

Insanity. Report on the present state and management of the hospitals for insane persons at Paris / translated from an official report on the hospitals in general of that metropolis [by the Marquis de Pastoret]; with an appendix.

Contributors

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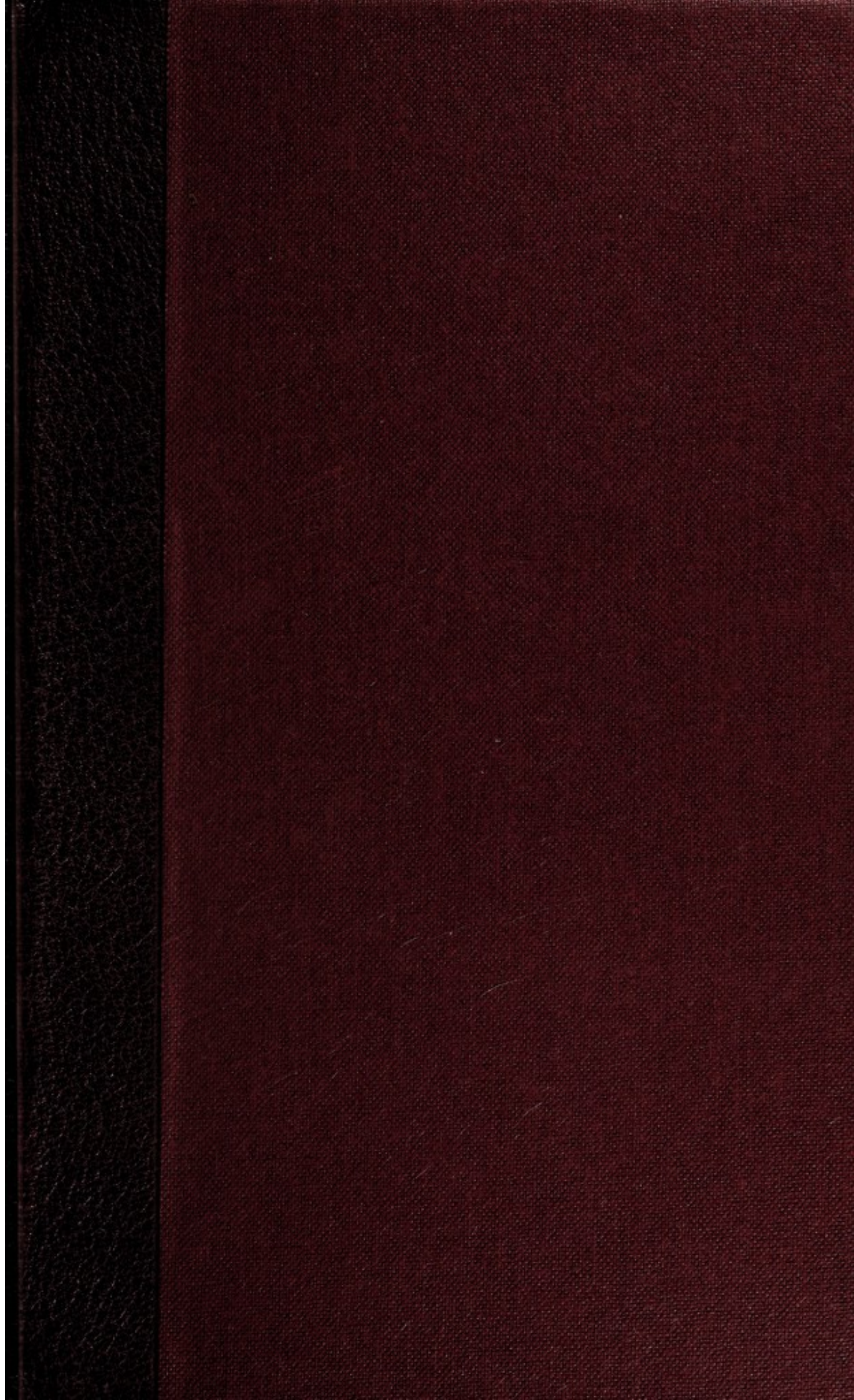
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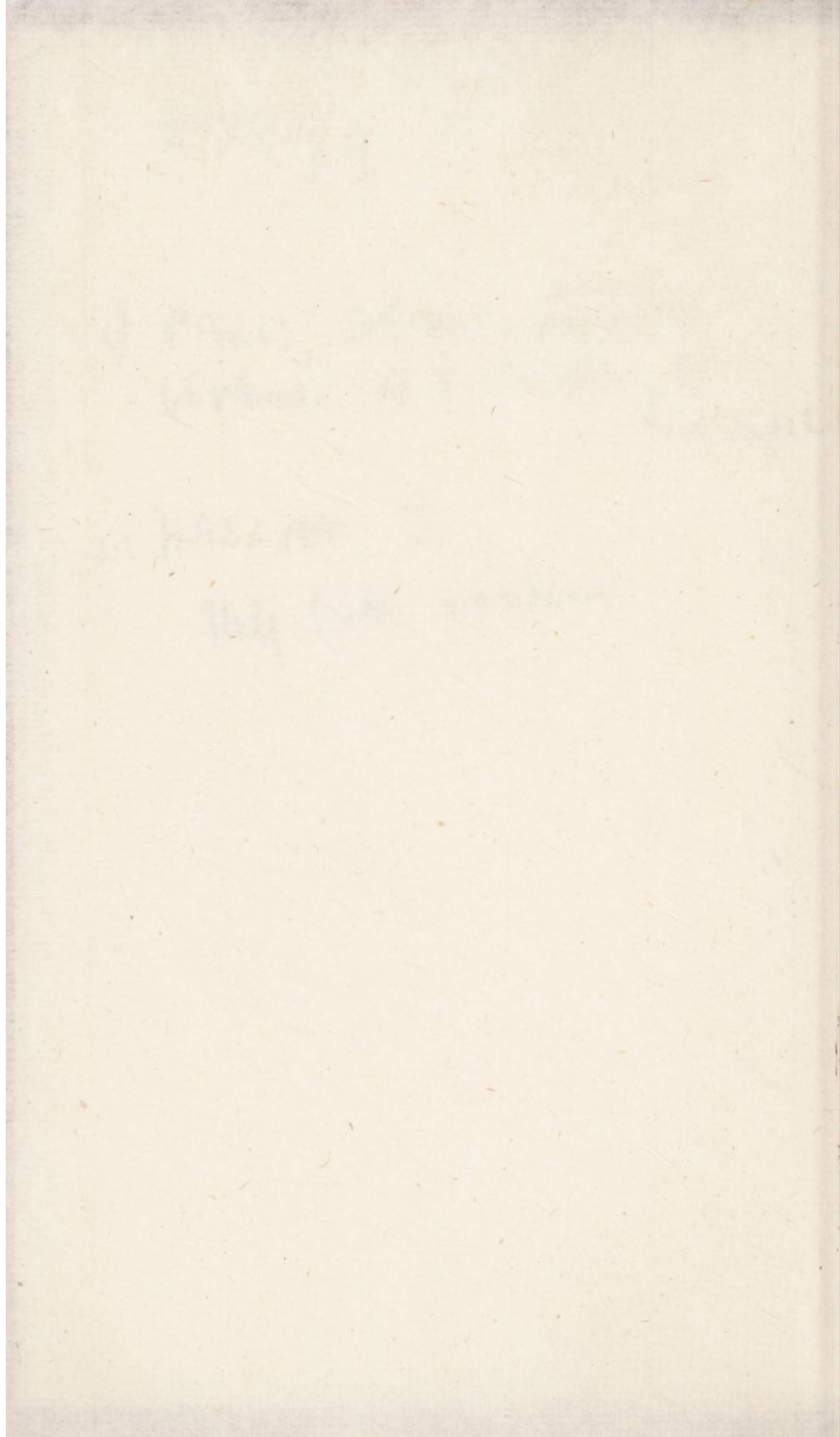
