so isolated, that nothing passing in the next shall be either seen or heard.

A section contains, 1st. The chambers of the superintendent on the same side ; 2d, the store room ; 3d, the chamber of the nurses ; 4th, the refectory or hall ; 5th, a room for washing.

In the wings on this side are the cells or dormitories. These last should not contain more than ten beds each. This distribution, which we saw in the fine civil hospital of Munich, seems preferable to the magnificent halls of Italy, or even to our long French wards, where, upon the slightest variations of the temperature, so many are attacked with pleurisy or pneumonia. The side parallel with the chief superintendent's lodgings is terminated by an iron grating, looking out upon a garden, massive foliage, or green verdure. In one of the angles is the door communicating with the exterior, for quiet patients or those willing to work. In the other angle is the privy. This, Mr. Desportes proposes, should be divided into two parts, the one for the accommodation of patients, and the other for emptying the vessels used by those who are confined or unable to move. Much of the cleanliness and comfort of the establishment, depends upon a strict enforcement of the regulation here alluded to.

The privy should be situated as near as possible in the direction of the current of air from the north or south. It should be provided with a drain communicating with the general one, or it should have a non-odorous apparatus.

There are few who have not been struck with the execrable condition of these places in public establishments. In most cases, the odour exhaled is so overpowering, as to compel an instant retreat. We have more than once, in the hospitals of Paris, lamented this neglect of hygienic laws.

This fault might be obviated by gradually replacing the ancient privies with water closets, or by making a chimney of a size corresponding to the opening of all the seats, which shall be carried up to the highest point of the whole building. An excellent means is found in having a small reservoir of water over the privy, fed by a stop-cock furnished with a floater. The patient, in the act of opening the door, by means of a simple piece of mechanism, fills the recipient, and on going out, when he shuts it, the water is at once discharged into the basin. The water, in passing through, cleans it of all impurities without further assistance. This plan is used with success at the *Salpetriere*. In most of the cells at the hospital of San Bonifazio, at Florence, the privies are so constructed that when the patient seats himself, the weight of his feet opens the valve of the reservoir, which does not close until he retires. Another piece of mechanism, answering the same purpose, consists of two moveable supports, placed at the spots where the patient rests his hands. An improvement might be made upon this last by causing a stream of water constantly to flow.

Our recommendation is, to allow all the rain water, and that which has been used for domestic purposes at each section, to run in an open stream into a drain communicating with the privies. It is a short and easy way of cleansing them.

In speaking of the main entrance, the number of rooms or apartments that are indispensable here, was given. The chamber appropriated to the nurses of the incurable patients, should contain three beds. There should be at least four beds in that appropriated to the nurses of the patients under treatment, because the *surveillance* is more severe, the

wants of the patients more numerous, and because they require to be watched as carefully by night as during the day. The refectory or hall should be thirty feet square, by about fifteen in height. All the casements should be left open at night, and they should be furnished with ventilators. The store room contains the clothing, linen and domestic utensils. The laundry, which might also be used as a working room, is destined for the scouring, washing and steeping of the foul linen.

The habitations of the insane call for the greatest attention on the score of hygienic exactness. We have never forgotten the following fact, which M. Dupuytren was in the habit of relating at his clinical lectures: "Every time," said this celebrated man, "that the *Salle Sainte Marthe* contained four or five beds more than its usual number, during the prevalence of typhus fever, that moment the terrible malady made its appearance. By removing the supernumerary beds, its progress was as quickly arrested." It is therefore evident, that the size of the halls and cells requires the greatest attention on our part. If the section is devoted to cells, we should insist upon having each of the latter eleven feet deep by nine in breadth and height.

Nor is the position of the windows and doors of the cells a matter of indifference. If the former are placed too high, it conveys the idea of a prison. We have observed this fault at the hospital of St. Orsola, at Bologna. The elevation is too great to permit an effective *surveillance* over the inmates; and besides, the circulation of air is imperfect. To be of any utility, they must be placed directly opposite to the door; they should be lofty, and commence a foot or two only from the floor. A current of air is now established, and when during the day the two are opened, it quickly dissipates the emanations arising from the patient's body. The windows being lofty and little elevated from the floor, and also fronting the door, the insane may be approached with great facility; and if, perchance, he should barricade

himself within, and refuse to allow any one to come near him, by directing all his attention towards the window, when he least expected it, the door may be forced open and the refractory individual secured without further danger to himself or the attendants. The night visits are also more easily accomplished. We need hardly add, that they admit much more light, and that the rooms are in consequence far more cheerful.

The flooring should not be indiscriminately of wood or of tiles or brick. The first is well adapted for convalescents, the melancholy, and, in general, for all cleanly patients; but it is not at all fitted for furious maniacs, for those who destroy every thing within their reach, for paralytics, and all others who permit their evacuations to escape without being aware of it. The brick floor must be here resorted to, and the materials joined together with good cement or bitumen. By inclining it towards the door, the liquids flow downwards and do not stagnate. We have seen a paving of glazed tiles in several establishments, and among others, in that of *Miano* near the *Capo di Monte*, at Naples. We are inclined to think these materials as proper as any to be employed. At Venice, the flooring of the wards in the Civil Hospital is a kind of McAdamization, not dissimilar in appearance to that laid over the *Pont de Carousel* by the engineer, M. Polonceau. The most objectionable of all the different kinds is the stone pavement. It exists in the wards of the General Hospital at Rouen, a shameful relic of what was once a prison, and which should have been abolished long ago, in a rich and liberal city too, possessing, as it does, a magnificent lunatic asylum. The stone pavement is soon rendered filthy by the matters falling upon it; these are absorbed into the substance of the stone; the fetid evacuation penetrates the cement, and a source of infection is established, which leaves its taint in the clothes of those who visit these sad receptacles of human misery.

The bedsteads of the peaceable insane should be made of

iron; those of the furious, of thick and heavy wood, securely fastened into the floor by the four legs. The beds of the paralytic should have in the middle, a hollow basin of folded lead pierced in the centre with a hole. The straw used in these bedsteads should be changed every day, and even every time that it is soiled by the evacuation of the patient. The bedstead should be placed in such manner, that if the conduct of the patient requires coercion, he might be at once surrounded. It has been thought advisable to allow bed curtains to those who are not maniacal or paralytic. No inconvenience would seem to arise from them to monomaniacs or the melancholy not disposed to commit suicide; and we believe them to be proper for women.

The walls and ceilings should be whitewashed. The furniture of each cell should consist, beside the bed, with or without curtains, according to the nature of the malady, of a mattress, a straw bed, a bolster, one woolen blanket in winter and a cotton one in summer, one chair, one table, one close stool, a pot, a basin, and a drinking cup. The utensils should be made of tin, as wooden ware is liable to contract a bad odor.

The sections containing the dormitories should be forty-eight feet long by twelve in breadth, and as many in height. Care should be had that the space allotted to each patient should be six toises* in extent, for the reason that the exhalations from a number of persons assembled together, are always more mephitic than that arising from a solitary individual. The bedsteads, as in the cells, should be removed from the wall in order to allow of free access to them. The floor should be of wood. In the new edifice at Charonton the floorings are of painted and varnished oak, or paved with painted and varnished bricks. The ceilings are attached to beams and ornamented with moulding and other figures. The bedsteads are of varnished iron, the tables,

* A toise is equal to six feet.

chairs, sofas, cupboards, of varnished oak; the bed covers and curtains, and also the window curtains, are of fine white cotton stuffs; the stoves are of glazed tiles. The domestics' rooms are at the extremity of the dormitories, and are only separated from them by a glass door. The casements are broad and lofty, with four shutters, which fold open and shut.

A gallery similar to the ancient monastic cloisters should extend around the interior side of the buildings. It should be supported by columns of wood or stone. It should be at least six feet wide. In hot or rainy weather it would serve as a promenade for the inmates. Its height should be so regulated that the four sides composing it should not impede the free admission of light and air into the cells.

The centre of the square might be converted into a court planted with trees, and decked with tufts of flowers. It is not the case as has been stated, that the insane always take a delight in destroying. The director of the asylum at Rouen pointed out to me several courts in which he succeeded in planting trees, and none of which were ever pulled up. The court of the new building at Charenton is of an oblong shape. There are three galleries attached to all the buildings. The pillars are made of cut stone. A fourth gallery, larger than any of the others, and enclosed by a handsome bronze grating, overlooks the meadows and banks of the Marne. It is, during bad weather, an invaluable place for taking exercise. The court is shaded by lime trees planted around four grass-plots; and no injury has ever been offered to them by the patients. At the Bicetre, and at the Salpetriere, where, from their number, they were often unobserved, we have ourselves seen the mischievous prevented by their companions from committing the smallest destruction. It rarely happens that any of these unfortunates even pluck a flower; and were it otherwise, it would be more humane to replace repeatedly the plants destroyed by them, than to expose them to the burning rays of the sun,

reflected from the pavements or bare ground. Beds of flowers may be planted in the court of the convalescents, monomaniacs, demented, imbecile and idiots. The fountain, or any other source for furnishing water to the inmates, should be supplied by a branch pipe from that which carries it to the wash house and refectory.

Lastly, a covered or enclosed gallery, parallel with the three sides where the doors open, should be carried around the outside of the building. It may serve as a promenade during very cold weather, and may be heated by a hot air apparatus, connected also with the cells and dormitories.

