

Report of Murray's Royal Asylum, Perth, for the triennial period, 1865 to 1868 / [James Murray's Royal Asylum for Lunatics].

Contributors

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REPORT

OF

MURRAY'S ROYAL ASYLUM,

PERTH,


FOR THE TRIENNIAL PERIOD, 1865 TO 1868.



PERTH:

PERTH PRINTING COMPANY.

1868.



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NOTE.

THE Directors do not consider it necessary to publish a separate Report in addition to those by the Physician and Chaplain for the three years 1865-66, 1866-67, 1867-68, as this would only lead to needless repetition. Reference is accordingly made to these Reports for details. Considerable sums have recently been expended on improvements. The situation of this Asylum, on a high elevation, commanding extensive and varied scenery, is probably unrivalled by any in this country. At no time has the Institution been conducted with greater efficiency; and it is believed it will be found, as heretofore, a safe and beneficial retreat for those who require its benefits.

REPORT OF PHYSICIAN

FOR TRIENNIAL PERIOD FROM JUNE 1865, TO JUNE, 1868.

IN compliance with the desire or instructions of the Directors, the Report we now beg to submit is for the last three years—that is, for the period that has elapsed since the date of the last published Report of the Institution, which was 12th June, 1865. The subject-matter of the present Report is, moreover, confined to a brief historical statement of the affairs of the Institution, falling within my jurisdiction, during that triennium.

The period in question has been rendered a critical one in the financial history of the establishment by the combined operation of ^{Financial} crisis : the following causes :—

I. The transfer of our whole *pauper* population to the Perth County Asylum at Murthly, as already reported.*

II. The further transfer to larger Asylums—to the lunatic wards of Poorhouses—to country boarding-houses, licensed or unlicensed—or to their own homes—of that class of patients, whom the Institution, with its reduced population, could no longer afford to maintain. This category included certain patients who had been maintained *gratuitously* for a long series of years at considerable cost to the establishment (several hundred pounds) ; of a few other patients at nominal rates (under £20) ; of patients really belonging to the class of *paupers*, whose board-rates fell under £30 ; and of a small group of patients at higher rates, which, considering the accommodation and attendance required by the speciality of their cases, were obviously *non-remunerative*.

III. The expenditure of a large capital on the extensive and expensive building-alterations referred to in previous Reports.†

IV. The unprecedentedly high cost of labour on the one hand ; and of provisions, gas, and other supplies on the other.

Our population thus became reduced to between one-third and one-fourth of its former extent. It reached its minimum of 56 in October, 1866—our population having been less only in 1828 and 1829, the first and second years following the opening of the Institution, ^{Reduction of Population :}

* Report for 1864, pp. 5 and 26.

† Report for 1864, p. 9 ; for 1865, p. 6.

when our total numbers were 32 and 43 respectively. Our staff was reduced in some important respects; but it could not be reduced correspondingly to the decrease of population; it being still necessary to maintain each gallery or department of the establishment in working order. Provisions and other supplies were reduced in *amount* in proportion to the decrease of population; but unfortunately not correspondingly in *cost*, for their price, especially of the staple articles—meat and bread—rose to the extent of one-fourth higher than they had been at any previous period of our connection with the Institution. A similar rise in price occurred in the case of gas and fuel, or other supplies which, like the agents of supervision, do not vary in consumpt or number with the rise and fall of our population. The wages of all classes of artizans were increased largely—a circumstance which, with others, such as the great competition for this class of officers, necessitated an augmentation of the wages of all grades of our attendants and servants; while an additional officer, an engineer, has been added to our staff in connection with the improvements in the establishment already alluded to. Further, a large capital was expended in these improvements on the fabric of the Institution, the interest whereof constitutes a serious burden on its ordinary annual income.

High price
of Provi-
sions and
Labour.

It is unnecessary to give any more detailed history of the difficulties the Institution has had to encounter during the last three years, or of the mode in which they have been successively surmounted. Happily they have been successfully met and overcome: and the present financial position of the Institution must be regarded as comparatively satisfactory, from whatever point of view considered.

