Robert Baker, Notes on some Asylum Specialties in use at the Retreat, York (York 1890)

Publication/Creation

1890

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NOTES

ON

SOME ASYLUM SPECIALITIES

IN USE AT

THE RETREAT, YORK.

BY

ROBERT BAKER, M.D.

Physician Superintendent of the Retreat, York. Hon. Member of the New England Medico-Psychological Association. Member of Council of the Medico-Psychological Association of Great Britain and Ireland, and Ex-President of the Royal Medical Society of Edinburgh.

A Paper read at the Meeting of the Medico-Psychological Association of Great Britain and Ireland, November 6th, 1889.

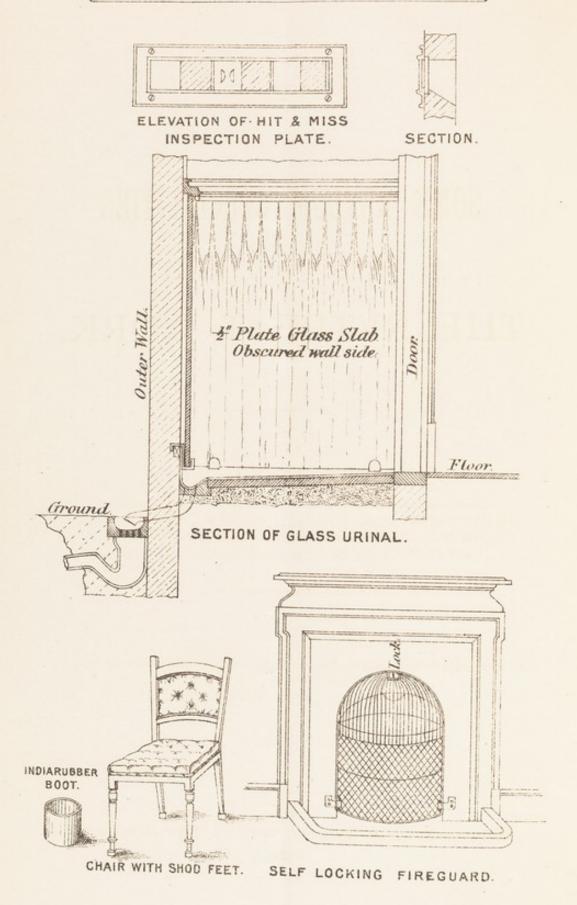
A revised reprint from the "Journal of Mental Science."

YORK:

WILLIAM SESSIONS, PRINTER, 15 & 16, LOW OUSEGATE.



THE RETREAT, YORK.



To illustrate D. Baker's Article.

E. TAYLOR, ARCHITECT, YORK.

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NOTES ON SOME ASYLUM SPECIALITIES.*

BY

ROBERT BAKER, M.D.,

Medical Superintendent of the Retreat, York.

During the past twenty years I have visited many asylums in Great Britain and the Continent, in Canada and the United States. I believe I have never visited any asylum without learning something, though in a very few cases I may, perhaps, have only learned what to avoid.

Each asylum or hospital has almost necessarily its own original and special details in structural construction. I have thought that it might add to the interest of our quarterly meetings if those of us who have (or think that we have) made improvements in even small points of detail, would describe these, and when possible exhibit models.

I propose, therefore, this afternoon to exhibit to you the following specialities at present in use at the York Retreat:—

A. An improved glass-lined odourless urinal.—This urinal is erected in a projecting lavatory block, with cross ventilation, in the passage between the block and the main building. The model exhibited is made two inches to the foot, that is, it is exactly one-sixth the real size. The chamber is three feet six inches square, and the glass lining four feet six inches high. The walls are plastered behind the glass, and proper wood grounds are fixed to receive the glass fittings at the top and bottom. The floor is laid with a fall of \$\frac{3}{4}\$in. to the furthest end from the door, and a gutter about 3in. wide is

^{*} Paper read at the Quarterly Meeting of the Association, Nov. 6, 1889.