Besides the visits that should be made by the director and assistant physician, there should be a guard in every section at night, to attend to the wants of the patients, and to subdue any disturbance that may arise. The services of this person are indispensable in the chambers of those under treatment. Night visits are of immense importance, and we recommend the superintendents to make them at due intervals.

To avoid as much as possible every circumstance that may recall the idea of a prison, would be but common humanity. The patient should therefore never be shocked or alarmed by the clashing and clanging of bolts, padlocks and double locks. The most advisable plan would be to have a single key that will open without unnecessary noise all the doors and windows of the division.

Having passed rapidly in review the plan and construction of the sections, before proceeding to consider the proper organization of the attendance proper for the insane, there remains a few words to be said upon three other buildings—the infirmary—bath room—and residence for the furious.

The insane, like the rest of mankind, are subject to a host of diseases; and if they are privileged (this remains to be proved,) from sharing in the effects of epidemics, they are on the other hand the subjects of many evils which form a me-

lancholy accompaniment to their condition. A large proportion are subject to organic diseases of the heart, phthisis, and congestions of blood. Diarrhœa, dysentery, scurvy and cerebral affections are not less common. These and many other maladies demand unremitting care and attendance; it would be almost impossible to bestow the proper attention upon these cases if they were dispersed among the different sections, but on the contrary, the duty is much facilitated by collecting the sick into one room, and a less number of assistants is required. In the construction of an infirmary, the same rules should be followed as in the wards of a common hospital.

Plenty of fresh air, scrupulous cleanliness, and above all, perfect exemption from dampness, apartments for six or a dozen beds; such are the means to be employed if we would avoid the evils resulting from large and crowded wards with the consequent stagnation of air.

By conforming to the plan pursued in the establishments of Charenton, St. Yon, and the Salpetriere, there would be no difficulty in constructing that important adjunct to a lunatic asylum, a complete set of baths. Each quarter should be furnished with them. They should be exposed to the south. A sufficiently wide passage exposed to the north should lead to all the bathrooms, and it should be heated in winter and serve as a kind of antechamber. The baths, broader at the head than at the feet, should be made of tinned copper. The water should be let in at the bottom near the small end, and discharged in like manner at the head. Cold and hot water to issue from different stop-cocks; *one key* might serve to turn all of them, so that the insane may not have it in their power to fill or empty the baths.

The room for ascending and descending *douches* should contain two tinned copper and two oaken bathing vessels.—The two first, independently of the ordinary means of filling them, should be placed under a couple of stop-cocks, which last should be elevated about four feet from the patient's head and made to let out the water with the degree of force requir-

ed. The two wooden baths should be each constructed with a long, flexible pipe descending from the ceiling and terminated by a stop-cock, the force of the *douche* can then not only be easily regulated, but it may also be applied to any part of the body. When the patient is unruly and refuses to submit to the *douche*, his head should be secured in a wooden lid strongly fastened to the bath, and the aperture for his neck should be sufficiently large to prevent his hurting himself, without at the same time permitting his head to slip through. We once saw a lunatic who in his struggles succeeded in extricating himself, he lay immersed in the water a half a minute before the lid, which was retained in its situation by hooks, could be removed. The wooden tubs might also serve for mineral baths and *douches*. The furnace and boilers should be placed in an apartment off the bathroom.

We have shown that it was necessary to have separate cells for the furious and agitated patients. They should be built on the same model as those in the sections, and in a solitary situation, in order that the repose of the other patients may not be disturbed. The materials of the cells should be either of unhewn or cut stone—their number, fourteen or sixteen—the beds secured to the flooring—the windows and doors solid and strong—the floor of large tiles cemented together, and lastly they should be heated with hot air.

As however this may produce dampness, M. Desportes suggests the propriety of roofing the cells with brick, and he is also of opinion, that floors of two inch oaken plank, well joined together, would last long and could be easily kept clean. By allowing a current of air to pass between the floor and the ground, it would further tend to preserve the former from decay, and add to the general salubrity of the place. The ceiling should be lathed and plastered, in order that it may more easily be whitewashed. Lastly, a dead wall should surround the building to prevent escape.

We have now noticed, according to the plan which seems to us the best, every circumstance relating to the details con-

nected with a lunatic asylum, its distribution and domestic economy. We now come to speak of the persons composing the administration: namely, the administrators, director, chaplain, superintendents and nurses. The physician will be considered apart in another place.

Experience proves the necessity of placing the administration under the superintendence of a high authority, empowered to exact a faithful execution of all the regulations of the establishment. This should devolve upon a committee composed of respectable persons in the neighborhood, who have formerly held some office in the administration, as chief physician or director. We do not think that it should consist exclusively of medical men, for besides the sanitary laws, the outlays and receipts require to be strictly watched. (The art of keeping accounts and the duties of the administration are not learnt in a day, and it is besides useful to moderate the zeal of its members.)

We take the opportunity of proposing anew that a general superintendence over all the asylums in the country be vested in the hands of one medical man, who shall be called the inspector general. He should correspond with the minister, the commissions alluded to above, and the directors of the establishment. We may add with M. Guislan, who agrees entirely with our opinion, that this functionary should be chosen from among the medical men who are best versed in the knowledge of mental diseases.

If the physician were obliged to live in the establishment, we should confine ourselves to a simple enumeration of the other officers connected with the institution, but as the director alone is compelled to reside there, his life is spent in the midst of the lunatics, and it follows as a natural consequence that he should be in some degree qualified to perform some of the duties assigned to the physician. The first requisites are firmness and a love of justice, without these he will be neither feared nor respected by the patients. A commanding

height and masculine voice are useful auxiliaries in subduing tumult and quarreling among them.

An object of the greatest importance, says Haslam, is to gain the confidence of the insane and excite in them sentiments of respect and obedience ; this can only be accomplished with the aid of superior discernment, a polished education, and dignity of address and manner.

The superintendent who has acquired this ascendancy over them, can rule and direct them at will ; he should, when the occasion offers, make an imposing display of his power ; he should threaten little, but act ; and if his orders are disobeyed, punishment should be certain to follow. When the refractory patient is robust and strong, the superintendent will ensure a speedy return to obedience and inspire fear, by making his appearance with several assistants. It must be borne in mind that the director's temper should be under complete control, for the most deplorable consequences may follow a moment of anger, excited by malicious and ingenious provocation.

The duties of a superintendent are arduous and unremitting. He should visit the patients several times in the day ; the new comers should be more particularly the objects of his care ; and he may also materially assist the physician in his observations. He should from time to time go the rounds at night, especially during the prevalence of cold weather.—The guardian and servants, if selected from the ordinary class of domestics, should likewise engage his attention. He will be careful to see that they treat the patients with kindness ; that they execute the ordinances of the physician, and that they distribute faithfully the allotted rations and drinks. The servants not unfrequently sell the food of the patients. These last also often dispose of their share to procure wine, &c.

When a patient has committed a serious fault, the director may order him to be punished, but he should inform the physician of it at the next visit. He should allow none to visit the establishment but professional men and members of phi-

lanthropic societies ; permission to enter should not be granted upon any pretext whatever to those who simply wish to gratify their idle curiosity. He should have the charge and responsibility of all the non medical departments of the institution, and afterwards render account of his proceedings to the members of the administration. His conduct should be honorable and moral. He should not absent himself without leave.

The director of an establishment like this should have a liberal income. At St. Yon it amounts to 4000 francs per annum besides lodging, wood and candles. At Charenton he receives 6000 francs besides board, lodging, fuel, candles, and other perquisites.

The situation at the latter place is suitably provided for, at Rouen it is not so, for the director of an asylum should be regarded in a perfectly different light from any of the other officers.

The female superintendent should have a benevolent and affectionate disposition, at the same time she should be firm and decided. Nothing can be more detrimental to the good government of such an institution than to be under the care of an unamiable or fickle guardian. She should have the care of the female lunatics, of the wardrobe, of the washing department, and of the sick nurses. We have reason to believe the influence of woman to be most powerful. More than once have we seen at the asylum of Montmartre, Madam B. subdue by a look or a slight motion the ravings of the most furious maniac. But what struck us as the most singular circumstance, was the almost general acquiescence to her wishes tendered by the men, to whom she addressed with so much kindness her advice and counsel.

In the choice of sick nurses we have already expressed the preference we have for the religious orders. A period of fifteen years spent in hospitals has taught us to appreciate the benefits conferred by these females. The example set at the Asylum of St. Yon fully warrants our opinion. " Since they have been admitted into this establishment," says the director,

“we have had every reason to congratulate ourselves upon the zealous and conscientious manner with which they discharge their duties.” We are pleased to find a similar view taken by a man who for many years past has been unceasingly engaged in ameliorating the unhappy lot of the insane; “however great,” says M. Desportes, “the number of servants, and the care with which they are selected, and however well paid, still the object of faithful attendance is not attained, if they resort to this occupation solely for a livelihood. This employment demands a higher impulse for its due performance than the mere desire of gain or competence. But where shall we find those whom generosity alone shall impel to the execution of this harrassing duty? Let us not deceive ourselves; so much virtue can never exist, save in those associations whose motive is religion, and reward, the hope of eternal happiness in another and better world.”— (Report on the state of the insane, 1822, 1823, 1824, page 36.)

