

The Eastern Counties' Asylum for Idiots, Imbeciles and the Feeble-Minded compared with some similar institutions elsewhere : with notes upon the question of tuberculosis / by Edgar A. Hunt, honorary consulting surgeon to the institution.

Contributors

Hunt, Edgar A.

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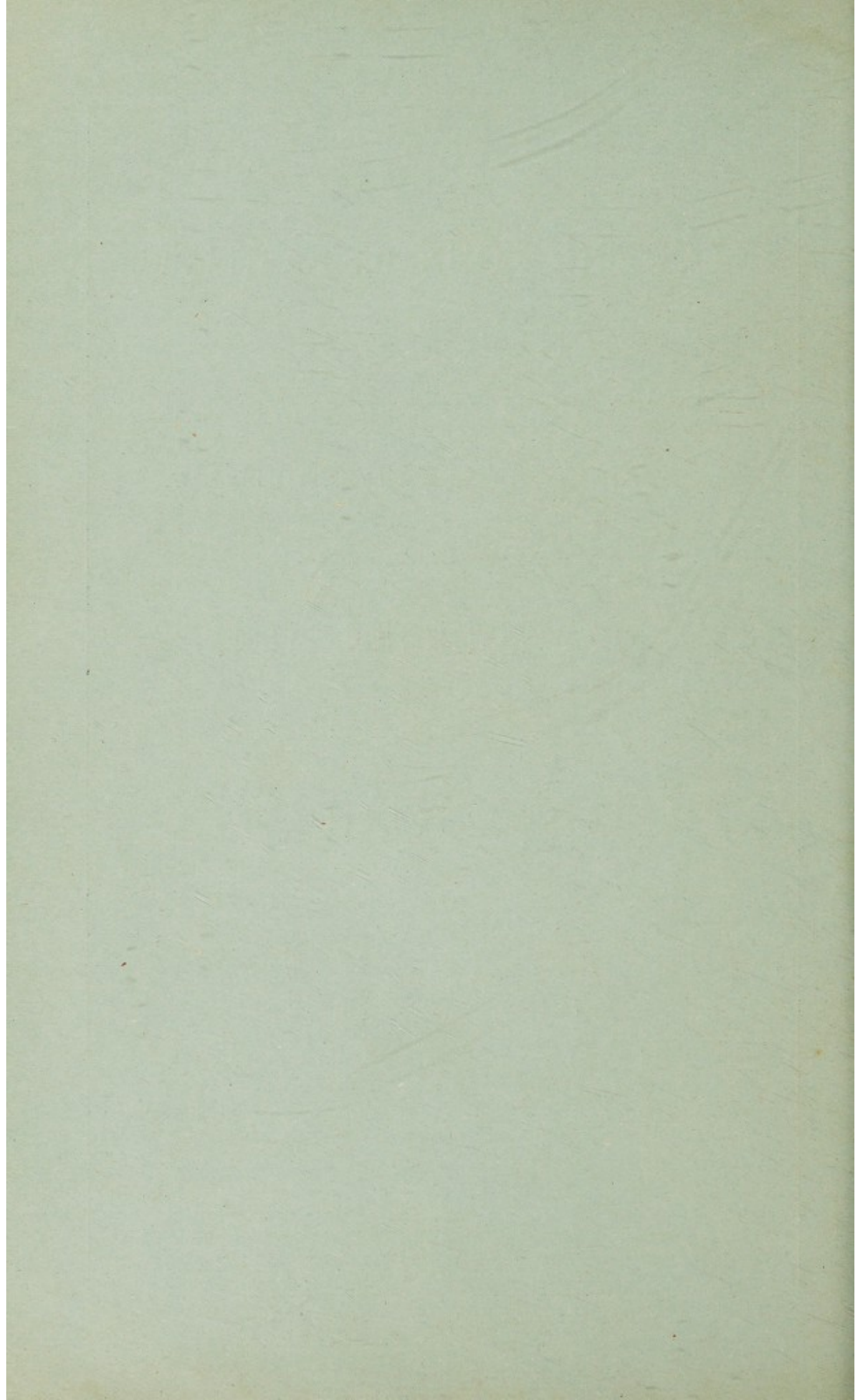
THE
EASTERN COUNTIES' ASYLUM
FOR
IDIOTS, IMBECILES
AND THE FEEBLE-MINDED
COMPARED WITH
SOME SIMILAR INSTITUTIONS ELSEWHERE
WITH NOTES UPON THE QUESTION OF
TUBERCULOSIS

BY

EDGAR A. HUNT,

HONORARY CONSULTING SURGEON TO THE INSTITUTION.

MAY, 1903.



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EXTRACT FROM A LETTER DATED APRIL 18th, 1903.

FROM SIR FREDERIC BATEMAN,
M.D., LL.D., F.R.C.P.

Hon. Consulting Physician.

“This question ought to be considered from a medical point of view rather than from a sanitary one. What I mean is, Idiots with a Tubercular tendency require a different mode of treatment to those who are not Idiots. We all recognise that Tubercular patients have been too much confined and shut up, but it is being carried to a ridiculous extent, and there is a good deal of ‘faddism’ about it. I doubt very much the *ultra* Outdoor Treatment would be of use for patients with such a low state of vitality as Idiots.”

“It is desirable not to confound the treatment of Tuberculosis *in general* with the treatment of Idiots, who happen to be Tuberculous.”

INDEX.

	PAGE
INTRODUCTION	4
EASTERN COUNTIES' ASYLUM (NIGHT VISIT)	7
EARLSWOOD ASYLUM	13
ISOLATION STATISTICS FROM COUNTY AND OTHER ASYLUMS ...	17
TOOTING BEC ASYLUM (METROPOLITAN ASYLUMS BOARD) ...	21
THE NORTHERN COUNTIES' ASYLUM	24
LEAVESDEN ASYLUM (METROPOLITAN ASYLUMS BOARD) ...	29
ROCHESTER HOUSE TRAINING INSTITUTION (METROPOLITAN ASYLUMS BOARD)	40
WESTERN COUNTIES' ASYLUM	45
EASTERN COUNTIES' ASYLUM (DAY VISIT)	55
NOTES ON TUBERCULOSIS AND SUGGESTIONS	64

INTRODUCTION.

In March last was held the Fourth Annual General Meeting of the National Association for the Prevention of Consumption and other forms of Tuberculosis. This fact indicates that sufficient time has now elapsed since the great campaign against Consumption was started, to warrant the Board of Directors of the Eastern Counties' Asylum for Idiots, Imbeciles, and the Feeble-Minded availing themselves of the experience already gained, and taking action in the matter. Comparatively few Lunatic Asylums and no Idiot Asylums have so far moved much in that direction. The amount of Phthisis amongst Idiots renders it imperative that this Asylum shall no longer hesitate to join the ranks of those actively engaged in fighting Tuberculosis, *as far as possible* on modern lines.

Our present resident medical officer, Captain Luard, has shown commendable zeal in this matter, and his Annual Report, presented to the Board on 14th March, dealt largely with it. It was only fair to expect that any such Report, if it made any definite recommendation on this important subject, would have been most careful that such recommendations were, as far as our special class of patients is concerned, in accordance with the views of the leading Asylum Authorities, whether medical or lay, that is to say of men recognised as experts in the management of Asylums and in the treatment admitted to be necessary for the Idiot, Imbecile and Feeble-Minded, as such, and whether Tubercular or not. Unfortunately the plan recommended for adoption here was diametrically opposed to the views of Asylum Authorities. I have collected a mass of evidence to shew what these views are, and to shew how unanimously they are held. Under such circumstances there was only one course open to the Board, viz. to receive the report and—without adopting it—refer it to the Special Sub-Committee which had been appointed to deal with the question of Tuberculosis in the Asylum. Moreover the report contained statements which amounted almost to an indictment of all concerned in the management of the Institution. This, I am sure, was far from Captain Luard's intention; but had the report been published without explanation and without a series of recommendations shewing that definite steps are being very seriously taken

in the matter of Tuberculosis, the result would have been one of the very last he ever contemplated producing, viz., a loss of prestige on the part of the Asylum in the eyes of the public.

The problem is a difficult and complicated one and the solution of it must inevitably involve the Institution in the expenditure of a large sum of money. Under all circumstances it would have been better had Captain Luard availed himself of what was at his command, viz., a consultation with the members of the Consulting Staff, on which there are such eminent authorities as Sir Frederic Bateman and Professor Clifford Allbutt, before he drew up his Report. That he is actuated by the very highest motives I do not doubt, that he has committed an error of judgment I am equally certain.