formed along the two sides and at the end, having an additional slope of 11in. The floor is covered with 8lb. lead, dressed into the gutters and turning up by the wall sides, 5in. A copper grate with lead trap is let into the lowest point of the gutter. The three sides of the urinal are lined with in. plate-glass; the obscured side of the plate-glass being turned The edges of the glass are ground at the to the wall. bottom, and at the joinings the upright angles of the glass are secured with copper angle strips, the glass being bedded in litharge. The glass is suspended at the bottom with strong copper clips, hanging in front of the lead work, so that the water drips off the glass clean into the gutter. All round the top of the glass a lin. copper sparge-pipe is fixed, through which the water for cleansing purposes is spread over the whole surface of the glass. A six-gallon flushing tank is fixed about eight feet high, having 11 in. supply, connected with the sparge-pipe. A tap is fixed in the supply pipe to the flushing tank, so that the water supply can be regulated to give a discharge as frequently as desired. The discharge from the urinal gutter should pass direct through the wall on to an open grate. The cost of this urinal is £18.

B. Turkish bath tiling.—These blocks are the chippings of marble, run into concrete, are made $8\frac{3}{4}$ in. square, and they make excellent marble mosaic floors, which even when wet are not slippery. The bath floorings are constructed of alternate squares of the lighter and darker colours laid diagonally in cement on a concrete bed. The cost of this tiling laid complete is 20s. per yard, not including the concrete bed. A fluted tile for bath floors is also useful in a shampooing room. These tiles, measuring $6\frac{3}{4}$ in. square, are laid with the flutes, alternating in direction diagonally, on the bed of concrete. Both these descriptions of tiles can be obtained from M. Ludvig Oppenheimer, Manchester.

C. Self-locking fire guard.—Occasionally it is desirable for safety's sake to have a fire-place protected with a locked guard. Visible padlocks, however, are objectionable and unsightly. In the accompanying model a spring lock is connected with the fire guard, and when it has to be removed the attendant has only to apply the key. The usual size is 2ft. 2in. in width by 2ft. 7in. in height. The cost in brass wire is £2, and the cost in iron 34s. They are made by Mr. Severs, Fishergate, York.

D. An improved inspection plate.—The accompanying model of an inspection plate for asylum doors is merely a neat adaptation of what is technically called the "hit and miss" principle, the surface of the plate nearest the patient's room being fitted with half-inch plate glass. The cost of each is 3s.

E. Boots for chairs.—In most of the American asylums they prevent the noise caused by restless patients moving their chairs on a slippery floor by placing each leg of the chair in a small india-rubber boot. Each boot contains half-an-ounce of india-rubber, and the cost is, therefore, about 2d. each. They can be purchased at this price of Messrs. Raper and Pulleyn, York.

I feel that I ought almost to apologise for occupying so much of the valuable time of this learned Association with these particulars, but I am of opinion that the comfort and orderly working of an asylum can be largely increased by personal attention to small points of detail. I have only further to add that any of these exhibits are entirely at the service of any member of our Association.

The PRESIDENT, DR. NEWINGTON, said Dr. Baker had done the Association yeoman service in bringing these things forward. They might appear to be so extremely small, from their highly scientific point of view, that it was perhaps very brave for a man like Dr. Baker to bring them forward; but they were all valuable, and it was these little matters which went far more towards success in the practical conduct of an asylum than a considerable amount of pathological knowledge. A fireguard of course was necessary, and it must be provided with a lock. They were so very jealous nowadays about mechanical restraint that even the mechanical restraint of a fireguard would soon be a delicate matter. It was an ingenious idea to hide the lock. The only little doubt he would have about the matter would be the size of the key, whether it would be possible to shoot with an ordinary sized key a bolt big enough to make it impossible for a patient to detach the wire guard from the fireplace. With regard to the urinal, he must disagree on one point. If Dr. Baker could make his urinal of glass, his standing point of glass, his trough of glass, his trap of glass, and his drain of glass, then he would be safe; but as sure as ever they got a lead gutter, a lead pipe, or any part of the passage of the urine, especially if it was at all covered up from daily washing, so surely would they get a horrible smell, not within a year or two, but within four or five years. There was only one place for a urinal, and that was right outside the house. He was anxiously seeking for a urinal that should be perfect, but had never come across one yet. The paving stones were splendid; he had a little experience of the material for wall-covering, but not for paving. The inspection plate was also good. The little rubber boots were especially so. Everyone knew what a nuisance one person could make himself in a crowded room with a grating chair; but this contrivance would render it impossible. He hoped that at each of their meetings Dr. Baker's example would be followed, and some of these little practical matters brought forward.