If our ideas respecting religious associations be received, we would advise the foundation of an establishment for both sexes, in which would be taught every thing that is known respecting the care to be rendered to the insane. This instruction might be communicated by intelligent superiors.— The patients would then have about them persons who understood their situation, who would feel pity for their misfortunes, and soften, as much as lay in them, their misery. At the asylum of St. Yon, at Rouen, there are 17 nuns and a superior belonging to the order of St. Joseph de Cluny.

But if compelled to hire ordinary attendants, those should be chosen who are obedient, civil, humane and firm. The comfort of the insane depends much upon the kindness of the domestics. Those should not be engaged who are unshapely in person or face, for lunatics are often sarcastic, malicious and witty, and patience is not a characteristic of servants in general. One servant can attend to ten peaceable insane, or to six under treatment or who are restless or uncleanly.

They must not report the patients' state in their presence ; they must not rouse them too early nor allow them to sleep too late, they must keep watch upon the patients and not leave them alone, they must not address them rudely nor threaten them. They must not resort to coercive measures without express orders. If a patient conducts himself disorderly they should assemble together and impress upon him their superior strength. We have frequently arrested the fury of a maniac by getting behind him, and suddenly enveloping his head in a towel or napkin.

The good services of the domestics might be further insured by giving them higher wages and allotting a pension after twenty-five or thirty years service. Burrows in his work (*Enquiry* p. 265,) suggests the creation of a fund, out of which they should receive annual sums, increasing with their term of service, and proportioned to the personal injuries received in the exercise of their duties.

Hygienic Directions.

For the well being of the insane, it is not enough that favorably exposed buildings have been erected with ground floors and separate sections ; but the rooms also, as we have already remarked, must be capacious and well ventilated. A fetid odor is exhaled from the bodies of most lunatics of so penetrating a nature as to attach itself to the clothes, bedding, furniture, and even the walls. Milling alludes to this fact in the following terms : "*Peculiari modo orhana olfactoria afficeri dicitur, et diu vestibus ; lectis, utensilibus, inhærens præcipue ex criptis cutis et papellis sacerni videtur atque a parietibus, quasi a spongiis insurgitur, posteaque iterum exhalatur, ut ergo iste odor specificus diu remotis agrotis ex illo loco, quo versati sunt, licent percipi.* (Mentis alienationum semiologia somatica. Bonn, 1828.) Burrows, in his works, says, that it is so characteristic of insanity, that were he to perceive it in any person, he would, without further proof, at once pronounce him to be a lunatic. This odor is well known to those who live in these establishments, and

may be easily recognized by strangers. It may be neutralized by chlorine solutions and fumigation, or it may be dissipated by free ventilation, frequent whitewashing of the walls, and washing of the bed and bedding.

The different apartments and cells should be well heated in winter. Some insane persons experience an extraordinary insensibility to cold, and a remarkable instance of this occurred in the person of the famous *Theroigne de Mericourt*, Goddess of Reason during the revolution, and afterwards a maniac in the *Salpetriere*. Every day, both in summer and winter, on leaving her cell, she was in the habit of pouring several pails of water over her body, without manifesting other sensations than those of pleasure. But this and similar cases are only exceptions to the general rule, and in opposition to them, many proofs might be brought forward to show their general susceptibility to changes of temperature. With what eagerness have we not seen them precipitate themselves towards the fireplaces in winter! Lunatics, apparently insensible to the rigors of the season, often experience the effects of being chilled, and are attacked with diarrhœas, colics and catarrhs.

Wagner relates (*Ammerkungen zu Pinels eben angefuhrter schrift*) that in 1799 three patients in the asylum at Vienna were seized with tetanus from exposure to excessive cold. Haslam remarks, that they are peculiarly liable to cold extremities, and adds, that at the Bethlem hospital, London, it is the custom to examine the legs and feet of the patients in the cells every morning and night, and to envelope them in flannel.

The choice and quantity of aliment proper for insane persons, is not the least important of the hygienic measures to be adopted. The evil consequences of too small or too abundant a quantity of food are well known. "It will suffice here," says the celebrated Pinel, "to recall to the recollection of the friends of good order, some melancholy facts connected with this subject, which passed under my own observation—the relation of them cannot fail to excite feelings of pity in the

most obdurate heart. It was after a careful calculation of the quantity of food required for their separate wants, that the daily allowance of bread at the Bicetre was increased to two pounds for each patient; and for two years afterwards I witnessed the happy results following this wise order. I had ceased to be one of the physicians of this hospital, when, during one of those gratuitous visits which I was in the habit of making, it came to my knowledge that the ration of bread had been again reduced to 12 ounces. And I found that several patients who were formerly convalescent, had relapsed into a state of furious mania, and were now screaming out that they were perishing with hunger. The curtailment, however, did not stop here—the quantity was successively reduced to still smaller weights, with a very small quantity of often bad biscuit to make up for the deficiency. The consequences were, as might be expected, truly awful; it is a well established fact, that during two months alone the total number of deaths amounted to 29, whereas the mortality for the whole of the year 1793 was but 27. At the Salpetriere the same lamentable result took place, but with increased rapidity and additional horrors. During the space of a single month in 1796, there were 56 deaths from colliquative diarrhœa and dysentery.

“Had the funds of the hospitals been secure and not fluctuating, these calamitous events would have never happened.”

To M. Pinel's statement might be added those communicated to us by several physicians, respecting the evils of insufficient alimentation, particularly to the convalescent. When the latter are placed upon the ordinary diet of the other patients, their recovery is always retarded, and they even die from exhaustion. The nervous system of the insane is in fact greatly depressed, and every practitioner is aware of the benefit of tonics and cordials to persons who are the subjects of debility, fainting and partial syncope. But generous food, however well adapted to patients who have passed the acute

stage of insanity, is far otherwise to those liable to congestions, or who are seized with symptoms of paralysis; nearly all so affected have voracious appetites, and if permitted to gratify their desires for food without restraint, they are almost sure to die of congestions in the head assuming the form of epilepsy.

The apportionment of the kind and quantity of food, merits therefore the full attention of the medical attendants. In some cases the nourishment should be abundant; and in others, diminished with judgment. A given quantity of food, under the direction of an indolent or negligent overseer, may prove insufficient for the wants of the patients, while with the same, one more zealous and active, will not only satisfy all, but even save a surplus to be appropriated to those unhappy persons whose unnatural cravings can only be appeased by a double or triple allowance. The rations for the day should not, as was the case at the Bicetre before the revolution, be given all at one time, because from want of foresight, or the urgency of hunger, they would be often consumed in a few moments, and during the rest of the day the patient would suffer severely from hunger. The furious and imbecile should be the particular objects of our care. The former often refuse to take nourishment; the latter, as well as the paralytics are not able to feed themselves.

There should be three repasts a day, namely: breakfast at seven o'clock in summer and eight in winter, dinner at one, and supper at six o'clock. Meat should be allowed five days in the week, and vegetables and fish on the other two. Two pounds weight of bread distributed as follows, are sufficient, a half pound morning and evening, and one pound at dinner. Half a pound of meat should be allowed at dinner; the other meals should consist of fruit, cheese and sweetmeats. We need hardly add that there should be soup every day at dinner. Peaceable patients should have wine mixed with water for their drink, and at least a tumbler of pure wine should be given to the feeble and aged.

The regularity of the meals is also attended with its advantages. We had occasion to observe this in the asylum of St. Colombe and Montmartre, where the patients anticipated with pleasure the hour of repast, and often complained when, by some accident, it had been retarded. It served as a diversion to the morbid train of their thoughts, and exercised a power over their conduct that could at first sight hardly be believed. In those establishments where order and regularity pervade all the domestic arrangements, there will be found the greatest number of quiet and submissive patients, the most cures, and the fewest cases of outrageous mania. This happy state of things depends altogether upon the character of the director, and will prevail, if it be firm and just. But should he be unfortunately possessed of a sullen, fickle or tyrannical disposition, disorder will riot unrestrained in every department of the establishment.

The same regimen should not be prescribed to all without discrimination. The furious and agitated should be kept on low diet; too stimulating food is apt to hurry the circulation of nervous patients and cause violent irritation. But the diet should be generous when the patient's strength is failing, or where the disease owes its birth to debilitating causes. This remark applies particularly to suicidal monomaniacs, and it is ascertained by experience, that to these persons nutritious and even rich food is indispensable.

In dementia, imbecility and idiotcy the food should be substantial, and the same is equally called for where insanity is complicated with scorbutic and scrofulous affections. The use of nourishing food is above all indicated when the former of these complications is present. Convalescent and peaceable insane should dine at a common table, under the inspection of the officers attached to the house. We are convinced by observations made during several years, that the presence of the director at the common table has the most happy influence over the conduct of the patients, and that it tends to render them calm and quiet. At one of the best kept estab-

lishments in Paris may be seen thirty insane persons seated at the physician's table and conducting themselves with such propriety, that strangers visiting them for the first time, find it difficult to realize the fact that they are so many madmen. We have also remarked that assembled together in this manner, they frequently forget the engrossing subjects of their insanity and enter into animated conversation on ordinary topics.