It is in the hope that my notes may be of some service to my colleagues on the Tuberculosis Sub-Committee in enabling them to form a series of resolutions which the Board may feel justified in adopting and acting upon, that the following pages have been written. Anyway the Eastern Counties' Asylum is, as it should be, in the van in attempting to overcome—in the interests of its inmates—one of the greatest difficulties that ever confronted those who have at heart the welfare of the Idiot, the Imbecile and the Feeble-Minded.



COPY OF A LETTER RECEIVED FROM
PROFESSOR CLIFFORD ALLBUTT, M.D., F.R.S.,
Honorary Consulting Physician.

S. RADEGUND'S, CHAUCER ROAD, CAMBRIDGE.

May 12th, 1903.

DEAR MR. HUNT,

I much regret that this season is one of engagements so many and pressing that it is impossible for me to attend the Meeting, or even to write any formal opinion at length.

As to your propositions I can only say briefly that there can be no doubt that acute and advanced tuberculous cases must be isolated, and that fresh air, good ventilation without draughts, warmth, a liberal and judicious dietary, and the best possible sanitary and hygienic surroundings by day and night are of the utmost importance in order to deal successfully with tuberculosis.

Believe me,

Yours very truly,

T. CLIFFORD ALLBUTT.

THE EASTERN COUNTIES' ASYLUM FOR IDIOTS, IMBECILES AND THE FEEBLE-MINDED.

In connection with the Tuberculosis Question and in consequence of the serious allegations of the Medical Officer that the inmates were suffering from the effects of "Foul Air," I made arrangements with Mr. Turner and Captain Luard to make a tour of inspection of the Asylum on the evening of Wednesday, 18th March, 1903, on the understanding that the Nurses and Attendants were given no notice of my coming and that no preparations of any sort were made for my visit. Mr. Turner acquiesced in this plan, and indeed, suggested it when I proposed coming. I thought moreover, before Mr. Turner and I visited other Institutions, it would be as well to have a clear idea of the exact conditions of our own Asylum on an ordinary night in the month of March. I may say that it was a fairly still night and that the thermometer went down to about 40° . We determined to take the Annexe first at 8.45 p.m. The air in the passage was good and the white walls helped to make the passage seem well lighted. The radiator inside the door was giving little heat and the passage inside was cool.

BOYS' LOWER WARD.—Temperature 60° , air sweet, one ventilator open. We found a second out of order. The Tobin's Tubes were letting in very little air. I learned that the ventilator was kept open all night. I noticed that the ventilators were all "eared" and when we opened a second at the opposite end of the ward to the first, there was next to no draught. This, of course, must depend considerably on the amount and direction of the wind. I noticed that all the patients were well covered with bedclothes and admit I was surprised in this ward as in all the wards to note how rarely I could detect a patient uncovered. Throughout my visit I did not see one unduly exposed.

I learned that on very cold nights in spite of a fire, in addition to the usual warming arrangements, the temperature of this ward would go down to as low as 48° , but only when there were say 12° of frost outside. I asked what would be done with the ventilators if many of the patients were out of bed for the same purpose at the same time. Captain Luard

said he would himself advocate all the ventilators being closed under such circumstances for a sufficiently long time.

ADJACENT LAVATORIES.—Sweet, fresh, and ventilators open. One water-closet was out of gear. Temperature, 54°.

KITCHEN.—Ventilators open.

BOYS' DAY ROOM.—Temperature 50°. Room, of course, empty. Air wonderfully fresh and sweet. Ventilators open.

SECOND DAY ROOM.—In same condition. I was much struck with the sweetness and freshness of the air in these rooms, noting how thoroughly any offensiveness there might have been, after occupation, had disappeared, and what favourable conditions there were for the morrow's use of the rooms.

CHILDRENS' DINING ROOM.—Temperature 50°. This room is only occupied during meal-time. I found the air very fresh.

CORRIDORS.—These, I noticed, were warmer than the rooms.

GIRLS' DAY ROOM.—Temperature, only 43°. In this room there was a good cross current of air. The doors of these rooms are kept shut when not occupied. They are thus rendered more sweet, while the passages are not cooled down.

CHILDRENS' DAY ROOM.—The windows, I learnt, were kept open from 4 to 8 p.m. At the latter hour the windows are closed. The ventilators are kept open, but are closed at either 11.30 p.m. or 3.30 a.m., according to the temperature outside, and at the night nurses' discretion. Sometimes the ventilators are kept open all night. There is a capital direct cross current of air from north to south between the ventilators. Air in room good.

PART OF CHILDRENS' DAY ROOM.—The ventilator here is under the heating pipe of the room above, and on cold nights the outside air coming in would tend to cool down the pipe and so lower the temperature in other rooms. If the pipe were covered and packed over the ventilator, this cooling down would probably be prevented, and a too low temperature elsewhere avoided.

SOUTH STAIRCASE.—I noticed that the large window was closed. On favourable nights it might be opened with advantage, as the occupied rooms rely on air from the corridor to supplement the quantity in them. It is usual for the night-nurse to sit near this window when not engaged. Perhaps another place could be found for her, as she must not be exposed to a draught.

FIRST COT ROOM.—Ventilators closed, but temperature only 55°. Children nicely covered up. There was certainly a slight smell in this room. Door open.

SECOND COT ROOM.—Ventilators nearly closed. Temperature 54°. It has been noticed that when the fire is lighted the air in this room particularly—the rule holds good for other rooms—is distinctly sweeter and fresher.

LOWESTOFT WARD.—A girls' dormitory. Temperature 54°. Ventilators a little open.

GIRLS' SICK WARD.—Here a fire was alight and the temperature was 58°. This ward is nearly always occupied, *i.e.*, day and night. In it were two Tubercular Cases.

ADJACENT LAVATORIES.—Air sweet. Temperature 55°.

BOYS' SICK WARD.—Here the temperature was just over 60° and the air was not fresh and less sweet than in any room I had entered so far. Here were one or two acute Tubercular Cases. Compared with rooms in other Asylums, this room could certainly and decidedly not be described as foul. There was the first indication, perhaps, of the "Institution Odour."

EAST SUFFOLK ROOM.—Only occupied at night. I learned that it sometimes happens one of the patients will close a ventilator which was intended to be open.

ADJACENT LAVATORIES.—Sweet, but all the ventilators were not open as, perhaps, they might be. A sufficiently warm temperature is, however, essential in the lavatories.

IN THE ANNEXE I noticed the Radiators as, of course, being very probably receptacles of much dust and "fluff" while, necessarily, the space under the iron gratings in the floor *must* get a lot of dust into them. How much harm this dust does in a place that is not an open air sanatorium for consumption is another point. It will be seen that the Radiators and Iron Gratings are necessary as the heating is done at present, and very satisfactory and well under control this warming seems to be.

Before leaving the Annexe, I noticed some of the floors to be covered with linoleum—doubtless this can be kept very clean. But it must not be forgotten how very cold it strikes the feet of those even with good circulations.

Leaving the Annexe, we now entered the main building and first noticed—

THE LARGE DAY ROOM.—Here the air was remarkably sweet and fresh, and free from smell, and lots of fresh air was being admitted. But little was entering by the Tobins' Tubes. I noticed that owing to the necessary construction of the seats by the wall from our Asylum point of view, considerable facility was afforded for the accumulation of dust from a Consumption

Sanatorium point of view. We must not forget which we are and the main building at any rate was not specially constructed for either an Asylum or an Open Air Consumption Sanatorium.

PAYMENT CASE ROOM.—Air good, Temperature 58° , Ventilators open.

SMALL BOYS' DORMITORY.—The air in this room was not sweet, but the term "foul" would be a wrong one to apply to it. It struck me that the want of sweetness was attributable rather to some passing "smell" than to want of sufficient supply of fresh air, but there are only two windows.

YARMOUTH NIGHT WARD.—Here there was a fire alight and although the ward contained the worse cases necessitating the night man being always on duty in the ward, the condition of the air was very fair indeed. The windows here are, of course, not so satisfactory as in the Annexe. In accordance with the Commissioners' orders they are made so that they will not open more than six inches. I consider this a great mistake. At any rate, in the daytime, it ought to be possible to thoroughly flush this room (and others where the same condition of things exists), with fresh air coming in through windows opened to their widest possible extent. As it is, one pane in two windows is especially made to be thrown open in the day time—an inadequate provision. It is to be remembered that here there is an absence of the capital ventilators fixed in the Annexe.