DR. NEEDHAM wished to bear testimony to the value of suggestions of this kind. They were very much indebted to Dr. Baker, and any superintendent or medical officer of asylums who would bring forward details of construction conducing to the completeness and easy working of an asylum. The device for locking the fireguard was very ingenious, but it appeared to him to be unnecessary. He had not used a locked fireguard for twenty-five years, and although he no doubt had as troublesome patients as anyone else, he did not get patients burnt to death. He should never think for a moment of using one. With regard to the urinal, he agreed that lead in any form was fatal. He had lately constructed some with the floors made of specially-constructed glass-plates made to fit corners and grooved, so that the water trickled down, and round this was a copper pipe, perforated at intervals, which discharged water down all the grooves. That was rather better than

lead, which became corroded and offensive through the action of the salts of the urine. With regard to the tiles, he thought that if a broken marble flooring was required it was better to have it laid down in the solid, so as to avoid the disadvantage of having joints. Although he admired Dr. Baker's inspection plate very much, he was not at all convinced that an inspection plate was necessary or desirable. Patients had a notion that they were subjected to the kind of treatment which the Inquisition was reported to have subjected its victims to by having an eye constantly fixed upon them, which made life simply unendurable. He had heard patients strongly express the feeling that they might be under inspection at times when they were not aware of it. If it was desired to inspect a patient, the best plan was to open the door quietly, but in a fair and open manner, and not to look at them through a key-hole. With regard to the shoes for the chair, nothing could be better. In making these objections, he wished particularly to guard himself against the idea of a wish to find fault. Dr. Baker, in bringing these things forward was particularly anxious that they should be subjected to criticism, and in doing that he wished also heartly to thank him for his kindness in bringing these subjects before them.

DR. HACK TUKE said he was much pleased with the urinal when he saw it at the Retreat. What the President said with regard to their requiring after all a urinal out of doors was really met by a plan of this kind, because they had through ventilation. The urinal was built as a projection from the main wall, and there was a through ventilation which really prevented the possibility of any odour coming into the corridor or rooms. He was very much pleased with the whole arrangement, and also with the fireguards, if it was necessary to use them. It was still found necessary to use them at Bethlem Hospital, and this kind of fireguard would in some ways be an improvement upon that in use. With regard to inspection plates, there was a great deal in what Dr. Needham had said. There was that kind of feeling in many patients, and this had been so strongly felt at Bethlem that the superintendents had avoided using them.

Dr. Bower said that everyone who was interested in getting the most perfect urinal should go to the St. Pancras Hotel, where they would see what, he thought, was very much the best urinal he had ever seen. Instead of having three sides of glass, which was certainly open to the objection of joints, it was made circular, so that there was no joint. They had been up for two or three years, and there was no sign of any smell. The floor was made of concrete, hollowed out. It was very simple, and would no doubt be very much cheaper than Dr. Baker's urinal, the price of which (£18) would be almost prohibitory.

Dr. Bonville Fox, while admitting that for general use in an asylum inspection plates might have a very injurious effect, thought there was one class of cases in which they were of extreme value—he referred to extremely violent maniacs, who possibly had to be kept in padded rooms. When such patients were asleep it would be very difficult to open the door without awaking them, especially as the sleep might be more or less artificial, and certainly liable to interruption. He thought that the substitution of a door, opened very quietly and carefully, could not entirely do away with the value of a slide, which could be opened absolutely imperceptibly to the patient, and yet show those who were in charge that he was in the proper state and doing the proper thing, so that one's mind could be easy about him. As doing away with the liability to rouse a patient out of sleep, the inspection plates had a real use.

Dr. Baker said he did not mean to imply that he had inspection plates in very extensive use. He had about a dozen with 160 patients. There were certain cases where it was a manifest advantage for the night-watch to be able to look into the room without the risk of disturbing the patent. With regard to the urinal, it had been in use for seven months, and there was not as yet the very slightest smell. He believed if the angles were properly secured by copper plates with litharge filled in, there would not be the slightest sign of any permeation of urine. With regard to the lead base, a great deal depended on the proper gradient, and he hoped that the prophecy that in a few years' time it would become offensive would be unfulfilled. The marble slabs had not been generally seen in this country. They were made in Belgium. The pavement was very durable, and was not so slippery as some other forms of tile.