Below are given the diet tables of the hospitals Salpetriere and Bicetre and the asylums of St. Yon and Charenton.—These details are not without interest, and they may serve as precedents for the formation of others in any future establishment which it is proposed to create.

SALPETRIERE.

Lunatics in good bodily health are allowed, two pounds of bread and a quarter of a pint of wine per day.

Days when meat is allowed—dinner.

Soup 1 qt. roast meat, without bone, and weighing when raw, eight ounces—4 oz.

Supper.

Dried vegetables,* crude, $\frac{1}{3}$ pint, or fresh ditto, 6 oz. or rice about 1 oz. Cheese about 1 oz. or prunes $1\frac{1}{2}$ oz. or raisins ditto, or an equivalent of fruits in season.

Fast days—dinner.

Soup 1 quart.

Dried vegetables, crude, two thirds pint, or fresh ditto 1 lb. or about 2 oz. of rice.

Supper.

(as above.)

BICETRE.

Lunatics in good bodily health receive about 2 lbs. 4 oz. of bread and one quarter of a pint of wine a day. An additional allowance of the latter is allowed both to men and women when advanced in age.

* *Legumes Secs*, including peas, beans, lentils, &c.

(The other allowances are precisely the same as at the hospital of the *Salpetriere*.)

At the HOSPITAL OF ST. BONIFAZIO, FLORENCE, the bread is white and of good quality. The patients take their meals at eight, ten and four o'clock. 1½ lbs. of bread, wine mixed with water, soup and meat compose the nourishment.

ASYLUM OF ST. YON AT ROUEN.

In this establishment there are four classes of boarders, and the diet allowed to each is as follows :

Boarders who pay 450 francs.

Breakfast at 9 o'clock. Fruit or cheese. Bread at discretion.

Dinner at 1 o'clock. Meat soup four times a week, beef or *ragouts*. On fast days, vegetables or salt fish or eggs.

Supper at 6 o'clock. The same as at breakfast ; and once a week, sausages, apple or pear preserves.

Drink. Cider.

Boarders at 675 francs.

Breakfast at 9 o'clock. Two plates of fruit or cheese.— Coffee with milk or chocolate at choice.

Dinner at 4 o'clock. Soup. Beef or *ragout*. One plate of vegetables. Two plates of dessert.

The same drink is allowed as to the boarders of the first class.

Boarders who pay 1000 francs.

Breakfast at 9 o'clock. Cutlet of mutton or beefsteak, 2 plates of dessert ; coffee with milk, or chocolate.

Dinner at 4 o'clock. Soup, beef or *ragout*, roast meat, salad from one to three times a week, 2 dishes of dessert.

Boarders who pay 1500 francs.

Breakfast at 9 o'clock. 1 plate of meat, 3 plates of dessert, (fruit, cheese, and preserves.)

Dinner at 4 o'clock. Soup, roast meat, vegetables, salad, three times a week. 2 plates of dessert. Chicken is allowed to these two classes once a week. They have their choice of wine or cider for drink.

CHARENTON.

The boarders at this establishment are also divided into three classes; the first pay 1300 francs per annum; the second, 720 or 1000 francs; the last only pay 300 francs.—The president presides over the common table, and the following are admitted to it: the officers of the establishment, the convalescent insane, and the patients belonging to the first class. Soldiers and sailors received at the highest rate per day; the insane of the second class; military and naval sub-officers are allowed to come to this table twice a week. The insane and convalescents who are in a fit state to join their companions here, are designated by the physician.

Diet Tables.

Breakfast at the common table 11 o'clock; dinner at 6 o'clock. Breakfast in the corridor and common halls 7 o'clock. Dinner at 12 and supper at 5 o'clock.

1st CLASS. *Meat days.*

Bread for the day,	22 ounces.
Wine ditto,	1 pint.

Only two thirds of the quantity of wine allotted to the men are given to the females.

Breakfast for the men.

Cheese, about	1 ounce.
Or its equivalent in butter, fruits, fresh or dry.	

Breakfast for the women.

Coffee with milk,	1 pint.
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Dinner for men and women.

Soup,	1 pint.
Soup meat,	4 ounces.
First entire of meat,	5 “
Roast meat,	ditto.

Or its equivalent of fresh fish or chicken.

Cheese, about	1 ounce,
Or its equivalent in dried fruit or those in season.	

Supper.

Roast meat,	5 ounces,
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Or fresh vegetables, 1 pound,

Cheese, about 1 ounce,

Or its equivalent of dried fruit or those in season.

Fast days.

Bread, wine, and breakfast as above.

Dinner.

Soup, 1 pint,

Fresh fish, 8 ounces,

Eggs, 2

Or fresh vegetables, 1 pound,

Cheese, about 1 ounce,

Or its equivalent of fruit.

Supper.

Fresh fish, 8 ounces,

Or fresh vegetables, salad, 8 “

Cheese, 1½ ounces,

Or its equivalent of fruit.

2d CLASS.

On meat days.

Bread for the day, 23 ounces,

Wine for the day, about 1 pint.

The women are only allowed two thirds of that quantity of wine.

Mens' breakfast.

A third of their rations of bread and wine.

Womens' breakfast.

The same as above. Milk is sometimes substituted for the wine, 1 pint.

Dinner.

Soup, 1 pint,

Soup meat, 4 ounces,

Ragout, 5 “

Or fresh vegetables, 1 pound.

Supper.

Roast meat, 4 ounces,

Or fresh vegetables, 1 pound.

Dessert on Sunday and Thursday only.

Cheese, rather more than 2 ounces,

Or equivalent of fruit.

Fast days.

Bread, wine, breakfast as above.

Dinner.

Soup, 1 pint,

Salt herrings or eggs,

Or its equivalent of fresh fish,

Dried vegetables, 1 pint.

Supper.

Dried or fresh vegetables, 1 pound,

Eggs, 1½.

3d CLASS. *Meat days.*

Bread for the day, 32 ounces,

Wine, ditto, 1 pint.

The women have only two thirds of the bread allotted to the men.

Breakfast.

One third part of the bread and wine.

One pint of milk is given to the women instead of wine.

Dinner.

Soup, 1 pint,

Soup meat, 4 ounces,

Fresh vegetables, 8 "

Supper.

Dried or fresh vegetables, 1 pound,

Or salad, 8 ounces.

Roast meat or ragout on Sunday and Thursday, 4 ounces.

Low diet.

Bread, wine, and breakfast as above.

Dinner.

Soup, 1 pint,

Salt herring, 1

Legumes Secs, ¾ pint.

Supper.

Cheese, about 1 ounce.

The indigent insane of the Canton received gratuitously, or at a reduced price, are considered as belonging to the third class, and receive the diet appropriated to that division of patients. Soldiers and sailors received at the lowest price per day are also placed in the third class. Those who are entered on the highest price per day are classed with the second division.

The physician during the visit is empowered to modify the diet, and substitute one regimen for the other; but in that case the change ordered is recorded in the visit book.

There are two other common tables in this establishment, one for the attendants and insane of both sexes who are deemed fit subjects by the chief physician, the other for the inferior servants. The diet of both is as follows:

First table. Full diet.

Bread for the day, 23 ounces.

Mens' breakfast.

Wine, 1 pint,
Cheese, 2 ounces.

Womens' breakfast.

Coffee, with milk, $\frac{1}{2}$ pint.

Dinner.

Soup, 1 pint,
Wine, 1 "
Soup meat, 4 ounces,
First dish of meat, 5 "
Roast butchers' meat, 4 "
Or chicken,
Fresh vegetables, 12 "
Or its equivalent of pastry or cream,
Cheese, 1 "
Or its equivalent of dry fruits or those in season.

Supper.

Fresh vegetables, 12 ounces,

Or dried “	
Or eggs,	2
Or rice and milk, about	$\frac{1}{2}$ pint,
Wine,	$\frac{1}{2}$ “
<i>And twice a week,</i>	
Roast butchers' meat,	4 ounces,
Dessert as at dinner.	

Low diet.

Bread, wine, breakfast as above.

Dinner.

Soup,	1 pint,
Salt or fresh fish,	8 ounces,
Fresh vegetables,	12 “
Or dried “	
Eggs,	2
Dessert as above.	

Supper.

Fresh vegetables,	12 ounces,
Or dried “	
Or eggs,	2
Or rice and milk,	1 pint,
Dessert as above.	

2d Common table. Full diet.

Bread for the day,	2 pounds,
Wine, “	1 pint.

Dinner.

Soup,	1 pint,
Soup meat,	4 ounces,
Fresh vegetables,	12 “
Or dried “	

Supper.

Dried vegetables,	$\frac{1}{2}$ pint,
Roast meat or ragout,	2 ounces.

Low diet. Dinner.

Soup,	1 pint,
Salt herrings,	2

Dried vegetables,	$\frac{1}{3}$ pint,
Or fresh “	12 ounces.

Supper.

Eggs,	2
Fresh vegetables,	12 ounces,
Or dried “	$\frac{1}{3}$ pint,
Or salad,	8 ounces.

In finishing here what we have to say upon the alimentary arrangements of these establishments, it may be well to subjoin an account of the daily expenses incurred at several of them; and we must observe that the mode of apportioning the food to the several patients, requires to be modified in all of them, because there are some of the insane whose appetite is so voracious that the ordinary rations are altogether insufficient to appease their hunger.