NORWICH WARD.—Temperature 52° , very fairly sweet. Two doors were both open.

ADJACENT LAVATORY.—The smell here gave me the distinct impression that the waste pipe of the basins is too small and inadequate. There was no lack of air. The closets require to be replaced by modern ones. Filth will collect in the present old washout ones.

NORTH WARD.—A dormitory. Temperature 50° . Condition of air satisfactory.

IPSWICH WARD.—The ventilation in this ward is capable of improvement. The windows are comparatively small and there are no ventilators except the Tubes.

SERIES OF SMALL WARDS.—There is a fireplace in each. No register is ever down; the Stoves, indeed, are made without them, and all were sweet and the air satisfactory. Owing to the impossibility of segregation at present, I think much care should be exercised about placing a decidedly Tuberculous case in one of these small wards with the other non-tuberculous cases. The wards considering their small size are perhaps *rather* crowded. This statement is almost hypercritical.

FIREMAN'S ROOM.—Temperature 55° . Ventilators shut. Air satisfactory.

SMALL "GLAZED-WALL" ROOM.—Air wonderfully "sweet" considering small cubic space; whether there could be said to be enough air is another question.

ANOTHER SMALL ROOM. The number obliged to be here, shews that the Asylum is somewhat taxed to provide everywhere the amount of cubic space necessary from an ideal point of view. Nevertheless there was nothing approaching a "foul" state of air.

CAMBRIDGE DORMITORY.—Air fresh.

BEDROOM OVER KITCHEN.—Air satisfactory. I was glad to note the windows could be opened wide.

TWO TOP GIRLS' DORMITORIES.—The air was less satisfactory here. The windows are small, and the rooms cannot be said to be well ventilated.

I noticed in the bedrooms of the main building the absence of any means of heating. I remember attention has been called to this fact on previous occasions, and know that it has had the Superintendent's serious consideration, and that in times past he has been anxious about the temperature getting too low in severe weather.

So much for a surprise night visit. I propose to defer making further comments thereon or any further suggestions until I have made a fairly complete inspection by day. In order then to be better able to deal specially with the question of Tuberculosis, I consider it necessary that I should be armed with the latest information obtainable, and that I should have learned by personal experience what has been done already in the direction of tackling the Tuberculosis Question elsewhere. I had hoped that by this time and certainly long before any report for 1902 was drawn up by the Medical Officer that he would have complied with the wishes expressed by the Committee that he should obtain particulars of all that has been attempted and accomplished in similar institutions in this particular direction. He has failed to furnish these particulars. I have waited impatiently for them and have asked the Superintendent on several occasions whether Captain Luard has presented his special report containing the information sought for. I have always been ready to give the subject the attention it deserves and requires on receipt of this report, and I consider Captain Luard has only himself to blame if there has been any delay and that he is personally responsible for the delay. I am as convinced now as I was when the subject was first mooted that the Board would have taken a very false step to have acted on the recommendation of their Medical Officer alone. I should have been of this opinion had their Medical Officer had many years experience in the case of the insane, whether Lunatics or Idiots and Imbeciles, and several years experience in the special treatment of Tuberculosis. I

venture to say that a Medical Officer of the ripe experience I mention would have found but few Committees prepared to act in this matter on his personal opinion alone and, in our own case, in not first availing himself of the aid of the Consulting Staff, the Medical Officer committed a grave error of etiquette and judgment.

It was not until 31st January of this year, that in a supplementary report, Captain Luard supplied the Committee with any information as to what has been done elsewhere. In this Report he referred to Dr. A. Shadwell's Special Report to the Metropolitan Asylums' Board on the Tuberculous Insane published in October, 1902, and to the Report on Tuberculosis in Asylums issued last year by the Medico Psychological Association. I shall have to deal with both these, as far as they concern us, later on. I perceived at once that this information was altogether inadequate. I have in writing and in speaking told Mr. Turner what I considered necessary.

We are an Asylum for Idiots, Imbeciles and the Feeble-Minded, and the whole point is what have the Asylums (in England at any rate)—the Asylums for the Idiot, the Imbecile and the Feeble-Minded done already; what do they propose to do and how do they propose to set about it?

On Saturday, March 14th, I heard with pained and indignant surprise the astounding report of the Medical Officer. As the Board are aware, it was only even received by the casting vote of the Chairman. I voted that it should be received, for I commend Captain Luard's earnestness and zeal in this matter, while I deeply deplore his methods.

After the meeting I came to the conclusion there was only one thing to be done in order that the Board and the Superintendent might have all the assistance possible (as far as I was concerned) in this important matter, and that was for me to make arrangements to leave my practice for a few days, and in the company of the Superintendent pay a round of visits to the chief Idiot Asylums of this country, and any Lunatic Asylums where we might be able to obtain information likely to be specially useful to us. My idea was cordially taken up by Mr. Turner and the special Sub-Committee, and on Tuesday, 24th March accompanied by Mrs. Hunt—the President of the Colchester Branch of the Ladies' Association—we started for Earlswood, Tooting Bec, the Royal Albert Asylum, Lancaster, and Leavesden, intending to complete our round with visits to Starcross and Rochester House next week.

EARLSWOOD ASYLUM FOR IDIOTS.

On Tuesday, March 24th, we visited Earlswood and were most hospitably received by the Medical Superintendent, Dr. Caldecott, who thoroughly sympathised with the objects of our visit and spared no pains to enable us to obtain thorough information of the present condition of and the methods of treatment at this important Idiot Asylum with its 524 patients.

WE FIRST ENTERED THE NOBLE DINING HALL and learned that it was the rule to keep the windows closed during dinner. IN THE KITCHEN we learned that every plate was weighed and that only English meat was used.

IN THE FEMALE EPILEPTIC WARD we noticed the linoleum floor cloth and the special epileptic beds with their woven wire sides. These of course afford much less risk of damage to patients in some ways, but not being covered, the patients may scrape and scratch themselves against the woven wire. It must be granted that these woven wire sides cannot avoid being receptacles of dust and are difficult to clear of dust.

AS TO TEMPERATURE the rule is that this ward must never be below 60° at night. I may here note that the building is warmed with steam heat throughout, and that generally speaking the floors and walls are warmed. We noticed that all angles and corners are rounded in accordance with the idea of preventing dust accumulating.

THE INFIRMARY is most useful as in it the Superintendent always has 50 extra beds at his command. The sanitary arrangements are good, and as to ventilation I now come to a most important point, *viz.*, the splendid open air large gratings communicating with the external air and cut out through the thickness of the walls with radiators in front of each opening which is provided with a "hit and miss" ventilator. This effective means of ventilating and warming has been introduced by Dr. Caldecott throughout the large building. The temperature is kept at about 57°, and if the temperature falls below this the heating power of the radiators is at once increased. The windows are generally open.

THE WARDS OF THE MAIN BUILDING were almost all very fresh and sweet. The temperature of the day rooms was about 54°. The Louvre windows with glass louvres in some instances, are useful in maintaining the satisfactory condition of the atmosphere. In the 7th class, *i.e.*, the worst class, the

attendants are allowed and expected to keep the temperature higher, and we found their room 63°.

Dr. Caldecott thoroughly explained to us the Paul system of heating, lately instituted by Messrs. Ashwell & Nesbitt, by which the steam is drawn through the pipes and radiators, instead of having to be driven into them—thus effecting a great saving of coal. We inspected the grille coke filtering screen, fan, &c., &c., for blowing hot and cold air into the dining hall and recreation hall. We were much struck with the good corridors in all directions and noted the uniform temperature maintained in them.

WE NEXT VISITED THE MAGNIFICENT NEW FEMALE SANITARY BLOCKS, containing 61 Water Closets and 16 Baths and found the atmosphere very sweet. The term "magnificent" will be understood when I say that these Blocks cost £9,000.

IN THE DORMITORIES we noticed the wooden bedsteads with their pretty coloured hangings. These hangings cannot well avoid being "dust-traps." We learned that the bedroom windows are kept shut at night, as are also the doors. We keep our doors open. All the dormitories are heated,—many of ours are not.

THE FLOORS.—Much attention has been lately paid to these and the system of using Boiled Oil on the Boards and afterwards turpentine and beeswax will now be universal throughout the Institution. These floors are found to be far more satisfactory than stained boards and of course, than scrubbed boards.

In consequence of the direction of the wind we found the windows and ventilators in the main school room shut.