The following table shows concisely the changes in our population during the last three years:—

	M.	F.	T.
Number of Patients resident on 12th June, 1865,	44	37	81
Number of Patients admitted between 12th June, 1865, and 8th June, 1868,	36	24	60
Total number under treatment during the last three years,...	80	61	141
Discharges between 1865 and 1868—			
a. Recovered,.....	13	11	24
b. Improved,	17	8	25
c. Unimproved,.....	4	10	14
Total,.....	34	29	63
Deaths between 1865 and 1868,	8	3	11
	42	32	74
Remaining on 8th June, 1868,.....	38	29	67

From this table it appears, that, from the exceptional causes above adverted to, and more fully specified in our Report for the year 1865-6, the *discharges* have greatly exceeded the *admissions*. Whence it follows, that our population is greatly less than it was three years ago. Nevertheless, it has gradually risen from its minimum of 56 to its present number—67; and it will probably go on slowly increasing. The increase in our income from patients' boards has, however, been relatively much greater and more rapid than the increase in the mere number of patients—a circumstance that points to the improved character of the entrants as respects affluence and remunerativeness. In other words, there has been a gradual but steady improvement in the character, as regards their board-rates, of the patients admitted—that is, of those who took the place of the transfers mentioned on page 5. This is satisfactorily shown in the fact that, with a greatly smaller population, our income from patients' boards is considerably higher than it was some years ago—a fact which indicates the soundness of the policy which dictated the second class of transfers before described (on page 5).

Changes of
Population
during last
Triennium.

Improved
character of
Admissions

Dispropor-
tion be-
tween the
sexes.

Peculiar-
ities of pre-
sent Popu-
lation.

Co-existing
Diseases.

The complement of patients being now an average of 40 of either sex,* our present numbers are hard upon the complement on the male side: while there is a deficit on the female side to the extent of 11. Considering that in the majority of Asylums, and in this Asylum in former years, females preponderate, or have preponderated, the present disproportion between the sexes is remarkable, and ought to be temporary.

Only to a very limited extent does the Institution maintain the character of an *Hospital proper*. Gradually, in the course of (41) years, it has assumed more and more the character of an *Asylum proper*—a retreat—a home for life—of the inmates,† many, if not most, of whom are advanced in years, and have long been resident within its walls. This character of the Institution may be so far illustrated by the following statistics, which exhibit some of the peculiarities of our community:—

Patients apparently incurable,	about 90‡ per cent.
Patients above 50 years of age,	„ 50 „
Patients from 5 to 30 years resident,	„ 50 „
Patients invalidated from paralysis of various kinds and degrees, senile debility, or constitutional disease; or affected with specific medical or surgical ailments—including hernia, with hydrocele; chronic cystitis; chronic eczema and psoriasis; chronic diarrhœa; hæmorrhoids; epilepsy; asthma; scro- fula in some of its protean phases; neurolysis or asthenia	

* Report for 1864, p. 16.

† Report for 1865, p. 9.

‡ A persistent proportion. *Vide* Report for 1865, p. 10.

|| Report for 1865, p. 12.

Vices of Habit.	<p>from masturbation; liability or tendency to apoplexy and syncope, or to diffuse abscess and erythema; dyspepsia, &c. Patients requiring special supervision and treatment by reason of dangerous, vicious, or filthy habits—including disposition to, or efforts at, suicide; destructiveness of clothing and furniture; violence to the person; ordure eating or smearing; passing urinary or fecal excavations, or both, without respect of time, place, or circumstances; denuding or exposing the person; masturbation, &c.</p>	<p>about 30 per cent. 33 ..</p>
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Results of improper Indulgence. We frequently receive patients who have been elsewhere "spoiled"—querulous, troublesome persons, generally of the "Moral Insanity" class, who, on the principle of securing peace at any price, have had all their numerous caprices gratified. Among the indulgences thus granted—indulgences whose abuse has sooner or later rendered the patients in question unmanageable to their custodiers, and has led to their extradition from their guardianship, have been the following:—Permission I. To go to large towns on parole unattended; there to get access to stimulants and houses of bad fame; to become the helpless victims of intoxication and debauchery; and thereby to fall into the custody of the police. II. To use unlimited quantities of noxious drugs, stimulants, confectionary, or cosmetics. III. To remain in bed for weeks, months, or years consecutively, without adequate cause; to dress or undress according to taste; and even to go about nude or semi-nude. IV. To write and post any quantity or number of documents or letters of all kinds, however inimical to the best interest of the patient or his family.