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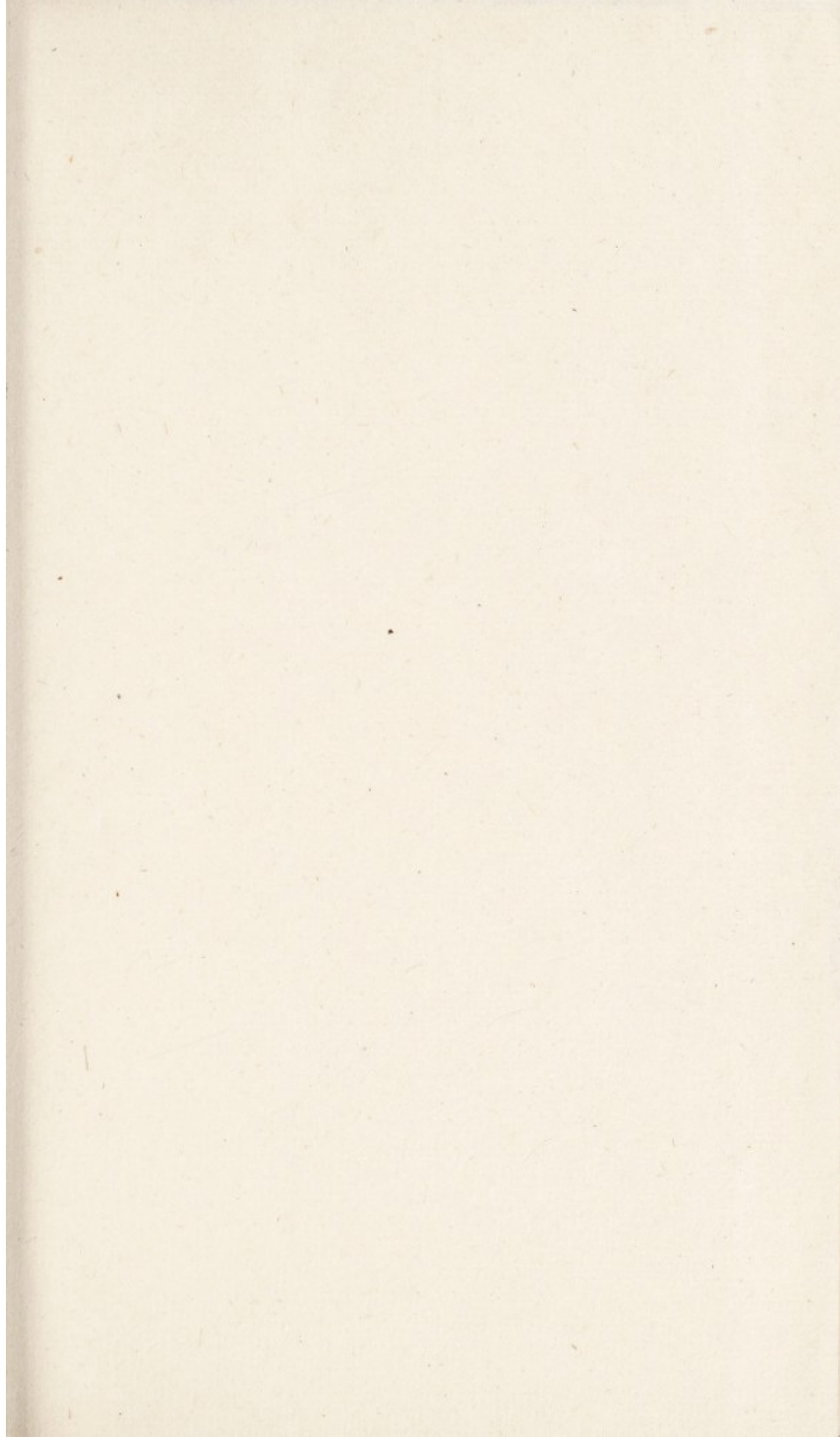
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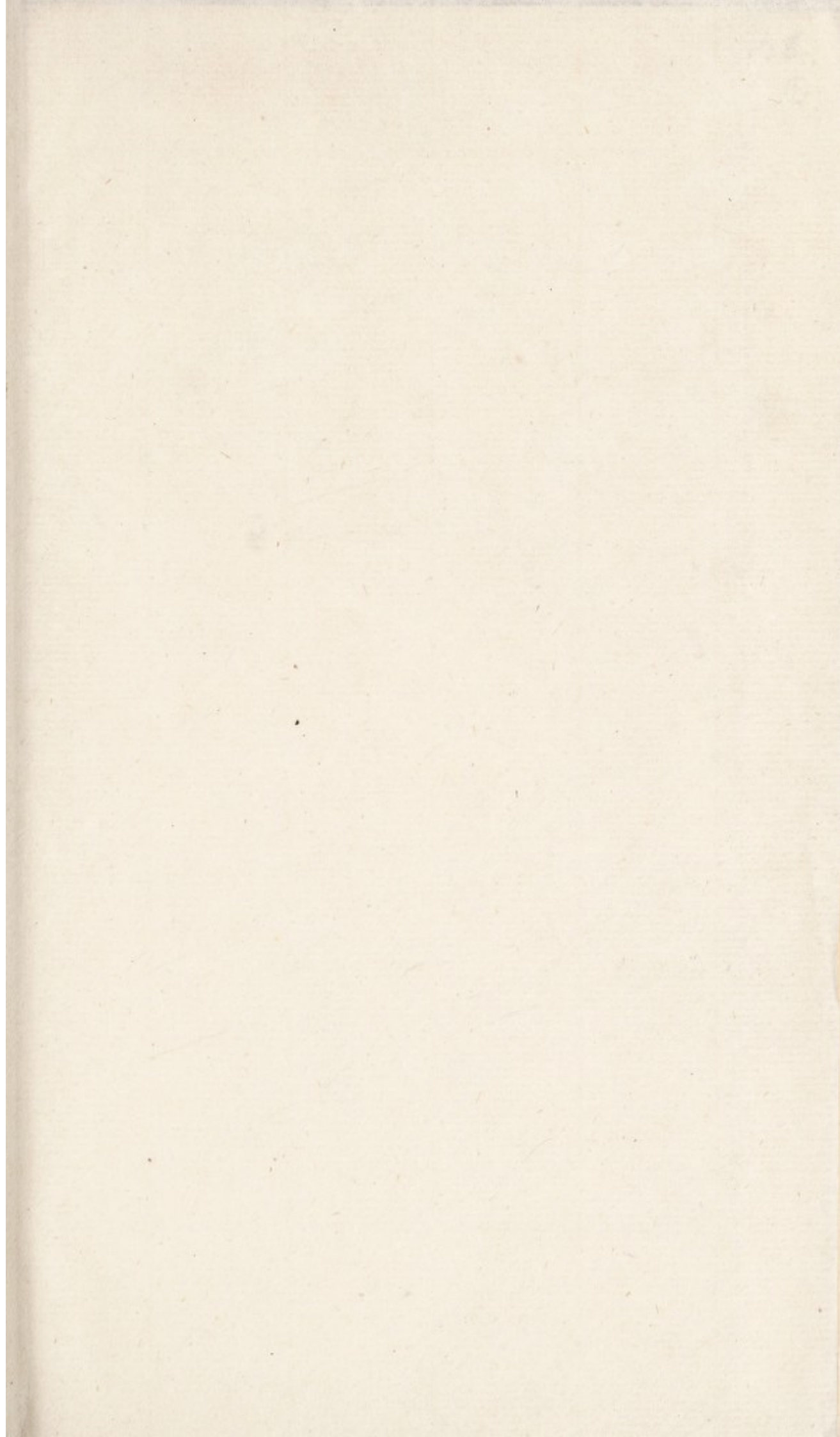
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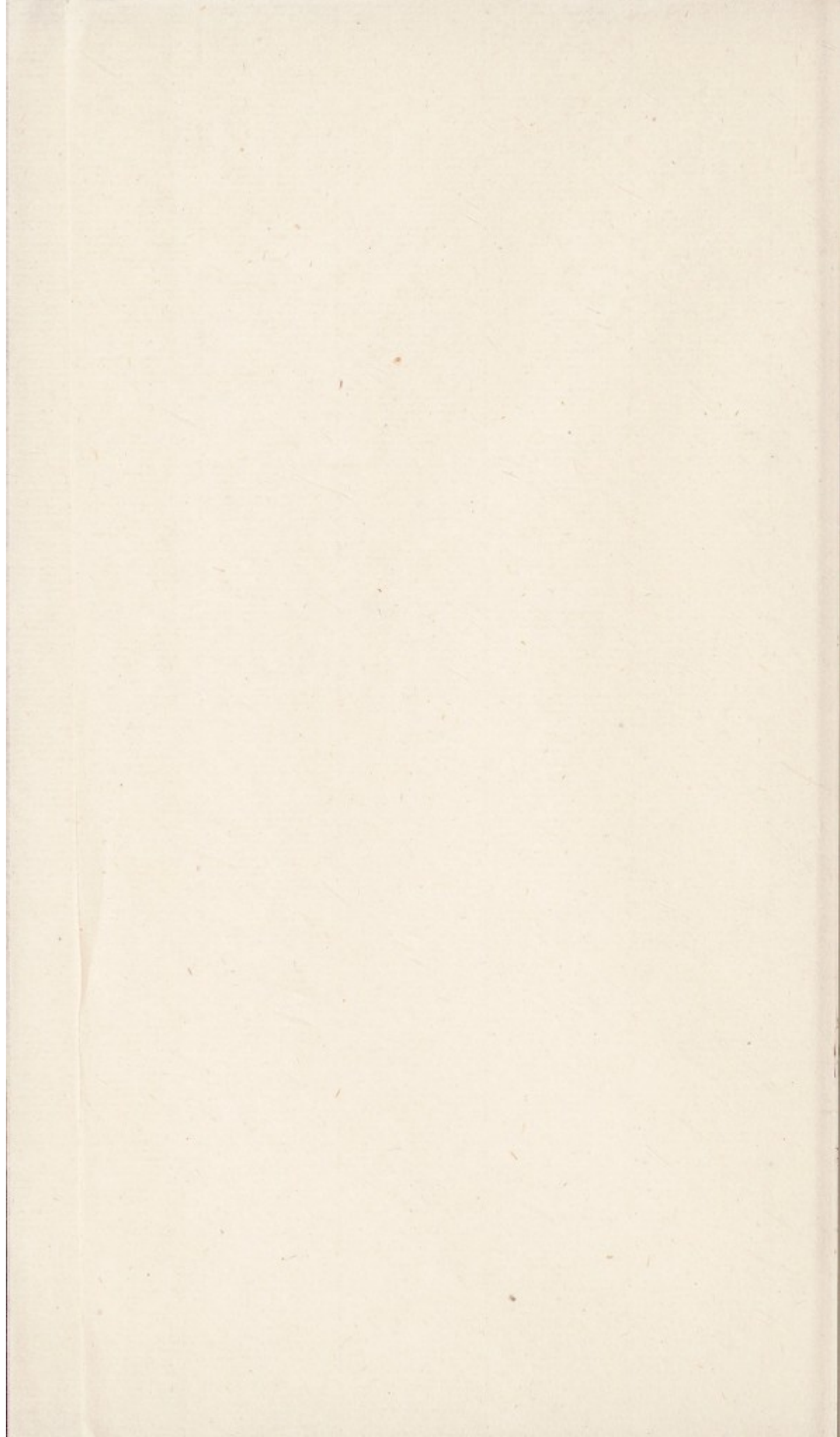
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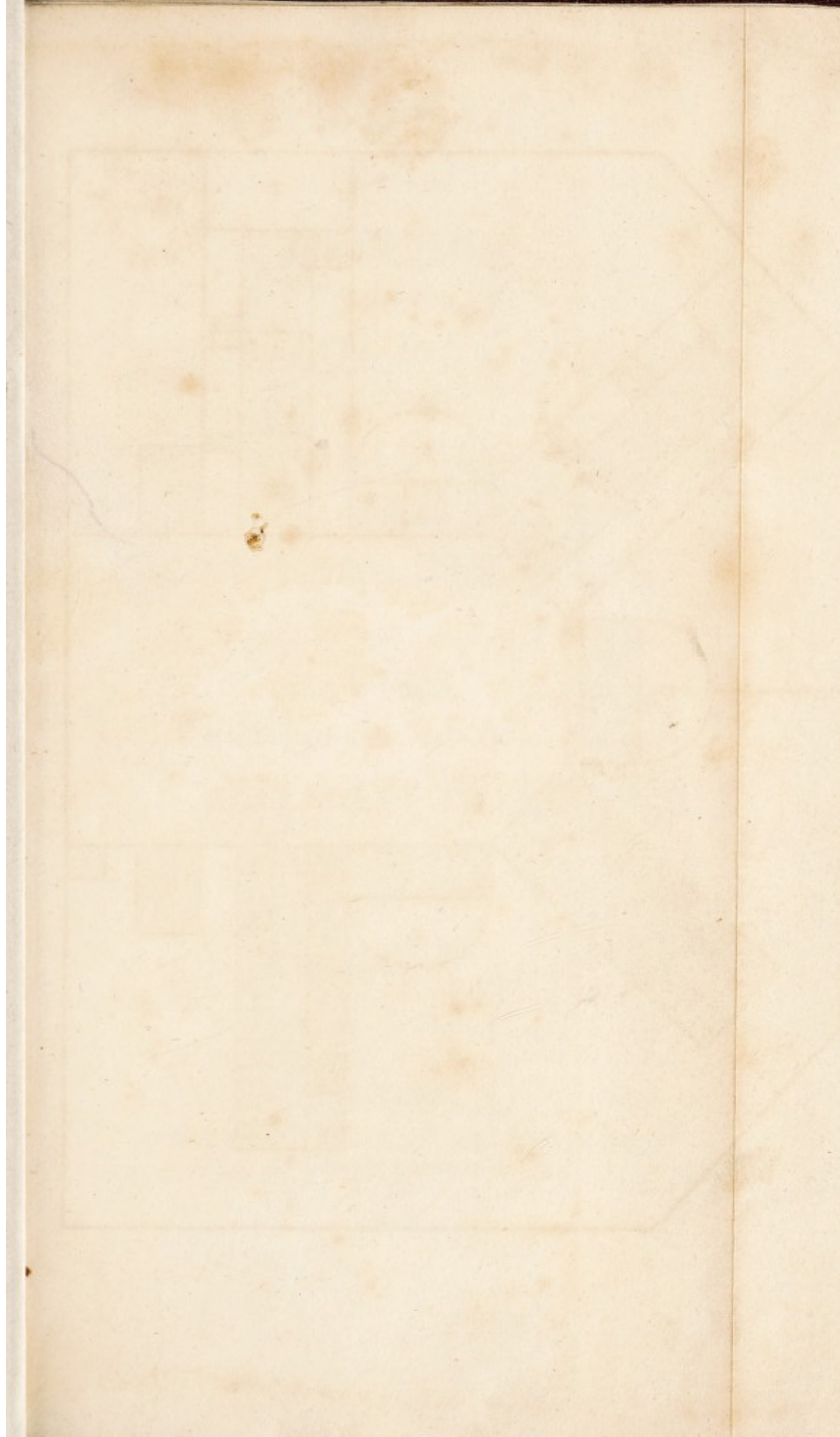