SOME OF THE OLD WATER CLOSETS for the children still remain. The rooms in which they are, are provided with an Electric Fan, and for one hour this is kept going *i.e.* during the time the water-closets are in general use.

So much has the ventilation generally been lately improved that it has been said by Members of the Committee that whereas in old days it took two days for their clothes to lose the "Institution Odour" when they visited the Asylum, there is now no smell at all.

WE NEXT VISITED THE WORKSHOPS and first entered the Hair Mattress picking room. The danger from this occupation has not been particularly noticed in this Institution.

SHOE MAKERS SHOP.—Temperature 62°.

BASKETS AND BRUSH MAKING.—The Electric Pitch Pot was found to work admirably.

WE VISITED THE CARPENTERS' AND TAILORS' SHOPS and in the latter noticed the Electric Goose Irons working well.

A GREAT FEATURE IS THE PRINTING SHOP, in which annually the Report is printed.

ALL THE WORK SHOPS are kept warm and care is taken to see that the temperature does not fall unduly in them.

TOP BEDROOMS.—In these we found the ventilators open, but the windows shut. We found the rule is, that the windows shall be closed early, that the Radiators shall be turned on at 6 p.m., and kept on until 8 p.m., thus ensuring a comfortable temperature in the dormitories by the time the patients enter them for the night. This is interesting when in spite of our own dormitories in many instances being unprovided with artificial means of producing warmth, we are nevertheless charged with "maintaining a hot-house temperature." Careful watch is kept at Earlswood and should it be found that the temperature generally is too high, steam is turned off at the main or the supply cut off from different parts of the building, until the temperature falls to say 55°.

What then did we find here as regards the treatment of the Tuberculous specially? There is no segregation. There is no isolation of phthisical cases. We find the greatest attention paid to ventilation and fresh air, we find equal attention paid to the maintenance of sufficient warmth and the avoidance of draughts. And we find a low death rate viz: 2.94 per cent. Dr. Caldecott is fully aware of the tendency and liability to Tuberculosis in the Idiot. He is fully alive to the ideal treatment of the Tuberculous Idiot. He is equally conscious of what is practically possible and what is mainly necessary, viz: the management of the Idiot as an Idiot.

While very cautious on the subject, he is doubtful whether the intestinal Tubercular cases can be considered actively infective. He insisted upon the fact that the large majority of the inmates do not "spit," while of course he admitted that the more healthy and vigorous do.

While allowing that a large amount of Tuberculosis exists and has existed, he stated there had been very little amongst the attendants, nurses, servants and officers and he cannot say he knows of a case, when a patient has infected one of them with phthisis.

There are at present no air shelters or verandahs or special bungalows in the grounds, but Dr. Caldecott hopes to gradually have some. Large sums of money have been spent—not on such things as these, but on great sanitary improvements, on means of obtaining sweetness, on warmth, on ventilation and in securing fresh air without draughts.

In confirmation of much that I have said let me quote from his last annual report:—

"The general health of the whole establishment has been very good."

Re Sanitary alterations and additions—

“ This contract included the laying of new drains for both sides of the building, the addition of three new sanitary spurs to our infirmary, and the erection of two large annexes for the female side of the house. The blocks are large, airy, and light, floored with Terrazzo, lined with glazed tiles, well ventilated, and have all angles and corners rounded so that no dust or dirt can accumulate. Since their construction the chief sources of foulness have been removed from the female side of the building, and they themselves are found to be entirely free from the same. They are heated by steam, by means of which the temperature is maintained at 50° to 60° F. night and day.

“ Now that the whole of the buildings and workshop block have been heated by steam since October, lit by electric light since July, and hot water has circulated since August, we are in a position to form some conclusion as to the benefits the combined plant will confer on the patients. During the winter there were only two cases of chilblains. There was an immunity from coughs and colds to an extent previously unknown. There was no case of pneumonia or bronchitis, much less medicine has been dispensed; foul odours and closeness have more or less disappeared; wards and corridors are kept at a uniform temperature.”

He and his Board are to be congratulated on such a result! such a return already for the large sums which have been spent to secure the comfort and the rational hygienic surroundings for the Idiot.

If such measures were necessary for the class of cases received at Earlswood, how much more necessary are they for the class of cases received at Essex Hall? I was much struck with the contrast on the whole between the patients at Earlswood and our own. The feeble, delicate, miserable, helpless and almost hopeless little ones which we see here and which so justify our motto, “ the greater the necessity the greater the charity,” were not in evidence at Earlswood.

In conclusion I have to record an interesting fact in connection with the Tuberculosis Question. We have been charged with delay. As you are aware a set of questions on the subject has been sent out from here to various authorities. One of them was sent to Dr. Caldecott, on receipt of it, he—recognising the importance of the subject and with the promptness and energy characteristic of him—drew up a list of questions on his own account and sent them out to a far wider circle than ours has gone to. He has received answers to most of them. With much generosity, he has submitted these answers to me, and the following tabulated result of the enquiries is not without interest to us on the present occasion. For its careful preparation I am indebted to our Assistant Secretary, Mr. Arthur Turner.

TUBERCULOSIS.—Particulars from County and other Asylums as to Isolation, &c.

ASYLUM.	Do not Isolate.	Propose to Isolate.	Do Isolate.	Whether in separate building.	Whether treated on Open-air system.	Is Cold Air beneficial? (Opinion.)	Percentage of Patients with Phthisis.	Percentage of deaths from Phthisis to total No. of deaths.	REMARKS.
Kent County ...	No	No	No	No	No				
County Asylum, Knowle ...	No	No	No	No	No				
Oxford County ...	No	No	No	No	No				
Leicestershire ...	No	No	No	No	No				
Norwich Asylum, Thorpe...	No	No	No	No	No			11% 1902 over 30% 16% 1901	
The Coppice, Nottis. ...	No	No	No	No	No	Possibly in some cases.	2%	None	
Lond. Co. Asylum, Epsom...	No	No	No	No	No				
West Ham Bor. Asy. Goodmayes	No	under consideration	No	No	No	Yes	2%	16% 1902	
County Asy., Bodmin ...	No	No	No	No	No			16% 1902	
Lond. City Asy., Dartford ...	No	No	No	No	No				
Bucks Co. Asy., Aylesbury ...	No	No	No	No	No	No	4%	12% 3% of total deaths 1901	
Derby Co. Asy., Mickleover	No	No	No	No	No	Yes	under 1%	11% 1901 12% 1902	
Birmingham City Asy. ...	No	No	No	No	No	Yes	0.8%	7% 1902	Institution newly opened Only open two months
New Co. Asy., Radcliffe-on-Trent	No	No	No	No	No				
Somerset & Bath, Cotford ...	No	No	No	No	No				
West Riding Asylum	No	No	No	No	No				
Tooting Bee Asylum	No	No	No	No	No				
Notts City Asy., Mapperley Hill ...	No	No	No	No	No				
Caterham Asylum ...	No	No	No	No	No	Depends on patient's circulation of insane invariably languid.	40%	11.5% 1902 11% 1901	
Norwich City Asy., Hellesdon	No	No	No	No	No				
Bethel Hospital, Norwich ...	No	No	No	No	No				One case of Phthisis in last 15 years
Bootham Asylum, York ...	No	No	No	No	No				
Warneford Asylum, Oxford	No	No	No	No	No				Two cases of Phthisis in last 16 years
Three Counties' Asy., Arlesley Co. Asylum, Cottingham ...	No	No	No	No	No				
Surrey Co. Asy., Brookwood ...	No	No	No	No	No				
Co. & City Asylum, Powick	No	No	No	No	No	Yes	3%	10.8 7% 1902 16.3	
Darenth Asylum, Dartford	No	No	No	No	No	Yes	3%	about 7%	

TUBERCULOSIS.—Particulars from County and other Asylums, as to Isolation, &c., continued.