Inattention to Cleanliness: its results. Occasionally the patients admitted come to us in a state of filth, with which we were more familiar when the Institution was open to the paupers of Perth and adjoining shires, this filth being the result generally of persistent self-confinement to bed—of a total negligence of cleanliness of person by bathing or ablution—of habitual wear or use for long periods, and both night and day, of the same articles of dress, especially of underclothing and bedding. Thus a gentleman, who was a scholar and author, but whose habits for years had been those of a recluse, living strictly by himself, was admitted covered with vermin; while a woman, occupying a humbler sphere in life, who had neither washed nor dressed herself, nor left bed, for a period of many months, had her hair in a condition resembling "*Plica Polonica*," requiring its immediate excision *en masse*.

Intemperance in relation to Insanity. In one of the admissions, a boy of 18, *Intemperance* was assigned as the cause of insanity. But he has obviously been congenitally imbecile; and the intemperance is just as likely a *result* of insanity as its primary cause: though undoubtedly it acts in such cases as a further or aggravating second cause. Cases of a similar kind occasionally present themselves, in which intemperance—where it has occurred at all, and

this is rare*—is more probably a result than a primary cause of insanity.

We are in a position strongly to corroborate the remarks made on the subject of *Voluntary Boarders* at p. 15 of last published report (1865). During the last three years various proposals for admission have been received; but only two patients have been admitted. Only in one case has the acceptance of patients of this class proved satisfactory—viz. in that of a lady, recovered, who, after experiencing the discomforts of board in a country house, isolated from society, during her probation-removal, was glad again to exchange therefor, with our perfect approval, the familiar accommodation and amusements of this Institution. The bulk of the patients, who offer themselves as Voluntary Boarders, consists of dipsomaniacs—habitual drunkards—who have it in their power to leave at any time, on three days notice, and who are apt to exercise this power whenever any of their numerous and objectionable caprices are not gratified. We have, in such cases, no control, moral or legal; and whenever discipline or control ceases or fails, the residence of a patient must cease to be beneficial, either to himself or his associates, to whom the bad example of his successful insubordination proves deleterious in the extreme. At one time (in 1864) we had the written permission of the Lunacy Board to admit non-certificated Voluntary Boarders *without legal formalities* of any kind: and at least one patient was so admitted, and remained here for upwards of a year. Had this permission been of a permanent character, it would have been beneficial both to the class of patients concerned, who generally offer high rates of board, and to the Institution, which is well adapted for the reception of this class of insane or nervous invalids. But the permission in question was summarily withdrawn by a letter from the said Board,† which stated, “it is necessary for you to obtain the *previous sanction* of one of the Commissioners, *granted on the written application of the patient himself.*” The effect of this restriction immediately was, and is, that a remunerative, though small, group of patients of the higher ranks is excluded from the benefits of this Institution, because they will not comply with the requirements of the statute (29 and 30 Vict. cap. 51, sect. 15, 1866) as regards the publicity or formality implied in appealing to the Lunacy Board.

Voluntary Boarders.

Unsatisfactory legal position.

Legal formalities:

their results.

There have been four readmissions, some of them for the fourth or fifth time. These are for the most part patients subject to recurrent insanity, produced by such specific and avoidable mal-behaviour as intemperance or debauchery, if the conditions in question are not to be regarded as springing from the predisposition to insanity.

Re-Admissions.

* Report for 1858, p. 28.

† Of date November 21, 1866.

Suicidal
efforts.

Special Su-
pervision.

Supernum-
ery
Nurses.

Recoveries.