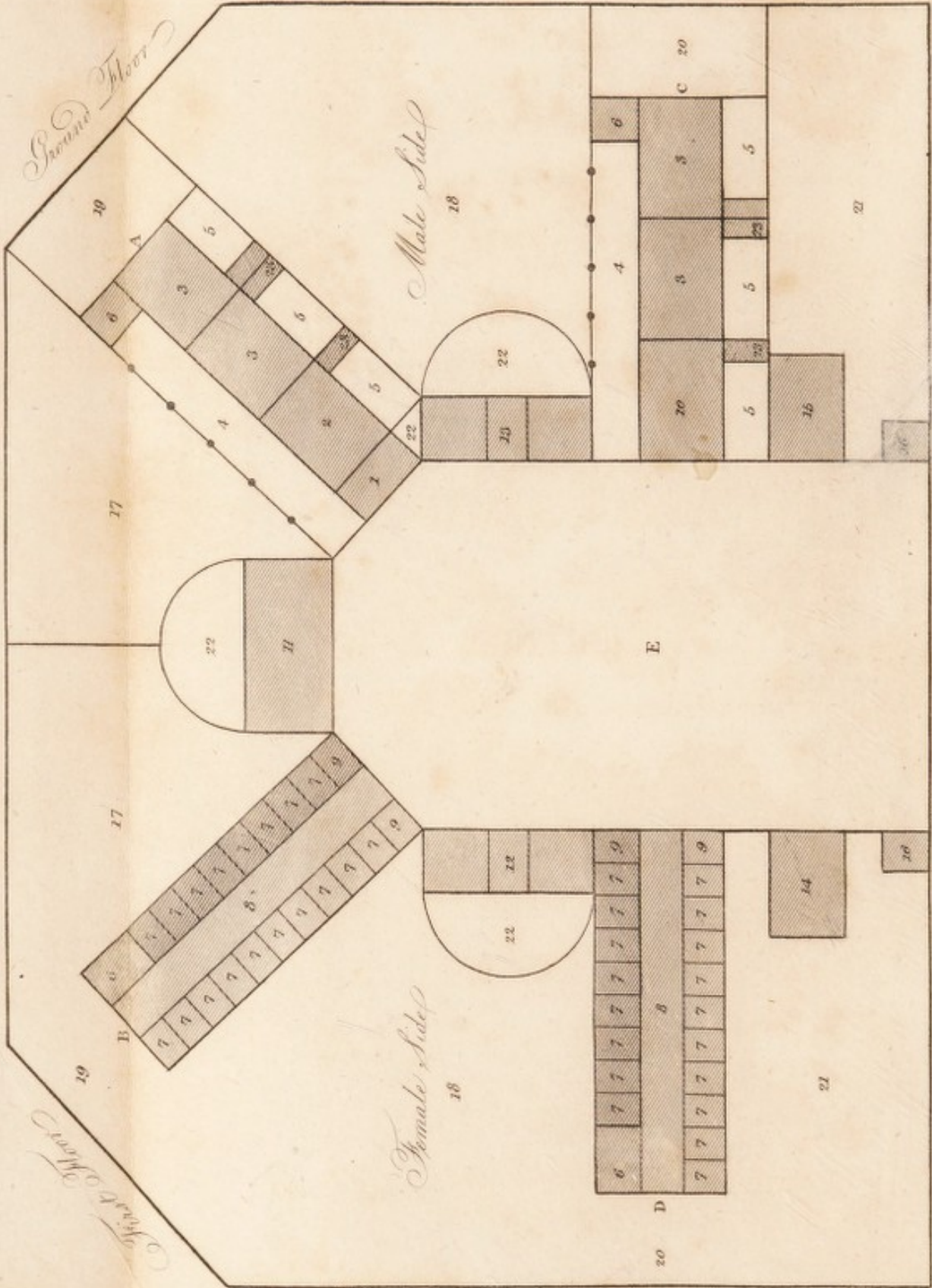


Ground Floor

Male Side

Female Side

H. Hudson at Lock Street



10 20 30 40 50 60 70 80 90 100

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INSANITY.

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REPORT

ON THE

PRESENT STATE AND MANAGEMENT

OF THE

HOSPITALS

FOR

INSANE PERSONS

AT

Paris,

TRANSLATED FROM AN OFFICIAL REPORT ON

THE HOSPITALS IN GENERAL,

OF THAT METROPOLIS;

WITH AN

APPENDIX.

.....

London :

PUBLISHED BY THOMAS AND GEORGE UNDERWOOD,
FLEET-STREET.

1817.



INSANITY.

REPORT

ON THE

PRESIDENT STATE AND MANAGER

OF THE

HOSPITALS

FOR

INSANE PERSONS

BY

James

EXTRACTED FROM AN OFFICIAL REPORT ON

THE HOSPITALS IN GENERAL

THE REPORT OF THAT METROPOLIS

AND

APPENDIX.

LONDON :

W. MARCHANT, Printer,
Ingram-Court, Fenchurch-Street, London.

1817

TO

THE HONOURABLE

HENRY GREY BENNET, M.P.

&c. &c. &c.

SIR,

IF without your knowledge or permission I shall venture to prefix your name to an anonymous pamphlet, I hope not to offend you. Insanity is always a subject of general interest and importance; but, in this country, and at the present time, it has been rendered more especially so by the investigation which that branch of the Legislature of which you are a member has instituted; by the existing abuses developed in your Reports; and by the

remedies, which have been proposed in the form of Bills, for their future prevention. In these inquiries you have taken an active and prominent part; you have carried to them, a clear and comprehensive mind and great ability; and you have manifested a laudable zeal in the cause of, perhaps, the most unfortunate class of human beings. These are circumstances totally distinct from politics and party, and may, I trust, offer a fair excuse for my presumption.

This is neither the proper place or time to scrutinize the evidence which has been published by the House of Commons; but I may be permitted, with all reverence, to state my opinion, that it should rather have been confined to the Committee, than given to the world at large; or that the example of their predecessors in the same labour, in the year 1763, should have been followed; for they detailed only so much of the testimony given, as might establish facts sufficient to justify the interference of the Legislature, and reported generally upon the remaining

mass, which is stated not to have been a small one. Evidence unsanctioned by an oath is always liable to suspicion; and in this case it is more especially so, since it comes, in many instances, from interested witnesses, since it also is loaded with much contradiction, and, whilst it exaggerates praise in a few cases, bestows much undeserved censure in many others. The publication also of such evidence seems to me likely to be productive of positive injury in various ways, both to society and individuals. Society at large must suffer if insane persons are allowed to range uncontrouled, whilst they are not regulated by reason in their conduct, and are morally irresponsible, as they should therefore be, for their actions. It does, indeed, so suffer at present, and crimes which are referable to insanity are largely increased. Nor can we condemn that motive which seems to be one of the causes of this evil, or blame the friends and relations who suppose, that in omitting necessary restraint they are protecting the patient from those miseries and

cruelties which are described as the characteristics of Mad-Houses. In the next place, individuals, who are proprietors of houses are likely to suffer in their character when through such high authority, the testimony of discarded servants receives importance and diffuses its poison too extensively to be counteracted by any antidote which private means can supply. The patients also have their large share of evil, because men of honourable character, of sufficient means, and of superior education, are led to avoid a concern, the very name of which is turned to a reproach, and where their fair fame is subjected to so much hazard and contingency; and because the charge of such houses must naturally pass into the hands of an opposite class of persons, with whom the proportion of gain becomes the only object, and the treatment of the patients is regulated accordingly.

Assuming, however, the existence of evil, the difficulties of legislating successfully for its prevention are almost insuperable. You must yourself feel the prac-

tical objections which may be urged against even the last of the numerous Bills which have been submitted to the House of Commons, during three sessions of Parliament. To me, it appears the most complicated in its machinery and inefficient in its means of the whole set; and, of the two modes of superintendance instituted by the former act, it leans to the extension of the one, which has been inefficient, and to the rejection of the other, which has been actively and usefully executed throughout. Still, although the attempt has failed, and the objections to its adoption are insuperable, I can most ardently respect the motives which have regulated yourself and others of your colleagues. Parliament, perhaps, has never been particularly successful in its interference with medical subjects, from the time, for instance, when it rewarded *Mrs. Stephens's solvent for the stone* to the present day; nor in the division of human industry does a politician succeed better when he ventures upon the province of the physi-

cian, than the physician would do, if he should chance to meddle with politics.

But to the more immediate consideration of my subject. A quarto volume, entitled “ Rapport fait au Conseil Général des Hospices, par un de ses Membres, sur l’Etat des Hôpitaux des Hospices et de Secours Domicile, à Paris, depuis le 1^{er} Janvier, 1804, jusqu’au 1^{er} Janvier, 1814,” has within the present year been published in France; it contains a great mass of useful information on the subject upon which it treats, but it has seemed to me to be especially important in its relation to Hospitals for Insanity, and to offer much matter for reflection, when it is compared with the accounts of similar institutions in this country, as they have been printed in the late Reports of the House of Commons. I at first made extracts from the tables affixed to the French Report, for the purpose of ascertaining the comparative result of practical benefit, received in places where, what is called, *moral regime* is all in all, and in others where much less at-

tention is bestowed upon it; and I was led by degrees to a translation of the whole of that part of the Report, which I now address to you, because I think it may convey some useful information to others as well as to myself. It may deserve the consideration of the governors of our hospitals, and of proprietors of private houses for the reception of insane patients, who are not perhaps likely to become acquainted with the original Report, and if they can be led to digest the results of their own observation into similar tables, information respecting the disease, under a great variety of circumstances, will accumulate rapidly upon us. At present, our own hospitals give but very scanty reports even of their annual numbers. Thus, on comparison, the table arranged as nearly as could be under similar heads, from the City Reports of Bethlem Hospital, which are distributed at Easter, will be found imperfect in many respects, and from St. Luke's I have not been able readily to construct any table at all. The annual printed statements

of the latter Hospital all proceed *ab initio* in 1751, and merely add to the former aggregate the number of each year, without giving it detached. It is true that from a series of these, without much trouble, a similar calculation might be arranged, but I have not had the means of obtaining the returns for the respective years, to which the French Report refers. I have not added any comparative notes or commentary upon the text, because I found such were increasing upon me to a bulk which would have destroyed the chief object of the present pamphlet.

As a disposition prevails to erect county hospitals for insanity, it may be proper to call the attention of the public to the sort of buildings which are applied to the purpose in France, and to recommend a number of detached buildings and courts as infinitely preferable in principle to that affected display of architectural splendour, which is the fashion in this country, and which seems in this instance to be misapplied, for various obvious

reasons. If, indeed, the *moral regime* and classification of patients be of importance, the separate buildings of *la Salpetriere*, though more humble in external appearance, are particularly well suited to the purpose. In this country, indeed, it is lamentable to contemplate the little value which, in a recent instance, was set upon the opinions of those best qualified to determine upon the wants of such a building; for, both in the choice of situation and in the arrangements of the New Bethlem, the advice or sanction of the medical officers of the house, appear never to have been even asked, and their judgment is not therefore to be impeached for its numerous and glaring imperfections.

Upon the same principle I have ventured to add, in an Appendix, some suggestions relative to the construction of Hospitals for Lunatics, and a ground plan of the sort of buildings I should be disposed to prefer for such a purpose.