EXPENDITURES.

Bicetre.

Outlays.	Boarders.	Boarders deducted.	Daily expense.
f. 1000,276.43c.	f. 9893.43c.	f. 991,383 22c.	f. 98 44.

Salpetriere.

f. 1,415,269 60c.	f. 205.41 64c.	f. 1394727 96c	f. 79,50.
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Average expenditure of each person per day, f. 354 26c.

Items of expenditure for each day.

	<i>Bicetre.</i>	<i>Salpetriere.</i>
Repairs and alterations,	f. 04,56	02,35
Administration, wages, salaries, &c.	06,13	05,01
Treatment,	01,02	01,01
Food,	64,68	56,02
Light and fuel,	03,99	03,05
Household expenses,	11,86	06,58
Incidentals,	06,22	05,48
Expenses peculiar to establishment,	00,98	01,17
	<hr/>	<hr/>
	f. 99,44	80,66

These calculations are rather greater than the preceding, but it must be remembered that the first are under the actual amount expended.

Daily expense of each boarder at St. Yon.

Of each boarder at f. 1500,	f. 2 70c. per diem,	or f. 988 20c. per annum.
“	“ f. 1000,	f. 2 20c. per diem, or f. 805 20c. “
“	“ f. 675,	f. 1 60c. per diem, or f. 585 60c. “
“	“ f. 450,	f. 1 09. per diem, or f. 399.

It was originally our intention to subjoin a list of the expenses incurred at the asylums of Italy; but the accounts not being kept in that country with the same exactness as in France, we shall confine ourselves to enumerating the rates of board demanded at several of them.

At Reggio, Manicomio and Turin, there are four classes of boarders who pay 350, 450, 600 and 800 francs. The boarders of the two first classes receive nearly the same treatment as the indigent insane; and for the proper maintenance of the latter, 200 francs are allowed for each by the government. The boarders just spoken of are placed in the same apartments with the poor, but receive rather better food. Those belonging to the two other classes inhabit separate cells, the only distinction made between them is the quality of the food.

At Milan, the boarders at the asylums of Senavretta and the Porte de Verceil form four classes; in the first are comprised all who pay three florins a day; in the second, those who give two florins, and in the third, those who can only afford one florin a day. The boarders of the two first classes live in separate chambers; the difference between them is, that each one of the first class has a separate attendant attached to his person. The patients included under the third division, sleep two in a chamber, have less abundant nourishment and the common attendance of the house.

In the asylum of St. Lazarus near Reggio in Modena, the poor pay twenty-five sous a day; the wealthy in the State of Modena pay thirty-five sous, and Italians from other States, forty-five sous. For these sums the rich and poor are fed, and the latter are clothed, physical and moral treatment and petty expenses being included.

At the hospital of Sant Orsola in Bologna, the insane are maintained at the public expense ; rather more than 20 sous a day is paid for each patient.

The majority of insane persons are sensible to the effects of atmospheric changes ; the maladies of which they die when unduly exposed to their influence, set this matter at rest. It is therefore absolutely necessary that they be clothed in conformity to the seasons. This rule is observed at Florence, where in winter they are furnished with a blouse or smock frock, vest and trowsers of woollen cloth ; and in summer with the same articles of dress made of linen. At Rouen, in the asylum of St. Yon, the patients of the last class have in summer a round jacket, vest and pantaloons of blue cotton cloth ; and in winter they are made of grey cloth. They also receive every week a clean shirt, neckerchief, pocket handkerchief and a pair of stockings. Instead of a neckerchief, the women are allowed a small shawl.

It has already been remarked that the insane should remain warmly clad until the hot weather has set in ; we further recommend the winter clothing to be resumed in the autumn, some time before the inclement weather commences.

Flannel next to the skin is essential to the safety of the consumptive, of those liable to visceral derangements, and of women affected with fluor albus. Of the benefits arising from its use in the latter affection, we are convinced both from our own experience and from the perusal of tables. There are many cases of recovery on record, which were owing to the constant wearing of flannel drawers.

Care should be had to furnish the patients with warm stockings and shoes ; coldness of the extremities is at all times hurtful, and often occasions serious diseases.

Uniformity of costume possesses all the unpleasantness of a livery, and it is on that account the source of many painful feelings to those patients holding a certain standing in society. If, even in public hospitals, it is the occasion of

much unhappiness, particularly to the women, how much more will it not distress beings whose reason is or has been disturbed? We do not think that any additional expense would be incurred by affording a variety of costumes to the patients; and certainly none would accrue by permitting them to wear the clothing they brought with them to the asylum.

There are, however, exceptions to be made in the case of the furious and uncleanly; these require a particular kind of dress. It would be also highly injudicious to permit nuns and priests to wear a costume that would every instant recall the sad subject of their insanity.

Cleanliness is a point upon which we cannot too earnestly dwell. The linen and clothes of the patients should be changed as soon as they are soiled. The attention and care of the attendant should be constantly directed to the state of the dormitories, cells, bedding and night-stools; the health of the patients depends upon this duty being faithfully performed.

“In all public asylums,” says a distinguished writer, “such as prisons and work-houses, mechanical employment is the only sure means of promoting the good health, order and morals of their inmates; nor is this fact a problem that remains to be solved; on the contrary its efficacy has been proved by the results of long continued and uniform experience.” This truth is, above all, applicable to the insane; the number is very small who are entirely unable to assume some active occupation. It changes the morbid train of ideas and re-establishes the faculty of attention; perfect order is maintained, through its assistance, in any assemblage of lunatics, however large, and a crowd of minute and often futile regulations is thus dispensed with, which would otherwise be necessary towards its preservation.

Idleness and indolence, faults so natural to children, says La Bruyere, are no longer seen when they are at play, but give place to vivacity, application and rigid adherence to

the rules of the game. Does not the same observation equally apply to the moral condition of the convalescent insane? When enervated by the depressing effects of an inactive existence, they are suddenly aroused to exertion by the action of a bodily and mental stimulus properly administered; there is no principle on which the opinions of ancient and modern medicine are more uniform. Agreeable recreation or hard labor arrests the wanderings of the deranged intellect, prevents congestions of blood in the head, tranquilises the circulation, and procures refreshing sleep.

Notwithstanding its excellent tendency, the system of bodily labor is not generally introduced into the insane establishments of France. Strangers, while they admire our magnificent asylums, the numerous improvements in the treatment of the disease and the humanity with which its victims are regarded, do nevertheless accuse us of neglecting this most valuable addition to the moral means already in use.

We have not forgotten the favorable impression produced upon us at the fine establishment of Sonnenstein at Pirna, near Dresden, when we visited it in August, 1831. The greater part of the patients were engaged in the cultivation of a vast kitchen garden, some were turning up the soil with the spade, while the rest were employed in weeding and watering the plants, and carrying away refuse in wheelbarrows. All seemed to work with cheerfulness. There was also occupation for them in the interior of the buildings, they were cleaning the rooms, carrying in loads of bread, or engaged in other similar offices. We were particularly requested to observe a man who was splitting wood in the court. He was tranquil—his countenance beamed with kindness, and he punctually obeyed all commands laid upon him. But this interval of calm was succeeded at the end of a few months by a relapse, which took on the form of homicidal monomania. When the attack was about to take place, it was preceded by watchfulness and unusual loquacity; the predominating idea then influenced all his actions, and he

was irresistibly impelled to seize a knife and shed the blood of every one who crossed his path. Several other cases of a similar kind have been observed in that establishment.

An esteemed friend, Dr. Marcincowski, known for the noble part he took in the last struggles of Poland, informed us that being well persuaded of the advantages of bodily occupation to the insane, he caused them to labor "*d'une maniere automatique,*" and was seconded in his views by the sisters attached to the hospital. By adopting that mode of giving employment, he overcame the inconveniences connected with the insufficiency of room in the establishment. The same gentleman related an instance of its happy application in the treatment of a young Pole, whose insanity had resisted all other curative means; he had travelled in every direction without relief, and was now reduced to a state little removed from mere vegetation. His mother, whom hope never abandoned, seeing that the resources of medicine were exhausted, conceived, with the ardor and tenacity of maternal affection, the project of stimulating him to some occupation. Notwithstanding the patient's antipathy to her, a symptom unfortunately so common in madmen, she tried at least twenty different plans to effect her purpose, but without success; she was unable to rouse her son from the torpor and revery into which he was plunged. She now resorted to stratagem, and betook herself to hard labor in his presence. This spectacle touched his better feelings, and he offered to aid her in her work. "Mother you will fatigue yourself," he said, "let me assist you to perform the more difficult part of your work." He began with hesitation and repugnance, but by degrees applied himself with more assiduity to the task, and he soon manifested the real pleasure which the salutary diversion from his habitual thoughts caused. The greatest improvement in the state of his intellectual faculties took place in a short time after. The foregoing example has been chosen for the sake of illustration,

because the patient is well known, and was under the care of the most celebrated physicians in Paris.

A lady of our acquaintance was the victim of a profound melancholy, and had tried a host of remedies to no purpose. M. Magendie advised exercise on horseback ; not being accustomed to riding, she was thrown from her horse and much injured. Her thoughts were then directed towards a positive instead of an imaginary evil. When her bruises were healed, she continued to ride, because the exercise had become pleasing ; and in a very short time every symptom of hypochondria disappeared.