We have lately, especially in the case of two young girls, had unusual risks and anxieties arising from efforts at *suicide*, frequently most cunningly and ingeniously contrived. The means employed were of the most various character, including strangulation by the hands; or by strips of blanket or clothing, apron or other strings, or tapes, pocket handkerchiefs, &c.; suffocation by pillows or bedding; by stuffing the throat with spoons, bones, rags, paper, &c.; suspension by head or feet from window-frames; drowning in W.C. pans, baths, or pails of water; cut-throat; starvation; dashing the head against walls, or otherwise. In the cases of the two girls referred to, it was unsafe, for long periods, to leave them untended for a moment, either by night or day: hence special nurses were requisite—a day series and a night series, who might always be vigilant and active for any emergency. The obstacles interposed to the fulfilment of the suicidal designs frequently led moreover to serious struggles between patients and attendants, requiring immediate assistance on the part of the latter. In a third case, that of a young man, a cut-throat wound was made, formidable in appearance by reason of its extent, and the unsightly hæmorrhage; but superficial and affecting none of the important structures of the neck. He too had a special attendant during a portion of each day. At present only four patients are stated to be of suicidal tendency, and in one or two of these cases the correctness of the assertion or justice of the suspicion is doubtful. The propensity is assigned, for example, to a boy, who has, however, exhibited it only under the influence of drink. The anxieties consequent on the watching of the suicidal constitute a serious strain on the energies of the attendants, and necessitate recourse to the temporary hire of Nurses from town, so as to permit of that amount of rest and sleep to our staff, without which it is impossible they can be in a condition for the efficient discharge of their very difficult duties.

The *Recoveries* during the last three years have amounted to 40 per cent in relation to the admissions, a much larger proportion than we had reason to anticipate.* But all considerations affecting recoveries must be based on "*What is or constitutes recovery?*" a question regarding which there is no uniformity of opinion or record among Asylum Superintendents. Several of the recoveries occurred in apparently hopeless or incurable cases, after many years' illness of the most serious kinds, and after treatment in various Asylums. Especially were they remarkable in the case of four young ladies, who had been each many years resident, and who at one time gave fair promise of being here or in some other Asylum for life. Other recoveries occurred suddenly

* Report for 1865, p. 10.

and unexpectedly after several months persistence of noisy, destructive, filthy mania.

In consideration of the greatly reduced population, the increased expenditure, and the altered character of the Institution, the minimum board-rate was in 1865 fixed at £30 per annum—all patients, whose friends were unable or unwilling to pay this very moderate sum, being necessarily removed. The immediate removals resulting from this decision of the Directors amounted to 11. Twenty-two patients, or one-third of our whole population, are on this board-rate at present, representing a contribution to our finances of £660 per annum. This rate cannot be said to have been *in itself* remunerative, considering the high price of provisions and labour, and the character of many or most of the cases admitted, as regards the amount of supervision and accommodation required. In one group of cases it has been manifestly the reverse. In the case of able-bodied persons of both sexes, in condition to engage in manual labour in the grounds or laundry, the board-rate in question would be satisfactory, provided the number of such admissions were considerable. But, in certain other cases, which sometimes constitute unfortunately the majority, special supervision and accommodation are required, perhaps both by night and day, by reason of suicidal or homicidal propensities, extreme filthiness of habit, dangerous violence, great destructiveness, or serious bodily illnesses. In some such exceptional cases, two attendants or nurses may be, and have been, required. Their wages, if males, range from £25 to £30, and if females from £10 to £15; while their keep, at present prices, cannot be set down at less than £20 to £30 per annum. Thus a patient paying £30 a-year may cost, and has cost, *in attendance alone*, at the rate of £50 to £100 per annum—a sum that would necessitate the extradition of the patient, were the patient's friends not to bear a share at least of this heavy extra expenditure.

New
Minimum
Board-rate:

its effects;

its remun-
erativeness.

Cost of
Special Su-
pervision
and accom-
modation.

Pauperisa-
tion.

Nine patients were *pauperised* and transferred to the County Asylum at Murthly, or to the lunatic wards of the Perth Poorhouse. This illustrates the fact adverted to in former reports,* that the benefits of the Institution are sought after by a class little removed from pauperism, whose resources can bear only the most limited strain, and who ought, but for motives that are not in all respects commendable, to be paupers.