The translation is, I hope, sufficiently clear and intelligible, although it is not

always easy to apply the received phraseology of any one country to that of another, upon such a subject; or to express the meaning of terms, which are used in France under particular views of the disease; or to mark those distinctions which are denoted by specific expressions in one language, and confounded under more general terms in another. I have not attempted to alter the original beyond what was absolutely necessary for the purpose of translation. These points, however, are not of any great importance; and, if the present pamphlet shall only extend the knowledge of what is doing in the metropolis of France, to persons who are interested in the subject, and might otherwise have been unacquainted therewith, I shall believe that it may be useful to the public in no small degree.

OF THE FORMER AND PRESENT STATE OF
THE PATIENTS AND OF THE STATE OF THE

WARD

EXTRACT FROM THE

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REPORT,

&c. &c.

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**OF HOSPITALS FOR INSANITY, EPILEPSY, AND
MENTAL IMBECILITY.**

PATIENTS who labour under insanity, men-
tal imbecility, and epilepsy, are received into
houses which are not confined to their use
alone, but extended also, to other purposes,
and in them due methods of treatment are em-
ployed for the restoration of such persons.
Charenton, however, is a house which forms
an exception to this general observation, for it is
exclusively appropriated to the reception of the
insane; and it is not noticed in this Report,
because those houses only are included herein
which are placed under the immediate super-
intendance of the commissioners of hospitals.

OF THE FORMER AND PRESENT STATE OF
THE PATIENTS, AND OF THE STATE OF THE
WARDS AND BUILDINGS.

Insane persons were formerly admitted into general hospitals, and there was, also, one particular house especially appointed for their accommodation, but this was insufficient for the purpose, and payment was required for the care of them. Those patients who were admitted into the Hôtel Dieu were all promiscuously confined together in one common ward; there were no distinct cells, no separate accommodations; the other inmates of the Hospital could hear their shrieks, and were subject to continual irritation, disturbance, and alarm, from them. The only accommodations appropriated for females, consisted of six beds, each containing four persons, and of eight beds, each containing two. The accommodations for males were ten beds, each containing four; and two small beds. None of those arrangements, which such cases particularly require, were made; but, on the contrary, every thing injurious to them seemed rather to have been adopted. The wards were narrow, the beds were placed in several rows, and several in-

sane persons occupied the same bed. They had no means of quitting the actual spot in which they were confined, or of taking the slightest exercise: the ward was their only habitation, and this was common to them all; indeed, the greater number were never allowed to leave their beds, to which they were fastened down. Such were the accommodations for those insane persons who were deemed curable. Of those deemed incurable, the females were sent to *La Salpetriere*, and the males to *Bicetre*.

Insane persons admitted into the *Petites Maisons* paid 300 francs (= £12 : 10) for board, and their friends were liable to all other expenses, or, if 400 francs (= £16 : 13 : 4) were paid, the hospital undertook to supply every thing. In 1795, the payment for board alone was increased to 400 francs (= £16 : 13 : 4,) and that for entire support by the hospital to 500 francs (= £20 : 16 : 8). The number of patients, in this establishment, was about 50, who were all deemed incurable and subjected to no treatment whatever. All the insane, who were supposed curable, were sent to the *Hôtel Dieu*, and there means were, as has been stated, used for their recovery.

That hospital, which was long known under the name of *Petites Maisons*, is, at present,

applied to other purposes. Both curable and incurable lunatics are now received either at the *Bicetre* or *la Salpetriere*, in a particular and detached part of each of those establishments; nor are such patients indiscriminately placed together in either of them; they are divided into several classes, each of which has its distinct accommodation.

By such a classification of the different stages of insanity the superintendance of the disease is facilitated. The means adopted for preserving order and regulation are more uniform and effectual, and any medical observations are more easily perceived, applied, and compared together, where the cases are thus distinct.

The Committee of Hospitals omitted no means to obtain two houses, which might be solely applied to the care of insanity. Two such happened to be unoccupied at the time and at the disposal of government; and, as they were spacious, healthy, with large gardens and contiguous to each other, but still separate, they possessed great facility for the purpose, and promised every desirable advantage, but the resolutions of the Committee, and their wishes, solicitations, and remarks upon this subject were not successful.

The Committee, therefore, endeavoured to

effect in the existing establishments, such as they were, as much good as their means would allow, and the success has exceeded their expectations.

One of the chief advantages consists in the separation of the insane, according to the different degrees and characters of their malady. The patient, for whose recovery means are employed, is no longer confined with him who is incurable, nor the violent with him who is calm. To effect this purpose some new divisions and new buildings became necessary. Those low and confined cells which were placed around the narrow courts, and rather resembled dungeons than habitable rooms, were suppressed, or so arranged as to be rendered more healthy.

At *Bicetre*, the part appropriated to insanity was equally unfit for the purpose, as applicable either to those patients who were deemed curable or to those whose cure was hopeless. In proportion as the number of the latter class increased, the cells in the courts were gradually increased also, with a correspondent diminution of the open space; these cells were also damp and unhealthy in consequence of their situation, having their backs partly against the walls of a terrace, and partly against those of a burying-ground. When the burials were transferred to one of the gardens of the hospital, a large space

of ground became vacant, which was converted into a court, and was in the same year planted with trees. Those patients who were quiet, and did not disturb their companions, were distributed in common sleeping-rooms. A building was erected more suitable to its purpose; this is divided into six wards, each capable of containing 28 beds at sufficient distances from each other, and the aggregate number of these is 168. There is an attached ward for baths, another is applied to necessary uses, and convenient privies have also been established for the same purpose. The upper stories of the building are intended for the quiet patients, and the ground-floor for those whose cure may be attempted with some hope of success. The connection of these wards with each other affords the advantage of easy inspection, and admits of their being lighted and warmed at less expense, but then it will not allow a sufficient separation of the different species of insanity. To remedy this inconvenience in some degree, several separate cells were at length built, in 1812, for the confinement of the most violent and furious patients; before their erection, such unfortunate cases were collected together, for the night, in one ward, for the purpose of preventing disturbance of the other patients; and here they sometimes effected their personal libe-

ration from restraint, and often inflicted dangerous blows upon one another before it was possible to master them. At present they are confined separately in the before-mentioned cells, which may be called twelve small chambers, and left at full personal liberty therein. Under every consideration both of order and humanity it was important that this improvement should not be longer deferred.

The new building is situated in the most retired part of the hospital, and, consequently, its inhabitants are less exposed to the notice of the other patients, and produce less inconvenience to them either by their conduct or their noise. The erection of a ward to contain from 25 to 30 beds would still be necessary to effect the complete separation of the convalescent from the other patients, and the garden which lies behind the place of their confinement, might supply pleasing occupation to them in the culture of flowers, or other employments consistent with their respective habits.

The new building, moreover, which is principally occupied by the patients under treatment, is bounded on one side and in its rear by a swamp, and on the other in its front by a court planted with young trees, which serves as a walking or airing ground. It is separated from the division of the incurables by an iron

grating, which allows a free circulation of air. The airing-ground also of the incurables has been enlarged, by the addition of a large portion of the old burying-ground, the exhalations from which were injurious to these unfortunate objects, who were only separated from it by a wall, and the burials now take place at a proper distance from the buildings to the north of the hospital. Another portion of this burying ground is now used as a store-yard for fire-wood, and stables and a new court-yard have subsequently been formed. The ground for patients labouring under epilepsy or mental imbecility, which was very confined, has been increased by the addition of the old wood-yard, and has, also, been planted. The ruinous remains of the former small court-yard of this class of patients, by which the access to the division belonging to the incurables was obstructed, and those cells which suffered most from damp have been removed, and iron gratings have been placed to separate them from the patients afflicted with epilepsy or mental imbecility, and to secure, at the same time, a free circulation of air. As the accommodations for the incurable, whether labouring under insanity, epilepsy, or mental imbecility, were insufficient, an old guard-house of the prison was given up to the Committee; 100 beds were placed in it for that number of

epileptics; and the whole space which they had previously occupied was added to that of the insane incurables.

At *la Salpetriere* the attention paid to the separation of the different classes and to the improvement of their condition has been equally active and extensive. The present state of the hospital, especially in this respect, has been so well described by the learned physician M. Pinel, who has the care of the insane patients, that we cannot do better than adopt his own words. In the work in which he has collected together the result of his reasoning and experience upon the subject of insanity, he gives the following description:—

“ In the centre is a square court with a
 “ fountain in the middle, and a double row of
 “ lime trees on each of its sides; it is in
 “ length about 151 feet (=46 metres), and
 “ bounded by a series of small cells which
 “ surround and open into the court. In this
 “ pleasant situation the melancholic females
 “ are accommodated each in a separate cell.
 “ The same arrangement is also adopted in
 “ two other oblong courts about 20 feet (=6
 “ metres) in length, formed by double rows of
 “ cells placed back to back, and running pa-
 “ rallel to the western side of the central court.
 “ The same observation applies to another court

“ parallel to the southern side of it. On the
“ eastern side are three other grated courts,
“ formed also by double rows of cells placed
“ back to back, and in these, which are of an
“ oblong form and grated, such patients are ac-
“ commodated as are the most likely to excite
“ disorder in the interior of the hospital. In
“ one of them are those idiots who have a
“ propensity to enter any of the cells indis-
“ criminate, and to seize every thing which
“ comes within their reach ; and together with
“ these certain of the insane patients who have
“ an irresistible propensity to the commission
“ of private theft, and others who are turbulent
“ and given to quarrelling in every situation.
“ In a second court, are placed those insane
“ patients who are more or less irritable and
“ violent, whose disease is inveterate, and who
“ are held to be incurable. In the third court
“ are confined the violent patients whose cases
“ are of a more recent date, and, indeed, all
“ such, whether of long or short standing, of
“ whose ultimate relief some hopes may be
“ entertained. In this latter division a strict
“ confinement to their cells is rarely necessary ;
“ and, unless there be a strong disposition to
“ acts of violence, they have the free use of
“ the court, and are at liberty to indulge in

“ any innocent acts of extravagance which
 “ their natural petulance may suggest.*

“ On the south and east of this regular assem-
 “ blage of long series of cells and courts, there
 “ runs a walk planted with a row of lime-trees,
 “ which shade it during the summer, and where
 “ the quiet patients, and those who, from violent
 “ insanity, have sunk into a sort of fatuity, are
 “ allowed to walk at liberty. In the eastern
 “ part of this walk is a ward occupied by su-
 “ perannuated females, who are reduced to a
 “ sort of senile fatuity, and who are placed
 “ therein under the care of a female servant,
 “ who supplies their wants and attends to their

* It is much to be wished that the architect had made some slight alterations in his plan, and, instead of courts of 20 feet wide, (= 6 metres,) bounded laterally by cells upon the ground-floor, had allowed a width of from about 33 feet to 40 (= 10 or 12 metres) in width, and had built on each side a ground range of cells and an upper story; and, further, that he had allowed room to plant a double row of lime-trees in them, for the purpose of shading these places, which are often rendered unhealthy, by the great heat of the sun; and the unfortunate inmates of which have too much propensity to do what is injurious to themselves, and to expose themselves improperly to the action of his rays. In spring and summer, moreover, the heat becomes excessive between this double row of cells, and is thereby very injurious to patients who are irritable and violent. By this means, also, much advantage would have been gained in the appropriation of the space for building cells upon.