ASYLUM.	Do not Isolate.	Propose to Isolate.	Do Isolate.	Whether in separate building.	Whether treated on Open-air system.	Is Cold Air beneficial? (Opinion.)	Percentage of Patients with Phthisis.	Percentage of deaths from Phthisis to total No. of deaths.	REMARKS.
Cumberland and Westmoreland County Asylum. ...		Yes	Sleep in single rooms.	No	No		1%	3% 1902	
Staffs. Co. Asylum ...	Yes	Yes	Concentrated in one ward	No	Partly		4%	22%	
Portsmouth Bor. Asylum ...	No	No	Concentrated in one ward.	No	No	Yes	1%	10% 1902	
Leicester Bor. Asy., Humberstone			Partially.	No	No	No	13%	5%	
London Co. Asy., Banstead			As far as possible.	No	No	Doubtful			
" Hanwell...			Advanced stages, in single rooms.	No	No	Patients must be kept warm. Air warmed in winter.			Ventilation at night by Blackman's fans.
Plymouth Boro. Asy. ...			In single rooms.	No	No	Yes, with small experience. Yes, if introduced gradually.		11.91	
Hereford Co. & City Asy. ...			As far as possible.	No	Kept outside from morning to sunset.		2 to 3%	4.3, 1902	
Co. Asy., Macclesfield			In single rooms.	No	As far as possible			26%	
Isle of White Co. Asy. ...			Advanced stages in single rooms.	No	No				Thinks whole matter has been greatly exaggerated
West Sussex Asy., Chichester			In single rooms.	No	No		1%	15% 1902	
Herts Co. Asy., St. Albans ...			In one Ward in Infirmary.	No	No	Cannot have too much fresh air provided wards not uncomfortable & cold. Yes		12%	
Staffs Co. Asy., Burntwood			To a limited extent.	No	Yes	Yes, except for old and feeble.		11.7%	
Middlesex Co. Asy., Upper Tooting			In acute cases	No	No		3%	8%	No case of Phthisis since start in 1901
West Riding Asy., Wakefield		No	In single rooms when confined to bed	No	No				
Rochester House, L. Ealing			As far as possible.	No	No		11%	16%	
Kent Co. Asylum, Chartham. ...			No	No	Windows in wards kept open. All patients treated on this system. Air not warmed.				
Lond. Co. Asylum, Colney Hatch									
Dorset Co. Asylum, Dorchester ...	No	No							

TUBERCULOSIS.—Particulars from County and other Asylums as to Isolation, &c., continued.

ASYLUM.	Do not Isolate.	Propose to Isolate.	Do Isolate.	Whether in separate building.	Whether treated on Open-air system.	Is Cold Air beneficial? (Opinion?)	Percentage of Patients with Phthisis.	Percentage of deaths from Phthisis to total No. of deaths.	REMARKS.
Staffs. Co. Asylum, Stafford ...			Later stages in single rooms.	No	No	Yes		27 %/o, 1902	
The Lawn, Lincoln ...			To a certain extent.	No	No	Yes		8 1/2	
Berks. Co. Asylum, Wallingford...			In later stages	No	No	Yes		9 %/o	
Derby Boro. Asy., Rowditch ...			As far as possible.	No	No	Yes		4 %/o	
Manchester Royal Asy., Cheadle...			Yes	No	No	Yes	0.35		
Friends' Retreat, York ...			Yes	No	Partly	Yes	None		
Barwood Ho. Hosp., Gloucester...			Yes	No	No	Yes			
Suffolk Co. Asylum, Melton ...			To some extent.	No	Yes, air not warmed.	Yes			
Western Counties' Idiot Asylum, Starcross ...			Yes	No	On modified scale. Air not warmed.	No		Nil, 1902	Average of 10 years, 36 %/o
Lond. County Asy., Claybury ...			Yes	No	Yes, air not warmed	No		18 %/o	
Leavesden Asylum ...			Yes	No	Not full open air system.	Would not warm air.		31 %/o, 1902	
Devon Co. Asylum, Exminster ...			Yes	Yes	Partly. Air not warmed.	Better if temperature be regulated for feeble cases.		8.5 %/o	
West Riding Asylum, Menston ...			Yes	Yes	Partially. Air not warmed.			10.58 %/o, 1902	
Lancashire Co. Asy., Whittingham			Yes	Females in large Fever Hospital. Few cases in Fever Hospital when at Liberty.	No			23 %/o	
Lancashire Co. Asy., Rainhill ...			Yes	Yes	No	Yes		23 %/o	
Lancaster Co. Asylum ...			On female side	Partly	Partly	Yes		about 10 %/o	
S. Andrews Hosp., Northants ...			In separate bedrooms.	No	No	Only to a few		15.13	
Lincoln Co. Asy., Bracebridge ...	No	No	No	No	No	Yes	2.30	7.4 %/o	
Hull City Asylum, Willesby ...	No	No	No	No	No	Yes	2 %/o	10 %/o	
Lond. Co. Asylum, Bexley...			Yes	Yes	Yes				

Before concluding my account of our visit to Earlswood I must refer to the last Report of the Commissioners in Lunacy. The main fact about it, as far as we are now concerned, is that it does not in any way touch upon the question of Tuberculosis, and does not make any suggestion for any special line of treatment being adopted at Earlswood in connection with Tuberculosis generally and phthisis in particular. But it does specially refer to what has been done to increase the *comfort* of the patients, *e.g.* :

“Among the completed improvements we would mention the heating, ventilating and lighting of all parts of the Asylum. Judging by the impression produced during our visit, the work has been successfully carried out, for throughout the building *the temperature was uniform and comfortable* and there was a complete absence of malodour and closeness.”

They also highly commend the new sanitary blocks and hope that what has been done on the female side may be imitated on the male side.

These are important points for us now—they shew that the Commissioners attach much importance to warmth, comfort and good “up-to-date” sanitary surroundings for the Idiot, and regard these matters at present as being of far more importance than any attempt at even a modified experiment to treat the inmates of an Idiot Asylum on the lines of a Sanatorium for Consumption.

TOOTING BEC ASYLUM.

On Wednesday 25th March, we visited this great Asylum—the latest achievement of the Metropolitan Asylums Board. Built for 750 patients, we were not sure, until we arrived, to what use the Board had finally decided to put the splendid accommodation at their command. We found no Idiots or Imbeciles and at present no children. The Asylum has been reserved for Infirm Pauper Inmates and there are already 520 patients. The Asylum has only been open since early in January and the greatest credit is due to the Superintendent Dr. Beresford for the method and order now prevailing. Everywhere we found evidence of his skilful organizing powers. Nothing could have exceeded the courtesy extended to us by him, and he spared no pains to point out the main features of the Institution and was most ready to answer our many questions. Here then was an absolutely “up to date” Asylum, in the construction of which for its special purpose no such thing as financial anxiety was known. The methods of treatment in vogue were almost unhampered by financial embarrassment. And what were they? our curiosity was aroused: were we going to find “wind swept” wards and corridors, were we to learn that here “draughts are an absolutely negligible quantity”? We shall see. It is to be remembered that we are now in what is practically a vast Hospital for the insane—for every inmate is not admitted unless he or she is infirm.

The Asylum is built on the block system—the long connecting corridors are roofed in but not closed at the sides. The passages are warmed and kept at a comfortable temperature with steam radiators. The floors are wood blocks (oak parquet) dressed with beeswax and turpentine. All the windows have good ventilators above them. One of the first things we noticed in the wards was that all round the oak block floor space there is a Terazio border with a rounded curve, *i.e.* no angle at what would usually be the junction of the wainscot with the flooring.

Every ward has its bath room adjacent. A feature in these was the open waste glazed earthenware channel and Tylor's excellent lavatory fittings. The glazed tile walls—opaline—looked very clean and bright. In the adjacent sanitary apartment we noticed the capital bed-pan rack.

At the sides of the wards are 4-inch pipes and the radiators and behind them the great openings in the walls—similar to those at Earlswood—with an outside grating and an inside shutter. We at once learned that two things are insisted

upon, Warmth and Fresh Air. The warmth is obtained not only by means of steam heating, but also by open fire places. These latter are a great feature. There is a double fire place in the centre of the ward. These are much appreciated by the infirm patients. The day was an unusually warm one for the time of year—but good bright fires were going and we were interested to learn that a temperature of 60° (or thereabouts) is a rule of the Institution. It is considered absolutely necessary for the old and feeble class of case to whose use the building is devoted. We saw scarcely any who could be considered as delicate and weakly, as many of our Idiots and Imbeciles.

The fresh air is obtained through the wall ventilators near the ground and by means of ventilators in the windows similar to those in our Annexe. We noticed that all these ventilators were "eared" and asked Dr. Beresford whether he considered that was necessary. He seemed much surprised at the question. "Of course the 'ears' were necessary" was his reply, evidently because of his rule that there shall be lots of ventilation but no draught.

We noticed in use here the excellent Taunton Diagonal Bedsteads—those for the epileptics, only eight inches from the ground.