In three cases the Directors were obliged to require the removal of patients, who were either here gratuitously, or whose friends had failed to pay their board. Among the lower grades of patients—those

Gratuitous
Patients.

* Report for 1865, p. 10.

who really ought to be paupers—the Institution occasionally suffers loss by failure to pay board on the part of relatives, whose impecuniosity becomes obvious from bankruptcy or other causes: a circumstance that, along with others, renders it now more than formerly necessary to select entrants with a view to the solvency of their guardians, and the remunerativeness of their board-rates.

Removals
of Non-re-
covered.

Of the *non-recovered* patients removed, six were transferred to other and larger Asylums—viz. three to that of Edinburgh; two to that of Montrose; and one to that of Dumfries. The remaining patients were transferred to private abodes in the country, or to their own homes. Exceptionally and occasionally only do these removals take place at our suggestion or with our consent. There are cases now and then in which change of scene is for various reasons recommended, where transfer to another Asylum meets equally our views and those of the patient and his friends. Sometimes, on the other hand, bedridden, harmless invalids, who require only careful nursing, may be and are sufficiently well tended by a large domestic circle within their own houses. In both such groups of cases, where there is no decided benefit from the change, there is no decided deterioration. The experiment realises fairly the expectations formed of its results. But the majority

Premature
removal:

its results.

of removals of the non-recovered occur *contrary* to our advice or opinion, sometimes repeatedly and strongly expressed: and in these cases the result is almost invariably unsatisfactory, and not unfrequently disastrous. Thus, in one case, death very soon occurred, probably from improper indulgence in diet and drugs, the patient having heart disease; in a second, mania was speedily generated by intemperance; in a third, delusions soon reappeared under the freedom of action and the recurrence to old associations inseparable from home life. While in other cases premature removals were followed at very short intervals by confinement in other Asylums: by insane advertisements, and equally insane and vexatious correspondence with the Ministers of the Crown: by dangerous attempts at suicide: by equally dangerous assaults: or by other classes of mishaps that could not be regarded as accidental or unlooked for. Nevertheless, premature removals must continue to take place so long as guardians have their present unfettered power of removal of patients. The only obstacle we can interpose, even in cases where we are most apprehensive of danger to the patient or the community, is to protest or advise: and to cause the guardians, who charge themselves with the responsibility of the removal, to sign a printed document expressing themselves fully cognisant of the dangers incurred. In many at least of these premature removals, the risks of relapse would be lessened, did the patients or their guardians fulfil the promises or obligations made or under-

taken in regard to our suggestions as to travel, avoidance of home as a residence, or of any return to old scenes or associations, change of occupation, and so forth. But the patients once furth of the Institution, and their own masters, these promises are for the most part and speedily forgotten, or are not at all events carried out and acted upon.

The following Obituary table exhibits the number and character of Mortality : the *deaths* during the last three years :—

Age at Death.	Duration of Residence in Asylum.	Form of Insanity.	Apparent or Assigned Cause of Death.
I. MALES—			
1. 64	26 Years.	Dementia.	Marasmus.
2. 55	3 Months.	Do.	Convulsions terminating Mania.
3. 59	36 Years.	Do.	Heart Disease—death sudden.*
4. 54	9 Years.	Do.	Acute Mania.
5. 48	1 Year.	General Paresis.	Broncho-Pneumonia and Apoplexy.
6. 70	3 Years.	Dementia.	Heart Disease.
7. 18	14 Days.	Typhomania.	Typhomania.
8. 42	2 Years.	General Paresis.	General Paresis.
II. FEMALES—			
9. 46	20 Years.	Dementia.	Bright's Disease (chronic).
10. 83	35 Years.	Do.	Apoplexy.
11. 80	10 Years.	Do.	Debility of Age.