“ personal cleanliness. The southern part of
 “ the walk joins a sort of garden or prome-
 “ nade of about $3\frac{3}{4}$ acres (=3 arpents), which
 “ is planted with young trees, to afford shade,
 “ and has a basin of water in the middle. On
 “ its western side the hospital terminates in a
 “ sort of oblong fore-court, in which the doors
 “ of a long range of cells terminate; and,
 “ on the side parallel to these is a long
 “ covered walk, where the quiet patients, and
 “ those who are convalescent, can take exer-
 “ cise, under shelter, in wet weather. Lastly,
 “ those who are more advanced in their reco-
 “ very, and whose reason is perfectly resto-
 “ red, are removed into large sleeping apart-
 “ ments in the northern boundary of the hos-
 “ pital. The beds they occupy therein are
 “ kept remarkably neat, and they pass the
 “ greater part of the day in a common room,
 “ employed in needle-work. It is at the end
 “ of one of these sleeping apartments, in a
 “ large separate ward, that an infirmary is
 “ established, to which all those patients are
 “ transferred who labour under attacks of
 “ incidental diseases of every kind, either ori-
 “ ginating from the season of the year or from
 “ other particular circumstances.”

The part of this Hospital which is appro-
 priated to insanity can contain about 800 pa-

tients. It consists of long ranges of cells, of sleeping apartments, and of an infirmary. The number of cells is 349, in several of which they have been compelled to put two beds, and in fourteen of them there are three beds. The sleeping apartments are ten in number, and contain 321 beds. In the wards, used as an infirmary for those insane females who are attacked by any other diseases, complicated with insanity, there are 66 beds. In order that each of the patients may occupy a separate bed, the genera' Committee of Hospitals have just enlarged their department by a building erected upon a plot of ground, heretofore occupied by miserable cart-houses. This will contain 150 beds, of which number 75 are already placed in it, and the remainder will shortly be so.

Five hundred of the patients sleep upon mattresses; viz. the 321 who use the sleeping apartments, and 180 of those who are in the cells. Others sleep upon straw, either because they dirty themselves, or are disposed to tear in pieces any articles with which they are supplied. There is also a sleeping apartment, with 44 beds, for convalescents, and another, which is just finished, will accommodate near 100 melancholy patients.

Those who are quiet and convalescent associate in a working-room, where they are em-

ployed in needle-work, with which they are supplied, and for which they receive payment as soon as it is finished. A part of the new linen used in the other hospital-establishments is made at *La Salpetriere* and by these patients. Those who cannot use their needle, knit, and some are employed in cultivating a portion of their extensive airing-ground. The number occupied in all these ways may be estimated at 400.

It has been stated that each division of insanity has its own court-yard, with cells or sleeping-rooms; and these accommodations are multiplied as the classification of the disease requires. In each of them is a fountain; the garden is planted in the form of quincunx, and the basin, which is in the middle, is so constructed that any accidental fall therein may not endanger the life of a patient. A constant supply of water, which is always necessary for insane patients, is afforded by means of a pump from a covered well. The baths are proportionate to the number of persons under treatment: water is distributed in abundance to the different courts, and a drain carries off all the impurities.

Conveniences, for the use of baths, have been equally augmented in both establishments of *La Salpetriere* and *Bicetre*; the

means for applying the *douche* have been improved, and various other ameliorations have been effected. It may be added, that the expenditure applied to these improvements, and so well justified by the necessity of them, has allowed the admission, into these two houses, of the insane patients who were formerly sent to *Charenton*, and where, under an old order of the minister, they were obliged to pay for their board a sum, which exceeded by more than half, their actual expense at present. This arrangement was made by an order of the general council, dated June 10, 1806.

The opinion that insane persons were most effectually quieted and most easily confined by the use of chains, had been generally entertained in all houses for their reception at Paris, as well as in other establishments in Europe. M. Pussin, a superintendant, full of zeal, intelligence, and courage, and who is since dead, contributed most especially to produce a useful and humane change in this practice, and his attempts were rewarded with complete success. The violence of the insane was found to abate instead of increase, when their chains were removed, and they are now restrained in their most furious paroxysms by a strait-waistcoat, which, inclosing the arms, is lengthened into two sleeves, the extremities of

which are tied together round the body. When it is necessary to confine them in bed this waistcoat answers the purpose without the necessity of fastening down each limb; but, in by far the greater number of cases, other means are sufficient to repress and restrain them, such as a short confinement, the removal from one court to another, or from a sleeping-room to a cell, a trifling reward, the hope of seeing their relatives, or of a return to their society, the promise of employment in the service of the house, or application to work.

Some of the arrangements which are made for patients who labour under epilepsy, or mental imbecility, have already been mentioned, to which may be added, particularly as far as respects the men, all the observations which were made in speaking of the moral situation of *Bicetre*. The epileptic women are admitted into *La Salpetriere*, where there is a building for them, in which a large space is set apart during the day to work in, and to receive and eat their allowance of provisions; they have also a separate court planted with trees. The place appropriated to patients under mental imbecility requires all the attention of the Committee. The cells and sleeping rooms cannot remain longer in their present state, and an alteration therein is amongst the most urgent and indispensable.

Certain modes of treatment have been tried in many epileptic cases at *La Salpetriere*. Four patients lived for two years with four cows in a stable, but the hopes of advantage which were indulged from such experiments, were not realised.

OF THE GOVERNMENT AND INTERNAL
ADMINISTRATION.

Superintendants and servants of both sexes are entrusted, both at *Bicetre* and *La Salpetriere*, with the entire charge of those patients who labour under epilepsy or mental imbecility.

The care of the insane, also, is committed to a number of superintendants, nurses, and servants, both male and female, who are in due proportion to the ordinary number of the patients. One of the two physicians to *Bicetre* is specially appointed to the care of the insane. In like manner, at *La Salpetriere*, besides the principal physician, another is particularly appointed for the insane patients, with a certain number of pupils under his direction. In any important surgical cases the patients are removed to the general infirmary, and turned over to the care of the principal surgeon.

The surgeons' pupils dress their patients every morning. The medicines are distribu-

ted before the first visit, and it is required of the physician to visit twice daily, and to see in the evening that all the patients are in their respective cells or sleeping-rooms. Through the night two persons perambulate the house, to prevent any disturbance to the repose of the patients, and to afford as promptly as possible any necessary assistance.

The distribution of the patients, their change or transfer from one division of the house to another, and from the cells to the infirmary, or the contrary, are regulated by the physicians. With them it also rests to appoint the time for the visits of friends, to grant certificates of cure to those who are discharged, and to allow any strangers who may be desirous of visiting the house to do so. This leave can only be given by them and the principal officers of the house, and is but rarely granted;—never, indeed, for the satisfaction of idle curiosity, but only to physicians and to persons in official situations, whose object is to acquire useful information.

The servants of both establishments are frequently chosen from those of the patients who are cured, or labour only under slighter degrees of the disease, and have lucid intervals; and this practice has more than once promoted a cure and prevented a relapse. The former rela-

tive situation of such persons renders them kinder and more compassionate towards those whose disease continues, and more docile under any orders which are given; and it may be also observed, that the greater part of these people retain possession of their mental powers in this situation only. As soon as they are discharged they again relapse into insanity, which ceases on their re-admission into the house, when they return to their accustomed places, to those witnesses of their misfortune, who have themselves partaken the same lot, and feel assured of the most attentive care, when such becomes necessary.

When we speak of the Central Board of Admission into Hospitals, we shall recur to the particular laws established for insane patients. The annexed tables will shew that a large proportion of those admitted into *Bicetre* and *La Salpetriere* are received there, in the usual form, by the orders of the police. Others are sent through the Central Board of Admission, who ascertain and certify the disease, and a certificate of poverty is also necessary to admission.*

* The Central Board of Admission consists of two physicians and two surgeons, who sit daily from two to four; there is an assistant also, who attends during the remainder of the day, to grant admissions to the Hôtel Dieu in cases of emergency.

Insane patients are presented to this Board, who can

Other rules have been established, which seem rather to belong to law than to the administration of hospitals, but which must necessarily be observed by this department for the benefit of the patients, to whom such hospitals offer an asylum and assistance.

According to the resolution of October 10, 1801, no person can be gratuitously admitted into an hospital for insanity, except their disease has been previously ascertained by the judgment of a competent tribunal, and when, by such a verdict, any patient has been found to be insane, he cannot be liberated, even if he recover his reason, until the same tribunal shall

only admit when the disease is evident, or is certified by a certificate thereof, signed by two physicians and by two witnesses of acts of insanity. A certificate of poverty and of a settlement in Paris are also necessary for admission into Bicetre and La Salpetriere. Strangers must apply at Charenton, where forty beds are kept for females who are paupers. The Board has also been authorised to admit into the two establishments patients sent from the departments.

If pauper-patients, at Charenton, appear, after about three months, to be incurable, they are then sent to one of these hospitals, according to their sex.

It is also requisite that patients, sent by order of the Prefect of Police, or the Committee for Civil Hospitals, should pass this Central Board; and if they are not sitting at the time of application, the patient is accommodated and taken the necessary care of, for the night, at the Hôtel Dieu, and next morning the Central Board determines whether he shall be admitted.

have determined it to be proper. Those admissions, however, which are designed to try the effect of treatment, are not subjected to these formalities in the first instance; but, if the treatment proves unsuccessful, and the patient is pronounced incurable, the proper public officer is informed thereof, and, on his requisition, a verdict is taken, by which the state of the patient is finally fixed. It was definitively decreed, by the former laws, that cases of insanity should be referred to the tribunals, who should pronounce thereon, after hearing witnesses, examining the patient, and ascertaining the nature of his disease by medical evidence. Protection was thus afforded to those unfortunate persons who might, otherwise, under the pressure of severe grief, the temporary loss of reason, or any other slight and transient causes, have been, perhaps, for ever banished from society through the active and persevering efforts of criminal avidity.

A decree, dated February 20, 1806, in like manner prescribes certain administrative rules of order and custody, which are to be observed when his cure is held to be hopeless and the patient is transferred from the division for treatment to that of the incurables.

OF THE POPULATION, PRINCIPAL CAUSES OF
INSANITY, AND MORTALITY.

The number of persons received into these establishments has not diminished in proportion to the distinguished care bestowed upon those who are insane; but, on the contrary, that very care, with a mode of treatment better followed up, some hopes of a cure, and the farther certainty that even if the disease proves incurable, every attention which misfortune and infirmity require will be administered, are circumstances that have increased the number of patients placed therein, and weakened that natural repugnance to abandoning a relation, when the loss of reason has rendered the attention of his family still more necessary. Greater numbers than heretofore have also been sent from the country to the metropolis, under the conviction that the disease is better treated, and recovery from it is less uncertain.

Above one half of the whole number admitted do not belong to the department of the Seine; those of the Seine and Oise, and of the Seine and Marne, send a considerable portion, and some come from the more distant provinces. Would it not, therefore, be just that the city of Paris, which supports the whole expense of these two establishments, should be empower-

ed to claim from districts sending patients, and who are treated with every necessary attention, a proportionate indemnity for the increased expense which such patients occasion.