One of the most striking objects at Tooting Bec is the "Flying Bridges" connecting the top floors of the Blocks with one another. These are provided with iron guards which cross right over from side to side at a good height above the parapets. These Bridges form excellent "Promenade Decks" or Airing Courts for the patients, while at the same time they are of course an invaluable safeguard in case of fire.

In the Infirmary Ward we noticed the "Night Lights," *i.e.* Enamel cups reflecting the Electric light in them up towards the ceiling and of course casting no direct light downwards. The nurse is not allowed to let the temperature in this ward fall below 56° . Plenty of ventilation but no draught is, of course, the rule here also, and we were much struck with the screens projecting into the ward from either side of the door—screens which are made of enamelled slate handsomely polished and black. Cross ventilation everywhere exists and these screens help to protect the patients from any possibility of draught. We noticed here perhaps the best Commode Chair in the market—that made by Maple & Co.

There are warm mats but no carpets and no curtains, but much comfort and plenty of cubic space. The cubicles in the dormitories of the subordinate domestic staff were very conveniently arranged and a great boon to the occupants.

There is apparently no question here of the cost per head per week of the inmates. The Superintendent has not got to

worry his head about a detail of this sort and does not live in dread of the strictures of a critical public on the point. We were reminded that the cost must be necessarily heavy as this was a Hospital which must be run on Hospital lines. What the size of the staff is and what the cost must be, may be to a certain extent gathered, when I say that there is one nurse to about every $5\frac{1}{2}$ inmates and there is no—"patient labour" whatever!

We visited the kitchen, offices, store room, laundry, &c., &c., but as they do not particularly concern us now, I will not dwell upon them further than to say we were informed that all the meat used is English killed.

The question of Tuberculosis did not arise here. Dr. Beresford says there is not much of it. What we did learn is that Tooting Bec is not a wind-swept institution, that draughts are not considered a negligible quantity, that ventilation and fresh air are insisted upon and so is warmth as being absolutely essential for the feeble and the infirm Insane.

I cannot conclude without giving a word of praise to all concerned for the universal "sweetness" which prevailed, for the absence of all smells and for the remarkable evident cleanliness and "freshness" of every individual "case" never mind how infirm.

“THE ROYAL ALBERT ASYLUM, LANCASTER.”

A Training Institution for the Feeble-Minded of the
Northern Counties.

On Thursday, 26th March, we visited the noble Institution which corresponds in the North of England to what we are in the East. I say this advisedly and notwithstanding the title which it has adopted and which is given in full above. Truly it is a Training Institution for the Feeble-Minded, but whatever it may become ultimately, it is still an Asylum for Idiots and Imbeciles. I admit that here, as elsewhere, we did not see the extreme cases we find a home for, and that generally speaking the inmates were of a higher level intellectually and were more robust physically than ours. But the attempt is made here, as it is at Essex Hall and Earlswood to combine the work of the custodian with that of the trainer. Moreover, this is a charitable Institution at which payment cases are received, and the Principal like our own Superintendent, has to keep alive the interest of the benevolent, and to rely largely for support upon voluntary subscriptions and donations. He is fortunate to dwell amongst some of the greatest of England's merchant princes and manufacturers, and princely indeed has been the generosity displayed towards the Royal Albert by such benefactors as Lord Ashton, the late Sir Thomas Storey, Mr. H. L. Storey, the late Mr. and Mrs. Brooke and others. We were most kindly received by the Principal Mr. Diggins, and the Resident Medical Officer, Dr. Douglas, and by them were shown over every part of the splendid building in which there are 580 patients. The Asylum is not built on the block system. In its main features it much resembles Earlswood. It is comfortably warmed by hot water pipes throughout, and we at once learned two rules, viz., that draughts must not be tolerated, and that the dormitories must never be allowed to have a temperature below 50°. Ventilation is a great point, and very cleverly has “cross ventilation” been provided, while at the same time there has been careful provision against draughts. The passages and the wide handsome corridors are provided with Radiators and open-air direct ventilators. The Lavatories are clean, sweet and light, and the walls covered with Florite, *i.e.*, a kind of “Glass Tile,” which is manufactured in the neighbourhood and is preferred to either “Opaline” or “Crystopal.” Accompanied by Miss Burdett, the excellent Head Mistress, we visited the Schools and noted the skilful

methods of instruction in vogue. An 'object lesson' on the "Daffodil" was being well done. The temperature of the first-class room we entered was 58° , and we were told it was not allowed to go below 55° .

IN THE 'GALLERY ROOM' (57° F.) we found the lowest type of children. Here there was a comfortable open fire providing additional warmth. The pupils were doing "Musical Drill" to a piano, and their 'marching' was most creditable and was evidently being much enjoyed by the children. Much attention is here paid to Physical Exercises, and the Swedish Drill Class for senior boys, is efficiently conducted by Mr. Vere.

IN THE "2ND CLASS" ROOM we found a well arranged writing lesson proceeding with Hammer's school desks in use. Here also was an open fire and the temperature was 58° . The teacher said she never let it get below 55° .

IN THE "INDUSTRIAL ROOM"— 60° F.—we found classes sewing and polishing spoons.

THE SCHOOL ROOMS are at present lighted with gas, but electric light is being put on, and we noticed the careful provision against danger from fire in the use of brass tubing to contain the separate wires.

IN THE GIRLS HIGHEST CLASS ROOM, Mrs. Hunt was much struck with the excellence of the embroidery, crewel work and "feather stitching" which was being done. Some were knitting, but this, perhaps naturally, was far from even.

THE BOYS "HIGHEST CLASS" was evidently a class of the real feeble minded and idiots were conspicuous by their absence. A lesson in the value of coins was being well given. There were one or two here who had derived much benefit from the "Thyroid" treatment. After prolonged use Dr. Douglas finds (as others have done) that the best results are obtained by leaving the gland off for say two months then giving the patient a month of it, then discontinuing for two months and so on.

I tested the movability of the glass screen separating the classes in the Boys Large School Room and found the screen was readily and easily shut away. It is the same kind of screen we have at Essex Hall.

WE NEXT VISITED THE NEW ASHTON WING lately opened by Lord Ashton, to whom it owes its existence, his Lordship having contributed the munificent sum of £15,000, its estimated cost. Here the hot-water pipes are so constructed that while they are protected, they can easily be swept round and under. Accumulation of dust is thus prevented.

IN THE EPILEPTIC WARDS, the windows are stopped so that they can only be opened a certain distance, but good

cross ventilation is secured. There are no Tobin's Tubes in the Ashton Wing. There are no carpets. In the passages capital cupboards reaching from floor to ceiling are provided. These are carefully ventilated.

IN THE EPILEPTIC DAY WARD we noticed the windows were all closed. The room was heated with pipes, radiators and open fires. There were eight circular ventilators, four were open and four closed and the temperature was 56° . The air was fresh and sweet. This and some other of the splendid wards in this wing are provided with a pleasant large bay, partitioned off from the rest of the ward, in which delicate or somewhat invalid children are placed. The partition is of glass.

The patients here are very carefully graded, and we noted with interest that it is considered specially needful to keep the lower grade cases in even warmer rooms than the others. For instance, the Day Room for the lowest grade of girls was 62° .

WE VISITED NEXT THE WORK SHOPS—at present they cannot be compared with ours—but new ones are in course of construction, towards which Mr. Herbert L. Storey contributed £5,000 as a "Coronation Gift." Some good work was being done in the Printing Room, and in Cabinet Making.

I noticed that the Teazing the hair of hair mattresses was being done here and being done indoors.

A CAPITAL LARGE NEW PLAY ROOM has been provided under the Winmarleigh Hall and is carefully warmed—some of the hot-water pipes run round the top of the room. The heating here as elsewhere cannot be managed without "dust traps" being the result. I noticed in this room a particularly large "dust trap" in the shape of the big box containing full-sized radiator coils with an open iron grating at the top.

THE SPLENDID RECREATION HALL named after Lord Winmarleigh, with its fine stage and gallery, is another proof of the munificence of the north afforded by this Institution.

THE INFIRMARY is a separate building and is admirably constructed. It is provided with Tobin's Tubes and good top ventilators over each window. The temperature charts hanging over the beds proved that here there are several acute cases of Tuberculosis. The Infirmary is kept at a temperature of 60° . It is to be remembered that it is here we found the acute phthisical cases and the Head Nurse was emphatic that it "must not be too cold for children like these"—pointing to the little patients in their beds as she spoke. The tendency of the Mongol to Tuberculosis has been particularly noticed here. There was one in the Infirmary—from which, by the way, draughts are rigidly excluded. But the air was fresh and sweet.