The deaths have been in the proportion of 7·80 per cent of the total number of patients treated : an unusually high proportion,† accounted for by the exceptionally great mortality among males. Of the latter, two patients were admitted in a condition of extreme physical debility, and died within a fortnight and three months its causes. respectively after admission. Two others were admitted in advanced general paresis, doomed to early death ; but whose lives had been prolonged by the conservative measures adopted—[and signally by the use of the “Protection Bed,” to be afterwards alluded to]—to one and two years respectively after admission. A fifth death occurred suddenly from heart disease : while two others happened in patients long invalided by a complication of serious bodily disorders. Two of the deceased patients—both ladies—had attained the great age of 80 or upwards ; one gentleman had reached the age of 70 ; one patient was upwards of 60 ; three between 50 and 60 ; and three between 40 and 50 years of age at the time of decease. The Institution had been a home to two for periods of upwards of 35 years ; to two for 20 years or upwards ; and to two for nearly 10 years.

In two cases only were there *post-mortem examinations*—viz. in the cases Nos. 1 and 10 respectively of the obituary table. But the Morbid results were of sufficient interest to show the desirability of investi- Anatomy.

* Report for 1865, p. 12.

† Ibid. pp. 11 and 12.

Post-mortem examinations.

gating the morbid anatomy of the insane in *every* case of death. In case No. 1, though the symptoms during life were so obscure that they could not be safely referred to any affection more specific than abdominal marasmus, there were found a stricture of the Colon caused by a Fungus hæmatodes encircling the gut, and developed from an omental cancer; recent or acute peritonitis; multiple cancer of liver and mesentery; and hypertrophy, with dilatation, of the heart. In case No. 10 the symptoms during life were those of congestive or serous apoplexy; but the brain contained an osseous body of a size and character at least extremely rare either in the sane or insane, and which has been described elsewhere.* Post-mortem examinations were *not* made in the other cases; because, on the one hand, of the indisposition of the friends of private patients to permit a “sectio cadaveris;” and on the other, of the absence of those facilities for the investigation of morbid anatomy, which exist, or should exist, in all fully equipped hospitals, whether for sane or insane.† The result is that we cannot offer those details in morbid anatomy, which are generally supposed—though erroneously, we believe—to be specially or exclusively associated with diseases of the mind.

Exceptional Diseases.

One of the cases recorded in the foregoing obituary was a typical case of chronic “*Bright's Disease*”—a disease which, only a few years ago, was represented by the most eminent authorities in psychological medicine as either extremely rare or unknown among the insane. In another case, death occurred from *Typhomania*: which, a somewhat common form of disease in *American* hospitals for the insane, is rarely seen in *British* Lunatic Asylums, if we may judge from their annual reports, and our own psychological literature. In the case referred to (No. 7), a naturally delicate constitution was further weakened by a rigid abstinence from meat diet and malt liquors, founded on very strict views connected with vegetarianism and total abstinence.‡

Moral Treatment:

variation in

A separate publication of this Institution—“*Excelsior*”—is devoted to the record of those features of *recreation and occupation* which constitute what is generally known as the “moral treatment of insanity”—a record which renders it unnecessary further to notice the subject here than to state, that every effort is made to *vary*, from time to time, the precise modes or kinds of amusement. For example, seaside residence, or excursions of some days to the central lakes of Scotland, have been substituted for pic-nics in the more immediate neighbourhood of Perth: while railway excursions to Edinburgh, or

* *Journal of Mental Science*, January, 1867, p. 524: where cases Nos. 1 and 9 are also described more in detail.

† Report for 1865, p. 15: and for 1864, p. 14.

‡ This case is reported and commented upon in the *Edinburgh Medical Journal*, for October, 1868.

other centres of sight-seeing attractions, have largely taken the place of omnibus and carriage trips.

As regards *Medicinal* treatment, all those remedies have been or are successively tried, which have been recommended by authorities having any status in medical science. But we must confess, after a very varied experience, that we cannot share in the laudatory expressions of other Alienists as to the efficacy of almost every new drug; and that, on the other hand, our faith is confined to comparatively few articles—mostly of the old *materia medica*—and to the simplest modes of administration. Great errors in opinion and practice are committed by those who are inexperienced in comparative therapeutics—who are not familiar with the operations of nature—unassisted or assisted only by such simple aid as diet, regimen, and nursing—in the treatment of diseases of the brain as well as of the other organs of the body. Medicinal treatment.