The utility, then, of bodily occupation does not admit of a single doubt ; but it must be confessed that putting it into actual execution is not so easy as might be imagined. Germans, Swiss and even Americans, submit to discipline and rules much more willingly than Frenchmen. The latter are always ready to revolt ; they are impatient when reprimanded, and with difficulty listen to advice. We are aware that blame is attached to the directors of the establishments, but without reason, for we know from experience that the men particularly, are averse to having tasks assigned to them. It is still more difficult to prescribe labor to wealthy patients, or those who have shone in society by their wit, talents or rank—it is almost impossible to induce such persons to work.

The impediments thrown in the way, by the obstinacy of the patients, although great, are far from being insurmountable, and there are always to be found many who are willing to pass their time usefully. The object, we think, might be attained with more facility, if some trifling recompense or salary were returned for the amount of work done by them. It would seem to encourage the really industrious, and stimulate the indolent to exertion.

In prescribing the degree and kind of exercise or labor, we should always take into consideration the previous habits and bodily strength of the patient, his industry and

tastes. Those whose intellect is imperfect on a small number of objects only, should be employed in occupations requiring a certain combination of ideas. In every large establishment, there should be workshops for locksmiths' work, joining and stone cutting. Those who have a mechanical turn would find in the prosecution of these trades a healthy exercise, and useful recreation; but in selecting from the patients so disposed, those should be set aside who are mischievous, malicious, or who have a propensity to commit suicide, or who are homicidal monomaniacs.

A small farm, mill or brewery, would permit of a still more considerable number of patients being employed, because tending them requires a very slight mental exertion; many idiots and imbecile persons might thus be rendered useful, and many of the wants of the establishment supplied through their means.

At the farm of the Bicetre, the convalescents have this year cultivated a large portion of the ground; they devote themselves with pleasure to this employment. An extensive laundry is also in full operation among them. More than one hundred and fifty insane are engaged in throwing up terrace work, in masonry, gardening, locksmiths' work, plaster making, joinery and even carpentry.

Where the buildings are only one story in height and without workshops, the absence of the latter might be made up in extensive vegetable gardens. Their existence at the beautiful asylum of Sonnenstein has already been mentioned; almost every stranger who visits them has been as much struck with their appearance as we ourselves. The interior of the building affords numerous means of occupation, such as sweeping the corridors, keeping the courtyards in order, distributing the rations among their companions, and the like.

In some establishments, patients restored to reason have been retained as domestics. It was supposed that they would better appreciate the position of those whom they

were called upon to attend; but the discovery was soon made of their unfitness for the situation, they were in general fickle, rude and subject to relapses. They were, moreover, found to be less indulgent to the faults of the insane. Most physicians have again resorted to the ordinary attendants.

In winter nearly all out door business is at an end, and its place requires to be supplied by sedentary occupations of various kinds. Those imposed upon prisoners would be useful in an asylum; the patients might manufacture straw bonnets, matting, thread, and the like. Knitting and weaving are among the arts most proper for them, because they exact attention and patience on their part, and may be executed without the aid of any dangerous instrument. It is our opinion that it would be highly useful to procure the services of attendants possessing a knowledge of trades and who should instruct the patients in them. The end in view, however, would not be attained, if the instructors were not at the same time attendants upon them.

To supply as much as possible the deficiency of work during the cold season, the patients should be made to walk out under the superintendence of intelligent attendants. This practice is followed with good effect at Charenton, the Bicetre, Sonnenstein, and in Dr. Blanche's institution at Montmartre. We have seen parties of twenty or thirty walking out and all very happy. These promenades are not only useful to those prevented from working by the rigor of the season, but are indispensable constantly to those who will not be employed notwithstanding the persuasions put in practice to induce them.

The women are in general more tractable than the men, and perform more readily the tasks imposed upon them.—They may sew, wash, spin and knit. But we again repeat, that their industry should be rewarded by some recompense, however trifling; such as small wages, a greater degree of liberty, or finer clothes than usual. The majority of the in-

sane are partial to the use of tobacco ; the gratification of this want might thus be turned to advantage.

There are some, who either from their position in society or from the nature of their ideas, cannot be induced to undertake manual labour of any kind. Other means of occupation must therefore be resorted to, such as chess, chequers, tennis, billiards, or a library of chosen books. They might also be employed in drawing, music, and gymnastic exercises.

Long before M. Esquirol was appointed chief physician at Charenton, theatrical pieces were performed for the amusement of the patients in that establishment. But they were found to be highly pernicious in their consequences, and were afterwards abandoned by the observant physicians who witnessed their evil effects. Was it not the height of folly to depicture before the victims of overwrought feeling, the passions that had upset their reason ?

There will always be a certain number of insane who are deaf to the voice of kindness and fearless of threats. Turbulent, agitated and furious, they are totally ungovernable, cause terror to their companions and throw the whole establishment into confusion. The general good therefore, demands that they be removed from the rest, and even punished when they offend ; because it is ascertained, that in the midst of a delirious paroxysm, the patient not unfrequently retains a just sense of right and wrong.

At the hospital of the *Convent de Force*, four leagues from Bordeaux, there is a refectory for each class, and the greatest punishment that can be inflicted on a patient, is to prohibit him from joining his companions at their meals. This example which agrees with our experience, shews the justice of first trying mild measures before resorting to coercion.—The offending person should be first told that he has infringed the regulations, and if necessary he should be next threatened with punishment, but here it must not be forgotten that no menaces ought to be made which may not easily be carried through, and they should be rendered more impressive by

parading before the refractory patient the power by which they are to be put in execution. The privation of, or alteration in the quantity and quality of a meal and change of residence ought all to be tried before any other punishment is ordered. Among these preliminary measures may be classed, change of occupation and the deprivation of pleasures and agreeable recreation.

In reviewing the various means of punishment proper in the treatment of the insane, we pass over those in use at Rome, where the miserable patients are chained by the neck and ankles to an iron ring fastened into the wall, and compelled to remain in a standing position. It is easy to conceive the insupportable agony of such a situation. The same remark applies to the armbands (*armoires*) and vertical couches of Naples. Solitary confinement, the straight jacket, and knee bands—such are the only punishments that are now applied to the unmanageable patient. It would be well to imitate the custom at Charenton, of providing ample *blouses* or smock frocks for those who destroy their clothes.

The most simple and generally efficacious penalty is solitary confinement, and it might be rendered still more effective in furious mania by excluding the light, as we remarked in speaking of the darkened chambers of Italy.

When the patient is bent upon committing suicide, and wounds or bruises himself, besides being confined alone, he must be secured with a straight jacket. This is made of duck cloth, or double folds of strong linen fastened on the back by strings or buckles, and the sleeves longer than ordinary, are crossed over the hips and secured behind. We were much surprised to find that Haslam disapproves of the straight jacket; we have, for ten years seen it employed in all the establishments of Paris without recognizing any of those evils, which that distinguished man ascribes to it. At Sonnenstein we had occasion to remark an ingenious mode of tranquilizing the self love of the patients thus secured, which was by throwing a cloak over them. When the of-

fensive appendage was thus concealed they appeared without reluctance among their companions.

By M. Esquirol's recommendation this same custom was introduced into the asylum at Ivry and it was found to have the happiest influence on the conduct of the inmates. By those who have the management of the insane the cause of these good effects is easily understood; they know that all the faculties of the mind are far, far from being perverted.

The *fauteuil de force* is a large arm chair, made of oak with a support for the feet. It is lined with leather and stuffed with hair, and there is an opening in the seat for the escape of the evacuations. The back is higher than the setter's head. The purpose for which it is intended has been much criticised as well as praised. To us it appears well calculated for subduing dangerous, mischievous, or suicidal patients, but the period of punishment during which this machine is employed should in every case be extremely brief.

When obliged to retain a patient in his bed, it is to be done by means of the straight jacket, knee bands of canvass cloth, and strong girths passed round his body, and fastened to the bed posts.

Lastly, it may happen that the insane person is the subject of the most desperate kind of suicidal monomania. This case, the most urgent that presents itself to the physician, calls for all his energy and resources, particularly if death by starvation is contemplated. After making a trial of all the means usual in such cases including the *douche*, he must tax his ingenuity to the utmost and discover other means of making him take food: because when once taken the patient has often been restored to reason.

The ordinary proceeding, when food is obstinately refused, is to throw him on his back and close his nostrils; the respiration being arrested, the patient opens his mouth and the opportunity is seized to pour down some liquid nourishment. We employed with success in three cases, the *æso-phagial catheter*, it was introduced through one of the nostrils into the

gullet, and the food injected into the stomach by the aid of a syringe.

If the foregoing experiments should still prove ineffective, we must resort to the rotatory machine. It has been successful in the hands of Dr. Bruni at Florence. The nausea, vomiting, fainting, and epigastric shock, cause such terror to the patients that they rarely refuse the food offered when this machine is afterwards shewn them. It has sometimes occasioned cerebral congestion, but that is no reason why it should be abandoned. The obstinacy of suicidal monomania is often invincible, and certain death would follow if not averted by the timely use of this powerful auxiliary. The truth of the aphorism, *melius remedium anceps quam nullum*, applies here with peculiar force.