We next visited a most capital detached building, viz.,

THE STOREY HOME. Touched by a deep feeling of the vices and temptations to which feeble-minded girls might be exposed on leaving the Institution, Sir Thomas Storey, at a cost of scarcely less than £10,000, built and equipped the beautiful Storey Home on the Asylum Estate. Here there is room for 40 of the highest grade girls, and here they are provided for a time with a half-way house between the Asylum and the world. The temperature in the day rooms is kept as nearly as possible at 60°. The nurse in charge has, in the course of a long experience, come to the conclusion that girls like those here cannot stand draughts, and that face-ache, and stiff-necks, and chilblains are the inevitable results of them. The dormitories are kept about 55° and are never allowed to be under 50°. The lavatory accommodation is worthy of a "West End" Club.

THE CORRIDORS AND MANY OF THE DAY-ROOMS are covered with linoleum. In the Ashton Wing there are wood blocks. The majority of the boards are still scrubbed, but as to the floors in the Institution generally the system adopted at Earlswood will be gradually introduced here by Mr. Diggins, viz: that of boiled oil, turpentine and beeswax. The Matron also is strongly in favour of this plan and had found it answer better than any others in the Institutions with which she was formerly connected, viz: The Royal Sea Bathing Infirmary at Margate and the Hereford Asylum.

NOW AS TO TUBERCULOSIS.—The total number of deaths in the last ten years is 163. The percentage on the average number of patients resident is 2·84—a very low death rate. The 163 deaths include 36 from Phthisis, 36 from general Tuberculosis, 4 from Tubercular Meningitis and 1 from Tubercular Peritonitis viz: no less than 77 deaths from Tuberculosis—no less than 41 per cent of the whole number.

It is to be noted that the Lunacy Commissioners in their last report do not touch upon the question of Tuberculosis. They do touch upon the existing work shops being "too cold and draughty" in winter. There is no attempt at Isolation or segregation of Tuberculous patients. There is no attempt at anything like the "open air cure" of the phthisical. There are no shelters or bungalows in the grounds. There are some good verandahs where fresh air can be obtained by the delicate and paralysed but they were not provided specially for the phthisical. The Medical Officer in his last report does not advocate special treatment for the Tuberculous. At the same time he says:—

"As a very large proportion of our patients are either markedly Tubercular or possess in greater or lesser degree constitutions particularly prone to the development of Tubercle on the slightest provocation, it is necessary to include a third group in which the influenzal invasion of the system had the effect of lighting up the latent tendency to Tubercular disease."

He specially emphasizes the wisdom of the steps now being taken to improve the Sanitary condition of the Asylum generally. Referring to the Ashton Wing, he says :—

“The general health of the patients warded there has been very much improved. This is doubtless due to increased air space and *the maintenance of an equable temperature.*”

THROUGHOUT THE INSTITUTION we found the air fresh and sweet, that much attention is paid to ventilation and to warmth, for we found many open fires in addition to the hot water system. We found a complete absence of the “Institution Odour” and a complete absence of draughts. The patients were happy, comfortable and well-cared for and the Principal and Medical Officer are evidently most solicitous for their well-being—both mentally and physically. This was a capital building specially designed for an Idiot Asylum in the first instance, to which has been added improvement after improvement in continuous succession and no pains and no expense—thanks to the liberality of the North—has been spared to provide for the inmates the best Sanitary and rationally hygienic environment.

In spite of much Tuberculosis, there is a remarkably low death-rate, and there is no evidence that the Nurses and Attendants have suffered from acquired phthisis from the patients. This is evidence of the security of the healthy in their attendance upon the Tuberculous Imbecile.

While, as yet, no steps have been taken for specially dealing with Tuberculosis, I do not doubt that the Royal Albert Asylum will keep abreast of the times and be ready to adopt any line of treatment that is gradually evolved as being scientifically and practically adapted to an Asylum, while at the same time the Authorities there do not cease to be mindful of the avowed object of the Institution, viz., that it is a Training Institution for the Feeble-minded and not a Hospital for the Tuberculous Feeble-Minded.

Both Mr. Turner and myself are grateful to Mr. Diggins and Dr. Douglas for their very kind reception of us. They gave further evidence of the good feeling which now prevails amongst all connected with and responsible for similar Institutions. There seems to be now but one idea, viz., Mutual reciprocity in the best interest of the patients committed to their care - an earnest desire to furnish useful information and a willingness to receive it. Just a passing note in conclusion : The elected cases here are elected for a term of seven years, not five. At the end of that time they are eligible for re-election for a similar period. Later on, I shall have to touch shortly upon the fate of the Feeble-Minded boy or girl, man or woman, who, at the end of his or her period of training leaves the Institution, which has been at once a haven and a School, and goes forth into the world.

LEAVESDEN ASYLUM.

On Friday, 27th March, we visited the Metropolitan Asylums Board's large Pauper Lunatic Asylum near Watford. As in the case of Tooting Bec so here at Leavesden we must express our acknowledgments to the officials of the Metropolitan Asylums Board for the facilities of inspection, so courteously afforded us. Dr. Elkins, the Medical Superintendent, had been apprised by them of our coming visit and in the kindest way possible had made every preparation for us. We found the large table in his office covered with every possible document. Report book, minute book, case book, pamphlet, table of statistics, map, plan, &c., &c., that would be likely to be of service to us in our investigation.

In consequence of what has been accomplished here by Dr. Elkins in the matter of Tuberculosis we had felt that no round of visits to Asylums could be considered complete unless it included Leavesden. And our visit more than confirmed our opinion. But before I proceed to give our personal experiences I must refer to Dr. Arthur Shadwell's memorable "Report to a Special Sub-Committee of the Asylums Committee" which was published in October, 1902. I must quote rather freely from that Report and can assure any who may read this report of mine that at any rate their time will not be wasted in reading Dr. Shadwell's words. He was asked to report upon the relative suitability of the several Institutions belonging to the Board, for the reception of Tuberculous Imbeciles and also upon the general question of dealing with this class of cases. He says:—

"Leavesden Asylum* is also well known to me, but several improvements have recently been introduced there and in particular I felt that no enquiry would be complete without taking into account the arrangements for isolating Tuberculous patients made by Dr. Elkins. The value of these arrangements which I regard as most instructive and important, could not be estimated without personal observation."

Let it be noted at once that Dr. Shadwell refers to the problem of dealing with the Tuberculous insane as one of much difficulty. In this I entirely agree with him and do not hesitate to say that it is not a problem which can be solved by any one after eighteen months experience of Asylum work. To quote Dr. Shadwell again:—

"It has long been recognised that phthisis is extremely prevalent among the insane in Asylums, but since the microbial nature of the disease has been established the fact has acquired a new significance. Asylum phthisis has begun to claim its share

of attention in the general movement for the prevention of Tuberculosis, which has been set going in recent years and is based on the theory of infection. That it will claim increased attention in the future may be taken as certain. It threatens, indeed, to become a very large and I may add, a very costly question to all Asylum Authorities."

Referring to the difficulties of finding a solution to the problem he says :—

"In these circumstances it becomes necessary, before recommending any scheme to ask how far a public body is justified in spending public money for the benefit of a particular section of the community. I have to bear that question in mind for the purpose of this report, because financial considerations are of the greatest importance in making a choice between alternative courses. If money were no object it would be easy to recommend an ideal scheme, based entirely on technical grounds; but I do not think that such advice would be of any value, because I am convinced that the cost of such a scheme would sooner or later prove prohibitive, and it could not be carried out. On the other hand, public opinion, under the pressure of advancing knowledge, is not likely to remain content with a policy of inaction. Between these extremes a middle course must be found. . . . It would be wrong to run any risk of starving Hospitals for the sane, or Institutions for the improvable insane, for the sake of unimprovable. . . . I feel constrained to say this much because I see that it would be easy to embark on an unlimited expenditure on behalf of Tuberculous Imbeciles, and that such a course is not unlikely to be urged before long."

These are weighty words and they touch us very nearly. Dr. Shadwell is referring especially to the money of the rate-payer, and his words will apply still more to the money of the charitable and benevolent. It behoves us to keep a level head in this matter and to guard against becoming victims of a "craze." We must advance with the times, but we must try and strike the "happy mean" and let any course decided upon be dictated by common sense. "Asylums are, in fact, generating centres of Tubercle," says Dr. Shadwell, and goes on

"How is the infection conveyed? Though a communicable disease, phthisis is, either not at all or else in a very limited sense contagious, and the risk of direct infection from the sick to the healthy is very small. Inhalation is probably the common mode of infection, and that indirectly through infected dust with which the air is laden."