The relative number of males and females is always unequal. In 1788, Tenon says, that of 377 insane persons, 163 were men, and 214 women; the proportional difference between the two sexes has been still greater than this, during the first eighteen months of the appointment of a central board of admission. Out of 582 persons brought before it as being insane, 22 were refused admittance, and the remaining 560 consisted of 372 women, and 188 men. More cases occur in the summer half year than in the winter one, the number having been 230, between the 22d of March to the 22d of September, 1803.*

Of the 188 males, all except about 21 were between 30 and 45 years of age, and the 372 females were all between 16 and 48; and three-fourths of these latter were between 35 and 48;

* In 1803 and 1804, the number of admissions, at Charonton, from November 22 to March 22, was 55, and from May 22 to September 22, 94. In the following year, the number from November 22 to March 22, was 55, and from May 22 to September 22, 115. The first of these winter months only produced 8 cases, and the last of the summer ones, 35.

there were none between 25 and 35. With respect to the causes of the disease: among the younger women, love was the most common; and among those of more advanced age, jealousy and domestic quarrels; it sometimes also originated from corporeal derangement. Among the men, the most usual cause, when it occurred under 20 or 22, was an imagination rendered extravagant by premature developement of the passions, and when in the after periods of life, despair produced by derangement in their affairs. The proportion of insane females who are violent has always been greater than that of those who are calm.

The following observation was made in my visits to the hospitals for insanity, during the first years of the establishment of the general administration, viz. in 1801, 1802, and 1803. The violent shocks of the Revolution had brought together a great number of insane patients of both sexes. Where the disease was ascribable to this great political convulsion, the men were all insane in favour of aristocracy, and the women of democracy. In the former, profound vexation had produced the disease, whilst the minds of the latter had been elevated by visionary notions of independence and general equality.

The annexed tables show the number of patients received under the several classes of insanity, mental imbecility, and epilepsy, both

at *Bicetre* and *La Salpetriere*, from January 1, 1804 to December 31, 1813.

Table I. comprises a general view of the progressive state of these classes at *Bicetre*. From it we see that even before the establishment of any regular method of treatment therein, a certain number of insane and epileptic patients were annually discharged, some of whom were cured, and others removed by their friends. The number of males admitted is greater since 1807 than it was in the preceding years; because at that period the insane department was increased by the addition of the patients who were previously submitted to treatment at *Charenton*, and who were admitted there without any payment. The men were thus transferred to *Bicetre*, as the pauper women had before been to *La Salpetriere*.

The year 1812 is that of the greatest mortality, it amounted to 120, inclusive of those under mental imbecility. In 1810 it was 102; but, in the other years kept below 100; and in three of these years it did not reach to 30. The year which has just ended, 1814, has been higher than any of those reported in the Table; the deaths in it have been 141; but it may be observed, that, from this particular instance, no general conclusion as to the common proportion of deaths can be drawn, since during the war a large part of the house was converted into a military

hospital, and many of its inhabitants and of the insane patients also were the victims of typhus fever. The insane, who were confined within their own department, suffered somewhat less from its destructive effects than the other.

Table II. gives a general view of the progress of the treatment of insanity, from the period at which such practice was first adopted in the hospital. It shews how and by what authority the patients were admitted, the number supposed to be incurable, and the number also supposed to be curable, the result of the experiments made; finally, the number who either quitted the house or were removed to another department in it, or died.

The admissions in 1814 were 192, and of discharges and deaths 181; the number of relapses amounted to 31. With respect to these relapses it must be observed that they do not always suppose an equal number of persons returning to a state of insanity, but apply also to those who may have had several returns of the complaint within the same year.

Table III. is upon a more extensive scale, and comprises all the requisite details of the establishment for females at La Salpetriere. The whole number of admissions in ten years amounts to 2,804, and the mean annual number to 280. Of this aggregate 2005, including 292 relapses, were, from their time of life

deemed curable; the remainder, who were beyond the age of 50, were thought incurable. Out of the 2,804 admissions, there were 790 deaths within the ten years, and of those who were in the house previous to 1804, 242 died. The number in the house on January 1, 1804, was 564, and on December 31, 1813, 794, so that in the ten years the population had increased almost one-fourth. All the numbers of this table may be compared with those of the Report from *Bicetre*. With respect to the latter hospital it is proper to observe, that Table II. is intended to exhibit the annual progress of the insane persons under treatment only; whilst Table I. comprises all the patients, both supposed curable and incurable, and whether admitted by order of the police, or in the usual course of its administration. On this account Table I. is more numerous than Table II. The number of discharges is also greater, because it not only shews the patients dismissed after treatment, but those who went out uncured at the request of their friends, and those, although their number be but small, who have been cured, after having been deemed incurable.

Tables IV. and V. give the causes which have produced the disease in males and females, as admitted into both hospitals during ten years. Perhaps this gloomy catalogue of human infirmity may be interesting, notwithstanding the painful reflections it is calculated to produce.

TABLE I.

Years.	Remaining in the morning.		Total.	Admissions.		Sent from the Divisions.		Total.	Discharged.		Sent to the Divisions.		Deaths.		Total.	Remaining in the evening.		Total.
	Insane and Imbecile.	Epileptic.		Insane and Imbecile.	Epileptic.	Insane and Imbecile.	Epileptic.		Insane and Imbecile.	Insane and Imbecile.	Epileptic.	Insane and Imbecile.	Insane and Imbecile.	Epileptic.		Insane and Imbecile.	Insane and Imbecile.	
1804	189	265	454	227	62	6	—	295	51	40	70	199	96	22	458	225	66	291
1805	225	66	291	100	59	—	2	161	37	37	—	—	27	7	108	261	83	344
1806	261	83	344	81	39	—	—	120	23	17	—	—	29	3	72	290	102	392
1807	290	102	392	60	48	29	—	137	11	21	—	6	28	14	80	340	106	446
1808	340	109	449	259	49	—	—	308	115	5	3	29	61	12	225	420	112	532
1809	420	112	532	186	12	19	—	217	122	6	—	1	83	10	222	420	107	527
1810	420	107	527	206	20	4	17	247	105	3	—	—	102	17	227	420	127	547
1811	420	127	547	210	22	—	28	260	107	5	33	—	81	7	233	412	162	574
1812	412	162	574	177	24	5	—	206	89	6	—	—	120	21	236	385	159	544
1813	385	159	544	187	12	4	—	203	94	4	—	4	87	10	199	395	153	548
	3362	1292	4654	1693	347	67	47	2154	734	144	106	239	714	123	2060	3568	1177	4745
	4654			2040		114			878		345		837			4745		

TABLE II.

Years.	Remaining January 1 of each Year.	From the Pre-ject of the Police.	Central Board of Admission.	Urgency.	Incurables submitted to Treatment.	Total of Admissions.	Final.	Sent to the Incurables.	Sent to the Paupers Division.	Escaped.	Deaths.	Total of Deaths and Discharges.	Remaining December 31 of each Year.	Number of Relapses.
1807*	—	64	22	4	3	93	24	5	4	1	10	44	49	2
1808	49	87	108	5	4	204	90	61	5	2	29	187	66	6
1809	66	70	99	7	2	178	95	57	4	—	19	175	69	6
1810	69	106	66	9	1	182	75	71	2	—	35	183	68	8
1811	68	115	67	12	3	197	92	62	7	3	31	195	70	27
1812	70	83	59	16	3	161	83	42	3	—	43	171	60	29
1813	60	111	44	22	4	181	89	67	1	1	26	184	57	37
	382	636	465	75	20	1196	548	365	26	7	193	1139	439	115
			1196						1139					

* The last six months of this year.

TABLE III.

TABLE III.
Progressive detail of Insane Patients during Ten Years, from 1804 to 1813, inclusive.

Years.	Total of admissions.					Detail of Admissions.			Classes.		Orders for Admission		Discharged cured.			Not cured.	Deaths.			Rema- ining.	Recapitulation.				Death of those admitted since 1804.	Death of those admitted previous to 1804.							
	From 18 to 50.	Relapses.	From 51 to 85.	Idiot.	Epileptics.	Dissemblers.	For Treatment.	Incurable.	From the Police.	From the Board.	First Year.	Second Year.	Following Years.	Discharged not cured.	First Year.		Second Year.	Following Years.	First Year.		Second Year.	Following Years.	Discharged cured.	Discharged not cured.			Dead.	Remaining in Em- ployment.					
1804	179	30	35	19	7	1	209	62	91	180	64	47	18	14	46	21	36	25	129	14	103	25	103	25	103	12							
1805	165	47	69	13	6	1	212	89	139	162	73	54	10	15	48	29	34	38	157	15	111	36	111	36	111	—							
1806	153	53	61	15	9	1	206	86	124	168	78	49	16	23	49	22	19	36	148	25	90	36	90	36	90	68							
1807	190	14	74	12	7	—	204	93	115	182	60	55	14	27	64	25	15	37	129	27	104	37	104	37	104	50							
1808	171	17	55	2	7	—	188	64	114	138	64	57	9	13	35	23	14	37	130	13	72	37	72	37	72	22							
1809	191	18	68	14	8	—	209	90	93	206	48	64	19	21	35	31	24	57	131	21	90	57	90	57	90	7							
1810	161	29	55	9	4	2	190	70	132	128	48	51	13	26	30	22	15	55	112	26	67	55	67	55	67	16							
1811	146	17	53	10	4	3	163	70	112	121	44	30	18	27	26	20	10	58	92	27	56	58	56	58	16								
1812	178	30	66	21	5	1	208	93	142	159	75	41	16	38	23	10	14	84	132	38	47	84	47	84	39								
1813	179	37	60	14	7	1	216	82	150	146	50	49	15	23	26	24	—	111	114	23	50	111	50	111	12								
Total of Particulars.	1713	292	596	129	64	10	2005	799	1212	1592	604	497	148	227	382	227	181	538	2249	227	790	538	790	538	790	242							
Gen. Total																				2804				2804				2804				1032	

TABLE IV.
Hospital of Bicêtre. State of the Insane Patients divided according to the Causes of their Disease.

Years.	Number of Insane admitted in each Year.	Physical Causes.													Moral Causes.						Unknown Causes.	Total.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			
		Drunkenness.	Idiots from Birth.	Intense Exertion of Mind and Body.	Effect of Age.	Accidents.	Consequence of Disease.	Epilepsy.	Ill Usage.	Mal Formation of the Skull.	Exhalation from noxious Substance.	Onanism.	Religion.	Ambition.	Love.	Misfortune.	Political Events.	Trouble.	Simulation.				
1804	295	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	295
1805	161	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	161
1806	120	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	120
1807	137	6	1	2	1	2	9	3	2	1	1	2	3	4	1	9	2	2	1	—	—	—	137
1808	308	15	8	9	2	7	50	16	1	4	3	3	15	14	9	17	5	20	2	128	—	—	308
1809	217	19	4	9	2	8	23	22	5	—	6	2	8	13	5	18	4	19	2	48	—	—	217
1810	247	16	12	8	2	11	25	24	3	1	6	3	12	9	7	17	4	12	4	71	—	—	247
1811	260	19	20	5	11	14	26	12	5	2	5	1	7	17	6	11	3	14	6	76	—	—	260
1812	206	14	10	6	9	6	23	19	2	1	2	6	5	11	6	24	3	16	3	40	—	—	206
1813	203	17	14	10	9	10	21	22	2	—	4	4	5	10	3	20	3	16	3	30	—	—	203
	2154	106	69	49	36	58	157	118	20	9	27	21	55	78	37	116	24	99	21	1054	—	—	2154

Observations affixed to this Table by M. Hebrèard, the Physician of the Bicetre, who has the Charge of the Insane Patients.