The only special appliance or mode of treatment which it seems desirable here to mention—because it is apparently little known or used in British asylums—is what is called by Commissioner Browne the “*Protection Bed*,” otherwise the “*Locked Bed*,” or “*Box Bed*.” This is simply a bed—padded, or not, for warmth, or according to the requirements of individual patients—having a cover capable of being locked, and which cover, while it freely admits air and light, prevents the patient getting out of bed without the knowledge and sanction of the special attendant in charge; a circumstance that prevents the inevitable and dangerous struggles that ensue when a restless paralytic or other invalid is guarded in bed only by attendants, however numerous. The contrivance in question has an outward appearance that may generate the unpleasant idea of too restricted a restraint—in those to whom all conception of “restraint” is a bugbear. Undoubtedly confinement in such a bed is a “restraint:” but only in the same sense in which all asylum confinement is restraint. In the case of the bed, the restraint differs only in being more circumscribed and obvious. In visiting British asylums for the insane we have been frequently struck with the servile fear of official or public opinion—of the judgments of Lunacy Commissioners—Asylum Directors—patients’ friends—or “*The Fourth Estate*”—which reigns among all classes of officers: a fear which operates in preventing the application of what may by any possibility be termed or considered “restraint”—where, nevertheless, restraint in some form is considered by the physician the best treatment in individual cases. In asylum reports, moreover, we too often see credit taken or given for the absence of “restraint” or “seclusion;” whereas, it is open at least to inquiry, how far the non-use of these sometimes indispensable means of proper treatment is connected with the large mortality and copious accident Special appliances.

Protection Bed.

What is Restraint?

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and disease list given in the very same reports. We hold the only proper rule of guidance to be "*What is best for a given patient under given circumstances?*"—and the decision of this question ought to be perfectly independent of what may be thought or said by those who cannot have the same opportunities of forming a proper judgment as the asylum physician in immediate charge of the said patient. Considered from this point of view, we have been led by experience to assign a high place in point of usefulness, *in certain exceptional or occasional cases*, to the "Protection Bed." In certain senses or cases it may be considered a substitute for the assistance of a group of attendants. But we are satisfied that no arrangement of attendants, however numerous, will produce the same conservative results as to life and health. We have found it save or prolong life, maintain or restore health, in cases that otherwise and elsewhere would inevitably, we believe, have died in padded rooms or infirmaries in the midst of a numerous staff of nurses and attendants. What we have seen in other asylums, and what we feel must exist in *all* asylums that open their doors to the paralytic, the epileptic, the diseased, the denuders—and few asylums do not—lead us to be strongly of opinion that no asylum should be unprovided with some such beds, be their designation what it may. It is only *in exceptional and occasional cases* that they are required:—but for these cases it is by very far the best arrangement—for which no other arrangement, with which we are acquainted, will form an efficient substitute. The efforts to keep in bed, whether by night or day, certain patients by means of three or four [or more] attendants, who are supposed to be unremitting in their vigilance [a supposition which surely betrays an unfortunate ignorance of, and unwarranted confidence in, frail human nature], we believe to be absurd on the one hand, and pregnant of danger on the other. One of its most fertile results is broken ribs: an "accident" which, common in asylums and workhouses, generally fails to be properly accounted for. The use of such beds renders it unnecessary, moreover, to permit a patient of the class we have under review to wander about naked, or in a night-dress, in his own bedroom or a "padded room,"* in the depth of winter, exposing his person to the almost certain dangers of cold, and the probable accidents (then improperly so-called) of bruises, fractures, or dislocations—in other words, to sure sources, in such patients, of injury, disease, or death.

The alterations on the Asylum buildings, referred to in our last published Report (1865, p. 14), were some time ago completed; and, in addition, a handsome Lodge has been erected within the grounds for the Head Male Attendant—an arrangement which secures his

* In this Institution there is no "Padded Room."

constant presence or proximity, while it does not exclude him, as formerly, from the comforts of his own domestic circle. Among other improvements, the insanitary condition of the Low Front Galleries, alluded to at p. 13 of the same Report, has been rectified by the introduction of steam pipes—by which means the said Galleries can be kept both warm and dry at all seasons.