For further information on this subject, may be consulted the excellent treatise on insanity and lunatic asylums, by Joseph Guislan, physician at Ghent, printed at Amsterdam in 1826.

Medical Attendance.

Madness, the inseparable companion of civilization, keeps pace with its progress, and increases in proportion to the development of new thoughts and discoveries, or the prevalence of vice, disordered passions, and unwonted distress. The nature of madness is not understood by every one. It is only comprehended by him who, to an acquaintance with metaphysics and moral philosophy, unites a perfect knowledge of every branch of the medical art, including therapeutics and the *hygiene*. How, indeed, can he apply the moral treatment which plays such an important part in this branch of medicine, if he has not previously studied profoundly the passions that agitate and convulse the mind? But furnished with all this information, the physician is not yet competent to undertake the management of the insane, unless he has lived with them for a long period in the hospitals and other establishments devoted to their use. Let the authorities and administrations be well convinced that the reputation of an establishment de-

pende not only upon its construction, but more still upon the talents and experience of its physician. We might cite a number of instances, where asylums, in every other respect well conducted, have fallen from the place they held in the public estimation, in consequence of an ill-judged medical choice.

The first requisite in a physician of the insane, is a thorough acquaintance with his subject, because the duties he has to fulfil carry with them an high responsibility. Thus he should know to what class of diseases he is to refer the case submitted to him. We have frequently seen errors committed by our medical brethren with respect to cerebral diseases. How often have we witnessed men, regarded as lunatics, who were suffering under arachnitis, inflammation of the brain or ramollisement ; and the unfortunate prejudice in favor of insanity, always took deeper root, notwithstanding our repeated remonstrances to the contrary, nor did the future ever see those physicians compromised by the error they had made in the diagnosis. On other occasions again, we have been consulted in cases of insanity which were regarded as cerebral diseases of another kind, and treated accordingly—when we arrived it was to inform them of the irreparable loss of time they had caused by their ignorance. When the difficult varieties of insanity are not familiar to the physician, he easily confounds one kind with another, and his blunders occasion the most disastrous results to the unhappy patient. The proper classification of the insane requires profound practical knowledge ; their recovery often depends upon the correctness with which this is executed. The changes which come over the character of a variety must be strictly watched ; thus a patient who arrived a stark maniac may, after some time, become a monomaniac, and the abode first assigned to him is no longer proper, now that he is delirious on a small number of ideas.

The physician is liable to be questioned every moment on many other equally important points ; his opinion may be ask-

ed whether the individual is curable or the contrary, and whether he should be confined or not. This latter question should be answered with extreme caution, and not without deep reflection ; for upon its solution often depends the most complicated interests. A premature or tardy interdiction has brought utter ruin upon many a family. Even life itself may depend upon his judgment, for he is frequently summoned to give his opinion in criminal affairs, and the result of his decision upon the state of the prisoner's intellectual faculties, determines his acquittal or conviction, as the case may be.

Supposing him to be well versed in the knowledge of mental diseases and of the human heart, let us now follow him to the scene of his active duties. If well convinced of the immense influence acquired by a resident physician over his patients, he should for their benefit impose upon himself the obligation of living constantly in the asylum. But for this sacrifice he should be well recompensed. Besides losing his private practice, he is subject to great fatigue, dangers and disgusts of every kind. This is fully acknowledged in Austria, where the physicians receive incomes of not less than eighteen or twenty thousand francs a year. M. Esquirol, to whose labors in this department we owe so much, has frequently repeated, that it was only by living in the midst of the insane, and above all by observing their symptoms in the silence of the night, that he had attained the knowledge which has conferred so much celebrity on his name. The maladies which afflict them should be watched with the utmost attention ; like children, they can give no reasonable account of their feelings. The analogy between the latter and the insane is in no instance more strikingly developed. It often happens that the most fatal diseases exist without a single characteristic symptom being present, such as consumption, aneurism, water in the chest, and inflammation of the bowels. A slight change of countenance, or diminution of appetite, such are frequently the only indications of a mortal disease. Obscure and trifling as they are, and liable to be overlooked by the in-

experienced, they suffice to place the scientific physician upon his guard, and to call forth an attentive examination.

Once more, I repeat, experience can be only had by living constantly with the insane ; and this fact has been clearly demonstrated by M. Esquirol, Jacobi, Burrows and Friedrich ; and it agrees also with our own experience.

The cure of insanity, unlike that of other diseases, is not accomplished by therapeutic treatment alone ; there is another not less important and often more useful, I allude to the moral treatment. This is unquestionably the most beset with difficulties ; its administrators are a class apart from the rest of the profession, and few even among them can be considered as adepts. Its object is not gained by those set speeches intended to be consolatory, which are delivered as if learnt by rote, but by the far more difficult art of opposing passion to passion, and of substituting gentleness and tranquility for vicious, violent and disordered propensities. As the original formation of the mind, on rigid analysis, will be found to be the secret spring of all human actions, he alone will be fitted to enter upon his duties, who shall have studied with care its organization. When compelled to use severe language, to chide or to reprove, he will do it with moderation—he can not feel anger at the faults, weaknesses and vices inherent to human nature once repressed by education, but now awakened by the loss of reason, and bursting forth with a fury proportionate to the restraint that had been imposed upon them. The greatest consideration and deference for the feelings of the patients is the rule of conduct by which he should be guided.

Psychological medicine may therefore be called the keystone of the arch ; and it has been justly said, that it is the centre towards which all else should tend. Thus fortified with moral and scientific strength, he stands forth the object of fear and respect, and his command over them is unbounded ; but if the power which should be entrusted to him alone, be divided among many, or what is worse, if his authority be

disputed by the patients themselves, then his acquirements become a dead letter, and the end he had in view, as well as the reputation of the asylum, are lost ; all that remains to be done is to resign the situation as speedily as possible, if he would not further compromise his name and the welfare of the patients.

We might make many interesting observations upon the extraordinary power over the treatment of insanity, which is gained by *the continued presence* of the physician. How often have we seen patients restored to society who were once thought utterly incurable ; they had been in vain treated by the most skilful members of the profession, and when received into the asylum, displayed a haughtiness, vanity and malignity that surpassed belief—but brought under the rigid and unceasing inspectorship of the physician, they soon displayed signs of approaching recovery, and were eventually discharged, cured of all their moral infirmities. The difference that exists between an ordinary hospital and a lunatic asylum, has not heretofore been considered with sufficient attention. In the former, the duties of the medical attendant are confined to a morning visit, to prescribing medicine, and seeing that the ward be in a proper condition ; and if zealous, he perhaps returns in the evening to enquire after the more urgent cases—but his habitual presence is not necessary. It is, on the contrary, indispensable in an asylum ; his success depends upon his having an intimate acquaintance with the character and disposition of each individual, and this object can be only accomplished by being constantly in their company.

Beside being skilled in his profession, and a resident of the establishment, the physician must be a person of good moral conduct.

An imposing exterior, so often useful in the common transactions of life, has a great effect upon the imagination of the insane. A masculine voice and energetic tones confer more weight upon remonstrance and advice. The language should be alternately friendly and firm, but always tempered with

justice. There is no one who has not remarked the readiness with which the insane obey orders when they are proper ; but if they are unjust and vexatious, they become discontented, irritated and insubordinate.

The medical visit should be made every morning. The new comers are to be examined with particular care, and correct notes of their several cases taken down by the house student. According to the conduct of the patient, he should be consoled, reprimanded or punished. We cannot too earnestly recommend to the physician, a thorough acquaintance with the previous history of each inmate. They should be made to see the interest he takes in their welfare, and the attention he directs to their health and conduct.

He should prescribe the necessary remedies for each day ; and the prescriptions should be entered in books kept by the house student. At Charenton, the contents of these books are arranged in eight columns. The first contains the names of the patient ; second, the date of admission ; third, internal remedies ; fourth, external and surgical remedies ; fifth, the full diet ; sixth, the low diet ; seventh, the baths, douches, promenades and exercises of other kinds ; eighth, dismissal or death.

Besides this, the house student should have another register containing the names, surnames, age, birth place and residence ; professions and occupations ; date of admission, dismissal or death ; history of the disease, with the causes or circumstances that might have influenced its developement, and lastly, the kind of termination it had ; to which should be added a brief summary of the treatment, and an account of the post mortem examination.

The physician should have control over the physical and moral government of his charge, the medical and personal police, that is, the quantity of food and drink to be allowed, the classification of the patients, the place and duration of confinement, and the degree of liberty to be granted in door and outside. He should also prescribe the means of restraint, en-

couragement and recompense, the different kinds of work or amusement, and the manner in which the servants are to speak and comport themselves towards the patients.

Relations, friends or strangers should not be permitted to enter without his permission. At St. Lazarus near Reggio, Modena, he reports to the president the purchases wanted for the establishment, and if approved of, they are made by the intendant or housekeeper.

The physician should designate the convalescents of both sexes, and the patient who may be admitted to the common table.

The condition of the rooms in relation to their salubrity, the period for making fires, recording the degree of temperature as noted by the thermometer, and the examination of the dead bodies, all fall within his jurisdiction. Every month he should inspect the medicines, and when he thinks proper, the different kinds of food and the kitchen.