- 1.—Comprises those who have manifestly given way to the abuse of wine and spirituous liquors. If occasional intoxication deprives us of reason for the moment, the established habit destroys it for ever.
- 2.—Those whose faculties have never had power to develope themselves.
- 3.—Those who have abused their corporeal and mental energies.
- 4.—Those whose faculties have diminished gradually with their corporeal powers.
- 5.—Those who have suffered violent charges or blows, particularly on the head.
- 6.—Those who have undergone fevers with affection of brain, or attacks of apoplexy.
- 7.—Those who have lost their reason in consequence of attacks of epilepsy, or in whom the two diseases have appeared simultaneously.
- 8.—Those young persons who have had the misfortune to be brought up under cruel parents, or to have been apprenticed to bad masters.
- 9.—Those in whom defects are visible in the conformation of the skull.
- 10.—Workmen employed about metals or essences, or who are exposed to noxious atmospheres.
- 11.—Those who have been badly educated and have been allowed to contract the vice of onanism.
- 12.—Those who through weakness of mind or excessive zeal have run into unreasonable applications of religion.

- 13.—Those who have lost their reason in endeavouring to quit their own sphere of life without having the means of effecting it.
- 14.—The victims of crossed love, and those who have been unhappy in their domestic circumstances.
- 15.—Those who either through the insufficiency of their corporeal and mental means, or through unforeseen misfortunes, have been unable either to support themselves, or to bear privations.
- 16.—Those whose reason has been destroyed by the loss of fortune or friends during the events of the revolution.
- 17.—Those who have given way to various causes of affliction,
- 18.—Those who have feigned insanity to avoid work, or for the purpose of withdrawing themselves from the conscription or some merited punishment.
- 19.—The treatment of insanity at the Bicetre only commenced July 1, 1807. Before that period this hospital only contained the incurable patients sent from the Hôtel Dieu and Charenton. It has consequently been impossible to note the causes of their insanity.

TABLE V.
Hospital of La Salpetriere. State of the Insane divided according to the Causes of their Disease.

Years.	Number of Insane admitted in each Year.	Physical Causes.													Moral Causes.							Total.
		A. Hereditary.	B. From Birth or after Convulsions in Infancy.	Disorders in Menstruation.	Consequence of Lying-Inn, Suckling, &c.	Critical Time of Life.	Consequence of severe Fever.	Epilepsy.	Paralysis.	Hysteria.	Profligacy.	Drunkenness.	Political Errors.	Effects of the Con- scription & War.	Reverses of For- tune & Misery.	Domestic Trouble.	Crosses in Love.	C. Religious Excess.	Anger.	Fear.	H. Unknown Causes.	
1804	271	3	17	14	22	19	3	1	—	3	—	8	6	3	11	48	14	9	2	9	79	271
1805	301	4	10	15	19	—	—	3	—	3	1	10	4	1	16	47	15	4	2	4	124	301
1806	292	3	5	22	24	16	1	3	—	—	6	6	2	4	4	32	15	2	11	12	124	292
1807	297	4	9	15	38	23	5	4	13	4	1	7	1	7	9	34	14	1	2	13	93	297
1808	252	5	2	14	29	19	5	3	8	3	1	12	1	2	15	27	11	1	2	9	85	252
1809	299	6	10	12	19	9	1	6	11	3	2	10	3	3	11	24	20	3	—	10	136	299
1810	260	4	4	14	15	14	—	2	6	2	3	9	4	2	8	16	10	4	2	5	136	260
1811	233	24	8	19	19	15	4	7	7	6	9	13	4	3	16	27	20	4	3	8	17	233
1812	301	60	19	18	18	16	9	4	8	8	22	16	2	4	11	42	27	4	4	10	—	301
1813	298	47	14	24	24	14	4	8	7	6	23	10	—	6	28	46	20	3	7	9	—	298
	2804	160	98	167	227	164	52	41	63	38	65	101	27	35	127	343	166	35	35	89	794	2804

*Observations affixed to the foregoing Table by
M. Esquirol, the Physician to La Salpetriere,
who has the Charge of the Insane Patients.*

- A.—Under this head are comprised all those women whose parents have been insane. I think this cause operates still more frequently than is noted, for many of the women, being ignorant of the names of their parents, are not able to give positive information upon this point.
- B.—I class, under this head, those patients who are idiots, or labour under mental imbecility, and who have been so from birth or infancy, after having suffered convulsions.
- C.—Palsy is a frequent cause of insanity; but the neglect or ignorance of the friends prevents us frequently from ascertaining whether it be the cause of the disease or complicated with it. I have noted here only the number of cases in which palsy has preceded insanity, and have done the same with hysteria.
- E.—The mental causes are less numerous than the corporeal, generally speaking, in the inferior classes of society; but they are not so numerous in this sketch as they ought to be, because popular observation does not estimate mental causes, except their operation be marked and immediate.
- F.—By domestic trouble, I understand, all the crosses of a family, the loss of friends, ill conduct of husbands or children; in a word, every thing that can disturb, change, or destroy, domestic happiness.

G.—I have only taken into the account religious excesses considered as a cause of insanity, and not religious insanities themselves, which are not always produced either by exaggeration or religious fanaticism.

In the article *Insanity*, of the *Dictionary of Medical Sciences*, I have given, at considerable length, my inquiries into the causes of insanity.

H.—Under this head are classed those women, about whom we have no information, which belongs to the central board or prefecture of the police. It would be useful if such information was transmitted to the hospital. If I have obtained more information in the latter than in the former years, it is because I have attended to some causes which are mostly neglected, although frequent, such as hereditary disposition. The accounts given are not always correct, and require to be checked by those of the patient himself to obtain the truth, for the friends often practise deception or are deceived themselves.

APPENDIX.

APPENDIX, No. 1.

SUGGESTIONS

FOR THE

CONSTRUCTION OF HOSPITALS

FOR

Insane Patients.

IN the construction of houses for the care of insane persons many circumstances demand consideration, which are of no importance in workhouses, general hospitals, or any other public buildings, which are intended to receive and accommodate a large number of persons. The following suggestions upon the subject, for they deserve no higher title, come from one who has bestowed a good deal of attention upon it; who has examined many of the establishments in this country, both public and private, which are appropriated to the insane, and who might, perhaps, without presumption add, that he knows, or ought to know,

something of the treatment and management of that disease.

Insanity requires that its unfortunate subjects should be prevented, by restraint, from doing injury either to themselves or others, and that the places destined to their necessary confinement should be furnished with all the conveniences and means of attention, both medical and moral, corporeal and mental, which may tend to remove the disease, and restore the individual to his place in society; and, at the same time, these places should be so constructed as to minister the greatest practical degree of personal comfort to the afflicted.

With the detail of medical treatment and its necessary variations, or the degree to which moral management, as it is the fashion to call it, may be admitted, and with what prospect of success, I have nothing here to do; but the buildings ought to allow ample means for every rational endeavour to diminish the general stock of such a national calamity.

It may, nevertheless, be here generally observed, that insanity is a generic term, comprising under it a vast variety of dissimilar cases or species, from the mere want of controul over vicious propensities, or the prevalence of a single deranged idea, up to the universal loss of mental power, and the violence of constant raving. It is also a disease liable to paroxysms, between which no shade of error in the mind may be discoverable, but still these paroxysms do not recur regularly at stated periods, as in some other diseases, and may be immediately excited by various external circumstances. Perhaps these circumstances may be slight in their nature, and also of such ordinary occur-

rence in the commerce of the world, as to justify the permanent confinement of the individual, upon whom experience has demonstrated their effect to be the excitement of a paroxysm.

Common sense might lead us to suppose, that a number of cases of a disease so various in its forms were never mixed together within one common inclosure, whilst, in fact, any distinction is very rarely attempted, except that obviously necessary one between the sexes. The raving and the melancholy maniac, the drunkard and the murderer, the sober minded and the blasphemer, the peaceable and the malignant, in short, all those numerous and opposite varieties of which the mention is sufficient, herd together through the day without employment or occupation, with no object for contemplation but the mutual degradation of each other and of their species. They have, in some places, the range of a long gallery, into which certain common day-rooms as well as their cells open, and they are shut out from all the external world, save the sky, which the high windows of their cells and galleries do just allow them to contemplate.

In a public hospital for this disease, the first great object to be attained, seems to be the proper degree of separation. In the accompanying general plan, it will be seen that one-half is intended for male, the other for female patients, and that there are subordinate divisions of each of these. What is said of one side, or half, will apply also to the other, which is intended to correspond in all its parts. Separations, according to the circumstances of the disease, which are almost as necessary as those of the sexes, can only

be made by detached buildings, and it may be a question what number of gradations of these are requisite. I believe, practically, that two for each sex would be sufficient. As the access to these buildings should be as easy as possible, they are arranged round a central court, as being the most convenient in this respect; and I will next state, what I hold to be the requisites in each building, and my reasons for their particular position in relation to the whole. There is a scale attached, which will show the proper size of the several parts; but these might be altered by an architect without injury to the general effect intended. In the plan I have only attempted a general arrangement; the elevation, the doors, windows, &c. are rather matters of detail for the practical architect to exercise his skill upon; but, once for all, I must take permission to say generally, that in my humble estimation all buildings connected with this disease ought to be as simple, and to exhibit as little of ornamental display as possible.

The arrangements of each side and for each sex being similar, a plan of the ground floor is given at A, and of the first floor at B, and over these there may be another similar floor, with a gallery and sleeping-rooms of the same height and dimensions, so that the building would thus consist of three floors; I would not allow of any basement, or rooms beneath the ground floor, except such vaults as might be necessary for the foundation and dryness of the building.

The ground floor, A. consists of day-rooms, a regulation which I hold to be indispensable. Of these there are four, one appropriated to the keepers of the

particular building, 1; another, 2, to the sick, and, of course, to be used as an infirmary; and two other rooms, 3 and 3, for the patients generally belonging to this department, in one only of which particular restraint might be imposed, when necessary. For this purpose of restraint a side of one of the rooms might be fitted up with compartments, as is done at Bethlem, for those patients immediately requiring personal confinement. A colonade in front of the day-rooms, 4, opens upon an airing ground, to which the access of the patients ought to be free; at present it is only occasionally allowed in our hospitals, with which also the communication is not very convenient, and, I believe, the liberty is only usually allowed to a certain portion at once, and for a limited time. At the end of the colonade is the staircase leading to the upper stories. Immediately behind the building are open yards, one for each day-room, with privies, 5, 5, 5, and a small open space, inclosed by a wall, which ought to be as high as the apartments on the ground floor of the building, and thus cut off all possible communication between this class of the patients and those who occupy the airing ground behind. In each room there should be a large open fire-place, inclosed by a grating. The advantage of this is founded upon the observation that in those rooms where any number of insane persons is confined, if they be warmed by stoves, a higher temperature may indeed be obtained more easily, yet the animal effluvia do, in fact, collect, in spite of doors and windows, and to a degree which those, who have not felt the inconvenience, would hardly suppose. Rooms thus situated would have the further advantage of ventilation by a

thorough air from the back and front openings, which mode has seemed to me to be the only effectual one for the purpose, although it is rarely attempted, either in this manner or any other, at present. This, and its corresponding building for the other sex, I should appropriate to the more violent patients. In the two day-rooms these might be subdivided with every attention to personal restraint, or with such an allowance of freedom in the airing ground and under the colonade as might be judged proper for the individual cases. The keepers would have the reasonable comfort of a private room, and be always upon the spot for the performance of their duty, and on no account ought the building to be left, at any time, without two such in attendance. The day-rooms, it will be seen, are placed upon the ground floor, and wholly detached from the sleeping galleries above them, since it seems to be a main point of management to get the patient from his bed during the day; and, I urge this more particularly, because I have often observed permanent contraction of the limbs, and other evils to have arisen, where a contrary practice has prevailed. The infirmary, 2, will hereafter appear to be placed in the most convenient relation to the apothecary, and, therefore, in the best situation either for those who are sick from accidental disease, or require any specific treatment arising from their particular insanity.