We have availed ourselves of our annual holiday leaves of absence during a series of years to visit the most recently constructed Hospitals or Retreats for the Insane, public or private, as well as all classes of comparable Institutions, both at home and abroad. As a result, ^{Advantages offered by the Institution} we can honestly affirm, and it is a simple duty to do so, that we have met with no Institution for the Insane, which offers *the same combination of advantages at the same extremely moderate Board-rates*—none which possesses superior attractions for patients of the middle and higher ranks—none which is easier of access (by rail) from all parts of the country—none which possesses in a higher degree the advantages of a good topographical position—of proximity to fine natural scenery!

CHAPLAIN'S REPORT.

IN respectfully presenting to the Directors his report of the matters belonging to his immediate department, the Chaplain begs to premise that that report is, in the main, restricted to the circumstances of the past year, while, at the same time, it may be taken to embrace, in its general features, the period during which the publication of the annual reports has been suspended. The usual services, both on Sundays and week days, have been regularly maintained, and the attendance, on all these occasions, has been generally well kept up, averaging at morning prayers above a third, and on Sundays considerably more than a half of the whole number in the house. The behaviour during worship has been all that could be desired, not the slightest interruption having on any occasion taken place, and the perfect stillness and devout aspect of those present, both during prayers and sermon, being most exemplary. The Chaplain continues to use his best discretion in the selection of suitable topics of discourse, confining himself, for the most part, to simple Gospel themes, and enlarging on such views of the Divine character and dealings as may be fitted to cheer and console, to inspire confidence, and encourage resignation and hope. He is rewarded by occasional testimonies as to the benefit received from his teaching, both in the way of meeting the requirements of the more intellectual, and comforting the hearts of the feeble and desponding. His chief difficulty is with the lethargic and dull; and he can only hope that an occasional ray of light may penetrate their torpid minds, and that the general effect of their religious observances may tend to their improved cheerfulness and good conduct.

In addition to the regular services, amounting to three each week, the Chaplain has visited the Institution, as a rule, not less than once a fortnight. The main purpose of such visitation is, of course, to follow up the more general teaching with particular and personal conversation, adapted as far as may be to the great variety of cases with which he is called to deal—a task which, it need hardly be said, calls for the exercise of no small wisdom and discrimination, as well as of a loving and tender sympathy. The work has its happy and

cheering, and its painful and trying side. Many a pleasant and profitable conversation the Chaplain has enjoyed with patients, sometimes of superior intelligence, most of them well-inclined towards religion, and some markedly devout. And there have been cases of profound religious despondency which have powerfully appealed to his liveliest sympathies, and no small joy has it been to mark, on more occasions than one, the gradual emergence of the spirit from its gloom, and its restoration to cheerfulness and tone, under the various ameliorating influences brought to bear upon it. Matters are not always so encouraging. Cases there will be of a fixed and obstinate, or ever-recurrent character, which defy all efforts of counsel or comfort to minister to their permanent mitigation or relief, and which must be left in great measure to the slow improving influences of treatment and time. But farther specification is unnecessary ; and it will be enough to say that, without neglecting any to whom he can hope to be of use, the Chaplain, as a general rule, has devoted his chief attention to those cases which seemed most to need his ministrations, and which held out, with the Divine blessing, a reasonable expectation of beneficial results. He has endeavoured, also, to act on the principle, that it is by indirect as well as more positive methods that a wholesome influence is to be exerted, such as by engaging in genial conversation on general topics, manifesting an interest in their reading and occupations, and seeking to produce the impression that he sympathises with them in their troubles as a comforter and friend. In this connection, he may mention that he has had the pleasure of occasionally taking part, not only in out-door recreations, but in-door readings, by which the dulness of the winter evenings is pleasantly relieved.

In conclusion, the Chaplain desires anew to express his sense of the unvarying courtesy of the officials and attendants in the discharge of his duties. He also begs to renew his grateful acknowledgments to the Directors for enabling him, by their kind confidence, to continue in the service of an Institution, in whose welfare he cherishes a deep interest, and on which it is his earnest prayer that the blessing of the Almighty may ever conspicuously rest.

WM. D. KNOWLES, *Chaplain.*