The baths and *douches* should, if possible, never be given but in his presence. In case of absence, his place should be supplied by the assistant physician or director.

In conclusion, we again repeat, that if it is desired that the establishment should be well kept, and should be possessed of a well merited reputation, not only must the physician be honored and respected in the asylum, but he must be known abroad for his knowledge and success. There can be no true celebrity without talents.

Notice of the Asylum of St. Yon at Rouen.

In 1833, there were 445 insane patients in the asylum, namely, 210 men and 235 women.

One hundred and seven patients entered during the year 1833, 54 men and 53 women; 77 left the asylum, 39 men and 38 women; 40 recovered their reason; 17 men and 25 women died.

The sources of Revenue.

1st. Patients paying 450f. (from other departments,)	51
2d. Patients of the department (belonging to rich communes, possessing 10,000f. income, or to communes containing a hospital,) paying 350f.	173
3d. Indigent patients, of whom there pay the regular demand,	38
Others, paying half board,	20
Others, received free,	63
4th. Boarders paying at the rate of the 4 classes,	100
	<hr/>
Total,	445

Expense of the Boarders.

	Per Diem.	Per Annum.
1st Class,	f. 2 70c.	f. 988 20c.
2d “	2 20	805 20
3d “	1 60	585 60
4th “	1 09	399 00

Salaries of the Administration.

Director, lodging, light and fuel,	4,600
Physician, “	4,600
Surgeons, <i>ad honores</i> ,	fees.
3 Medical students, (<i>internes</i>) lodging, fuel, light, washing, food, each,	400
Chaplain, as above,	500
Steward, lodging, fuel, light and washing,	1,500
Under steward, “ “	600
Principal clerk, non-resident,	1,500
2 Messengers, “ each	700
Firemen and bath keeper, food, clothing, lodging, fuel,	350
Porter, “ “	300
Gardner, “ “	500
Cook, “ “	450

Infirmary.

17 Nuns and a superior, each	200
8 Lay-sisters, each	150
1 Chief attendant, food, lodging and clothing,	500
6 Attendants or nurses of 1st class, clothing and food,	each 250
6 " " 2d class, " "	200

Outlays of 1833.

Church services,	f. 645 95c.
Offices,	867 60
Salaries paid to the employed,	25,138 64
Food,	90,043 57
Medicines,	4,151 80
Barber,	1,082 00
Tobacco,	4,465 00
Linen, shoes,	20,899 65
Washing,	4,264 90
Furniture,	8,893 13
Fuel,	12,917 70
Light,	1,865 77
Buildings, repairs of, &c.	9,401 90
Gardens,	1,901 43
Incidental,	725 53
Total,	187,264 57

The *department of the Seine—Inferieurs*, allows 30,000 francs per annum, and also a second sum varying from 18 to 35,000 francs.

The number of insane at present is 430

The number of persons charged with their care, 57

Total, 487

which gives to each person, per annum, f. 384 52c.

and per diem, 1 65

Notice of Charenton.

There are three classes of boarders in this asylum; the first pay 1300 francs; the second 1000 francs, and the third 720 francs.

The government pays an annual sum of 40,000 francs for 68 entire places, 29 half do. and 10 do. at different prices. The military of every rank are maintained at the expense of the war and marine departments. Lastly, the asylum possesses a revenue of its own, amounting to 15,500 francs.

The several salaries are as follows :

Director,	f. 6,000
Chief physician,	4,000
Chief surgeon,	2,000
Assistant physician,	1,500
Treasurer,	1,800
Steward,	1,500
Superintendent or inspector,	1,500
Du prepose aux Receptions,	600
Resident Medical students,	300
Chaplain,	600
Inspectress of the linen,}	400
Clerk,	800
Messengers,	600
Office servants,	250
Total,	22,450

The director, chaplain, assistant physician, house keeper, steward, inspectress of the linen, steward, the medical students, the clerk and messengers are furnished with lodging, food, fuel, light and washing, at the expense of the establishment. When the chief physician lives in the house, he is furnished in like manner; if he resides in Paris, an annual sum of 2000 francs is allowed for carriage hire.

The rate of wages allowed to the nurses and servants is determined by the director. He is also empowered to give rewards to such of all those under his command who display

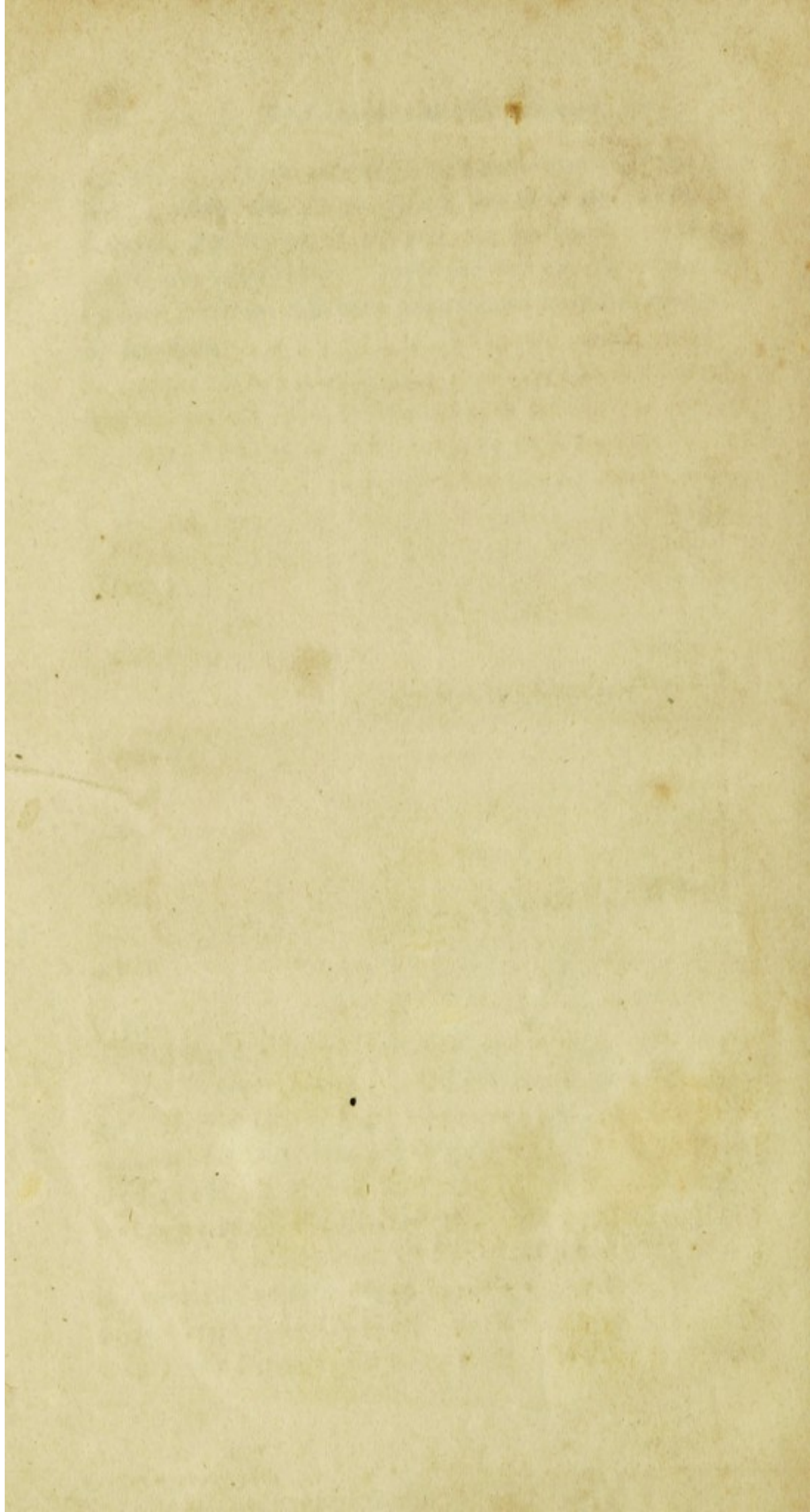
uncommon zeal and assiduity in the performance of their duties; provided they do not exceed the tenth part of the allowance, 600 francs, of and over, or the fourth part of the wages under 600 francs. These rewards are taken from the funds of the house that have accumulated upon the sums paid by boarders.

The salaries of the various departments are as follows:

Director	12,000
Chief physician	4,000
Chief surgeon	3,000
Assistant physician	1,500
Assistant surgeon	1,500
Superintendent or dispenser	1,500
Doctor in the dispensary	800
Resident Medical students	300
Chaplain	600
Lecturers of the theory	200
Clerk	300
Physicians	600
Other servants	250
Total	22,450

The director, chaplain, assistant physician, house keeper, steward, inspectors of the house, steward, the medical students, the clerk and messengers are furnished with lodging, food, fuel, light, and washing at the expense of the establishment. When the chief physician lives in the house, he is furnished in like manner; if he resides in Paris, an annual sum of 8000 francs is allowed for carriage hire. The rate of wages allowed to the nurses and servants is determined by the director. He is also empowered to give rewards to such of all those under his command who display

On the History of the
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Gaylord Bros., Inc.
Makers
Syracuse, N. Y.
PAT. JAN 21, 1908