Over the day-rooms is the floor marked B. which comprises sleeping rooms for keepers, 9, and for patients, 7, opening into a gallery, 8. As the gallery is only to be used as a passage, and not as is the case in some of these structures, for a place of exercise also during the day, a double row of sleeping rooms may

be formed, extending the building to the front over the width of the colonade for that purpose. In each cell there should be a high grated window opposite to the door, which may be closed, at the discretion of the superintendant, or, in many instances, of the patient himself; and double doors may conveniently be also used for each cell, the external one of which should be solid, and the internal of open work, such as may be seen in the new Penitentiary, at Milbank. My reason for this arrangement arises from an observation made to me in the New Bethlem, when it was first opened. The keeper had there to stretch forth a pole, which occupied both his hands, and to lean over the body of a patient, (a most defenceless position, considering the art to plan and the disposition to execute injury, which often exists,) in order to open the window of every cell in the morning. Now, any contrivance to effect this from without would be inconvenient, and, therefore, the keeper, passing along the gallery in the morning, might open the external door, and through the internal one admit sufficient light into the room, both for his own inspection of the whole of its interior, and for the use of the patient. No common rooms containing several beds are here provided, as is often customary, particularly for the violent and dirty patients; their personal comfort is better consulted by using wooden bedsteads for each, the bottom of which should slope from each extremity to an open channel in the centre, through which fluids might readily pass into a reservoir fixed below. The second floor would be only a repetition of the first.

The buildings C and D are nearly similar to A

and B. The ground floor has its day-rooms, 3, its colonade, 4, and back yards, 5; but no separate room is here provided for the keepers, because they should mix constantly and live with the patients, so as to be in readiness to exercise control where necessary, to prevent the effects of any sudden paroxysm of the disease, and to obviate any of the irritations which might produce it, amongst a collection of people. No infirmary is necessary in this building; the space, therefore, occupied by two of the rooms in A will here form a visiting room, in which the patients might have intercourse with their friends, and even be often allowed to walk with them and enjoy their society in the fore court, E. If, however, a particular room for the keepers should be held necessary, it might be provided at the expense of the visiting-room, without difficulty.

The two day-rooms would admit of sufficient sub-classification of the patients in each building, and probably this would be best made therein by looking to their previous habits and acquirements. One of them might be furnished with a few books and other innoxious sources of amusement. I should not fear the destruction of such furniture, for insane persons have, in general, sufficient controul over themselves, in such cases; and the dread of losing a small personal comfort will often restrain them more generally manageable. It has been a belief with many, that occupation of mind might be applied with advantage to hospitals for the insane, by the introduction of the mechanical arts; and, amongst other practical arguments in favour of such an experiment, the regularity with which these persons are often seen in private

houses sitting in numbers, round a table furnished with knives and forks, and with instruments which might be used for offence, is quoted. It is hardly fair to draw inferences from an indulgence which is in itself improper, and with all the watchfulness of the attendants and their previous knowledge of the state of individuals, mischief not unfrequently actually happens from it. I cannot, therefore, believe that the same principle could safely be applied to a greater extent, that the possession of the tools of a mechanic would not give to the lunatic more power of committing injury, or that any ordinary vigilance would be sufficient to repress it.

As I am averse, even under convalescence, to common sleeping rooms, so no difference would be required in the two upper stories of this building, or of its corresponding one, at D, from that which has already been described.

There are three intermediate buildings, 11, 12, and 13, with semicircular spaces behind them, 22, to be inclosed with iron railing. Of these, the building 12 is intended for a house and shop for the resident medical officer, (in whom the superior controul of all should be vested,) with committee-room and other necessary public apartments, for which purpose its frontage or depth might be extended to any necessary degree, without interfering with the principles of the general plan. This house is placed in the middle, and so as immediately to communicate with the buildings intended for the violent and sick of each sex, and for any others who are the more immediate objects for medical care, and require the most frequent attention. The house for the matron, with

her store-rooms, is at 12, where it would overlook and communicate readily with the peaceable and convalescent females, over whom her controul would be the most useful. That of the steward, 13, and his offices, give him the same power over the peaceable and convalescent men. I hold the residence of these three officers to be absolutely necessary; they ought to be competent to their situations, of a respectable rank in society, to be accordingly comfortably accommodated in their dwellings, and sufficiently paid for the performance of their duties.

On the women's side is a detached building for a wash-house and laundry, 14; and on the men's, 15, a corresponding one for the kitchen department; 16 are entrance lodges. On the interior parts of these establishments I need not enlarge, but some of the patients might often assist, as they do in private houses, in the business of each.

Next comes the important consideration of airing-grounds for such an institution, one such should be appropriated to each building, and in their aggregate they should encircle the whole, so as to remove it to a sufficient distance from public observation. I think this external boundary ought to remove the building to as great a distance from any public road as circumstances would reasonably admit. Even the New Bethlem seems to me to be much nearer the road than it ought, or indeed than was necessary, and the old one was still more inconvenienced by its vicinity to the public street. St. Luke's feels this evil less, though it is close to the road, because its front is a blank and allows of no external communication. The surrounding wall should be of sufficient height to prevent

escape, and I would trust to height alone for this purpose, for I hold it unjustifiable to assist the security of lower walls by any chevaux de frize, iron spikes, glass bottles, or other contrivances, which is, in fact, to aid a person in attempting that personal injury to himself, of which he so often anxiously, but secretly, covets the means. I consider the walls of the New Bethlem to be much too low for their purpose. The divisions of these airing grounds from each other should also be made by lofty walls, so as to prevent all communication between them. Less space would be required for the violent patients confined in the buildings A and B, nor would these require more than an uniform, dry, and gravelled surface, 17; but for the peaceable and convalescent patients the grounds, 18, should be larger, and should be planted with low shrubs, not trees, and kept neatly by the patients themselves, who might thus be cautiously allowed an harmless means of occupation and amusement.

But as the external surrounding wall is placed at a distance from the building, the division of the airing-grounds should be so made as not to include the recesses, which would be left by doubling round the ends of the buildings, since in them the patients might withdraw themselves from observation, 19, 20. The walls should rather be continued from each side of the buildings and a space unappropriated would thus be left between them, but even this might be large enough to be usefully employed, for in those at the end of C and D, 20, and detached from the common building, a smaller room might be built, to be occupied with additional comforts and means of retired employments by some individual whose case would admit of

the indulgence. Such cases are sometimes found, and in illustration of them I may quote the case of Matthews, described by Dr. Haslam. This man has often been brought under the public notice. He possessed extraordinary talents and skill, and was aware of his own weak points, upon which he would cautiously avoid conversation, but if left to himself he never failed to discover the predominance of his delusions, and they were of such a nature as to render his confinement necessary to the end of his life.

The same spaces at the ends of the buildings, A and B, might be furnished with baths, both hot and cold, with a communication to the airing grounds on each side.

The spaces behind the buildings, C and D, 21, would be cultivated as kitchen gardens.

It may further be noticed that the wall of the yards, 5, 5, 5, in A, would prevent any communication between the patients in that building, and those in the airing-ground, 18; and, if it did not entirely shut out the ravings of the violent, it would deaden the effect, and convalescents could not, at any rate, be distressed by a sight of their misery.

There remains the open fore-court, E, to which the houses front, and around which the buildings are arranged. I prefer this plan to radiations from a central building. It allows a sufficient facility of access to each department, a free and complete ventilation, and a sufficient division of superintendance graduated according to its necessities. After all, although we may build houses fitted for particular diseases, we cannot build men and women equally suited to our purposes; and no arrangement of the one can compensate for the

want of the necessary qualifications in the other. Upon the abilities, activity, and honour, of the superintendants, especially of the superiour medical one, the utility and prosperity of such an establishment must mainly depend. Still higher powers should also be vested in a standing committee, which ought to be formed of persons not only willing, but able to exercise an efficient controul, and of all the qualifications for such an office the payment of money for the purposes of charity should weigh the least in the appointment.

By this imperfect account I have added another to the numerous plans which the present times have produced for hospitals for the insane, and to it I will venture to add, that if, in any case, the principles upon which it is founded shall be held worthy of adoption, I shall most readily contribute any knowledge I possess upon the subject to assist its execution.

EXPLANATIONS.

- A }
 B } Plan of the ground and first floor of four separate
 C } buildings.
 D }
- E Fore court.
- 1 Keeper's room by day.
- 2 Infirmary.
- 3 Day-rooms, for patients.
- 4 Colonnade.
- 5 Yards, with privies.
- 6 Staircases.
- 7 Bed-rooms, for separate patients.
- 8 Gallery.
- 9 Bed-rooms, for keepers.
- 10 Visiting-room.
- 11 Apothecary's house and shop, committee-rooms, &c
- 12 Matron's house and stores.
- 13 Steward's house and stores.
- 14 Wash-house and laundry.
- 15 Kitchen.
- 16 Lodges.
- 17 Airing-grounds, for violent patients.
- 18 Airing-grounds, for peaceable patients.
- 19 Space for baths.
- 20 Space for a retired apartment.
- 21 Kitchen-gardens.
- 22 Open yards to the houses.
- 23 Privies.

APPENDIX, No. 2.

I have thought it necessary, in this table, to take the same years which are given in the French report, but it is to be observed, that for the greater part of the latter portion of them the regular proceedings of the charity have been much influenced by the decayed state of the old, and the building of the new hospital. It is right, also, to notice that, since 1816, the reports are become somewhat more distinctive than before.

Extract from the Reports of Bethlehem Hospital for Ten Years, from 1804, inclusive.

Year.	In the House December 31 of the previous Year.	Admissions.	Cured and Discharged.	Burials.	In the House December 31.					
					Curable.		Incurable.		Total.	
					Men.	Women.	Men.	Women.	Men.	Women.
1804	220	150	174	10	45	49	47	45	186	186
1805	186	44	97	6	28	2	48	49	127	127
1806	127	64	46	10	30	16	43	46	135	135
1807	135	54	58	5	19	17	40	50	126	126
1808	126	83	52	12	38	27	37	45	147	147
1809	147	103	97	10	39	38	21	45	143	143
1810	143	92	81	7	47	25	32	43	147	147
1811	147	99	87	11	60	19	21	48	148	148
1812	148	88	79	11	47	26	27	46	146	146
1813	146	106	98	11	49	19	24	51	143	143

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Year	Total number of patients	Number of beds	Admitted		Discharged		Deaths	Number of patients	Number of beds	Total number of patients	Number of beds
			Male	Female	Male	Female					
1813	140	100	60	80	60	80	11	60	100	140	100
1814	142	100	61	81	61	81	11	61	100	142	100
1815	143	100	62	82	62	82	11	62	100	143	100
1816	144	100	63	83	63	83	11	63	100	144	100
1817	145	100	64	84	64	84	11	64	100	145	100
1818	146	100	65	85	65	85	11	65	100	146	100
1819	147	100	66	86	66	86	11	66	100	147	100
1820	148	100	67	87	67	87	11	67	100	148	100
1821	149	100	68	88	68	88	11	68	100	149	100
1822	150	100	69	89	69	89	11	69	100	150	100
1823	151	100	70	90	70	90	11	70	100	151	100
1824	152	100	71	91	71	91	11	71	100	152	100
1825	153	100	72	92	72	92	11	72	100	153	100
1826	154	100	73	93	73	93	11	73	100	154	100
1827	155	100	74	94	74	94	11	74	100	155	100
1828	156	100	75	95	75	95	11	75	100	156	100
1829	157	100	76	96	76	96	11	76	100	157	100
1830	158	100	77	97	77	97	11	77	100	158	100

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