And again

"Given infected dust as the actual cause, its potency is believed to be increased by certain conditions, viz., absence of sunlight and of fresh air and dampness of soil."

While Leavesden has been proved to be not inherently unhealthy, the fact remains that Tubercle is excessively prevalent at Leavesden. And yet for many years Leavesden was formerly one of the healthiest of the Asylums, and Caterham compared very unfavourably with it.

Then came a great change: in 1889 the death-rate at Leavesden rose suddenly from 7·7 per cent. to 11·8 per cent., and it has never returned to its former level. At Caterham, on the contrary, it has fallen markedly in the same period.

“For this change there must be some cause or causes which would throw a valuable light on various questions connected with the Asylums if they could be ascertained. The diminished death-rate at Caterham must be attributed, I think, in a large measure to a number of improvements introduced from time to time.”

Dr. Shadwell then proceeds to enumerate them, and let it be noted that he does not include amongst them the indiscriminate admission of fresh air, the keeping of windows open unwisely, and a disregard of draughts and of the necessity of maintaining a suitable degree of warmth. No—he mentions the purchase of additional land, the substitution of water for earth closets, the additional heating of day and infirmary floors, the doing away with sewage tanks, the reconstruction of the drainage system, the completion of an Isolation Hospital and the heating of corridors. Thus increased heat seems to be partly responsible for the improvement in the death-rate. He also refers to the additional improvement at Caterham, viz., airing courts provided with shelters attached to all the blocks.

Where necessary and feasible I maintain that improvements on similar lines will tend to reduce the death-rate at Essex Hall.

Dr. Shadwell carefully considers the proposed segregation of Tuberculous patients, and does not recommend his sub-committee to adopt the proposed course of segregating all the Tuberculous in one Asylum. As regards recommendations he says:—

“There are two main objects to be aimed at (a) to minimise the risk of infection; (b) to strengthen the capacity of patients to resist infection.”

The measures he suggests are

(1) The removal from the general wards of patients suffering from active Tubercle and their treatment in special blocks and buildings. The main features of their special treatment when isolated must be more food and more air.

(2) The better provision of fresh air.

(3) The elimination of dust.

This memorable report strengthened Dr. Elkins's hands. The recommendations were a confirmation of his views. They have been acted upon, much good has already been the result and there is every probability of still greater benefit being obtained ultimately. Let it be borne in mind that much which has proved practicable at Leavesden is not

practicable at Essex Hall—is not practicable at other Idiot Asylums and Institutions intended primarily for the training of the Feeble-minded.

And now for some account of our visit. Leavesden Asylum is constructed on the block system and was built more than thirty years ago for 2,000 patients. It now contains but few imbeciles and no children under sixteen years of age. They are at Darenth, and it has been finally decided that Darenth is to be made into the great training Institution of the Metropolitan Asylum's Board, and that Rochester House is to cease being used for that purpose. The senile cases now go to Tooting Bec. These two facts indicate the latest development of the idea of the necessity of classifying the great mass of patients and dividing them between separate Asylums.

Leavesden now contains a large number of invalid cases—including the Tuberculous there are some 600 which may be classed as "Hospital" cases. There are no single cases, they are all associated.

Dr. Elkins has made 'history' at Leavesden. His report for 1900 was an epoch making report in the Annals of Asylums. It dealt especially with the question of phthisis, of the fearful number of "bedsores" and the overcrowding at the Asylum. As a consequence the Committee were bold enough and large-minded enough to reduce the number of inmates from 2,000 to 1,780. Here at once was a great stride in the right direction, viz., the increased amount of cubic space available for every patient.

Dr. Elkins had found that one third of all the deaths were due to Tubercle. He still finds that that proportion holds good, but it is to be borne in mind that under his regime the actual number of deaths has been marvellously reduced. He believes that the majority of the cases of Tubercle have been generated in the Asylum itself.

He holds that 100 square feet of floor space by day and by night are necessary for advanced cases of Tuberculosis. Milder cases may do with 30 square feet by day and 60 by night. He considers the ordinary sick require 850 cubic feet by day and night, and insists upon the importance of providing for more air by night than by day.

He dwelt upon the fact that in the neighbourhood surrounding the Asylum there is very little Tuberculosis. The Asylum itself has been a great generating centre of Tubercle. It is sad to relate that the Staff had been grievously affected with the disease. This made such an impression that those in the Tuberculosis Wards claimed extra pay. Dr. Elkins has

proved that under his system they have no real justification for this plea. Note that I use the words "Tuberculosis Wards." In the year 1900, all the Tuberculous cases were placed in separate wards, in blocks specially given up to them. Dr. Elkins was convinced of the necessity of this step. Fortunately it was possible to take it here, because the Asylum had been built on the block system. He was convinced of two main facts (a) that the large amount of Tuberculosis was due to the overcrowding of a degenerate population, and (b) that the "Upholsterers' Shop" (in which the teasing of the hair mattresses was done) was the great distributor of Tuberculosis. In addition to isolation, rustic shelters were constructed in the airing-courts. But the open-air treatment has not been attempted in its entirety, and there has been no "sleeping out" in the open air. In his observations on Dr. Shadwell's Report he did not agree with him that each airing court should have a shelter, and he strongly advised that a certain number of the beautiful trees should be allowed to remain, and that those only should be cut down which were obviously interfering with the free supply of air.

In consequence of Dr. Shadwell's and Dr. Elkins's Reports, the Metropolitan Asylums Board have built a splendid new "Upholsterer's Shop." It is airy and well ventilated, lofty and provided with walls that are covered with glazed white tiles from floor to ceiling. Adjoining the work-room where the teasing takes place, is the large disinfecting chamber, in which is one of Manlove Alliott & Co's. large sized Steam Disinfectors into which every mattress goes before it is sent into the work-room to be picked to pieces. The hair is thus thoroughly disinfected before it is teased. On one side of the building is a yard containing the tank in which all the hair is thoroughly washed and cleansed after it has been handled. Adjacent is a gravelled yard in which, in suitable weather, the teasing can be done in the open air. Since these precautions have been taken it is found that the workers do not become affected with phthisis. Before they were taken, the mattresses charged with tubercle, undoubtedly infected large numbers.

THERE ARE STILL SOME POSSIBLE DANGERS as far as dust is concerned in the main blocks. For instance the walls are brick and unplastered and the bricks of course provide ledges for the accumulation of dust. The risk has been somewhat diminished by the painting of the walls. The stacks of hot water pipes in the wards are also considered dangerous. Dr. Elkins speaks favourably of the Radiators which are now made with the protecting grating in front of them to open like a gate. It is thus easy to get at and remove the dust, and he approves of the large outside ventilators behind radiators like those in use at Eastwood and Tooting Bec.

THERE IS A LARGE DAIRY FARM in connection with the asylum and I was interested to learn that when Dr. Elkins first came he found that numbers of the cows died of Tuberculosis and that they undoubtedly acquired Tuberculosis after they came to the farm. Their Tuberculous patients worked in the dairy and handled the cows. Now great care is taken that no Tuberculous patient goes near the farm. The cows have ceased to die from Tuberculosis and are, indeed quite free from it. It is particularly worthy of remark that Dr. Elkins found soon after his arrival that the pigs were affected with Tuberculosis.

AS TO THE QUESTION OF TEMPERATURE the rule is that for the ordinary sick patients the temperature shall be from 58° to 62° . For the Tubercular sick he would let it be a good deal lower, but not less than 50° or 52° . He has drawn up a most careful set of rules as to the Heating and Ventilation of the Wards and Dormitories. It is interesting to us now to note the rules as to the Windows.

"In the Tubercular Wards, the windows should always be open on the side of the ward where the wind is not blowing. No draughts should be allowed from open windows. . . . In the other wards the opening and shutting of the windows depend entirely upon the temperature and the ventilation of the ward, and the attendants must use their common sense."

"The Ventilators.—As a general rule these will always be open. In extreme cold weather when the temperature of the ward must be maintained, and when ventilation is swift, as many of the ventilators as necessary must be closed. In the case of the dormitories, in cold weather, the windows and doors might be closed after thoroughly ventilating the rooms, so as to give the dormitories an opportunity of reaching a reasonable temperature by bed-time."

Before I describe our inspection further, may I draw the attention of the Board to a very important point in the matter of the isolation of the Tuberculous at Leavesden. They not only occupy their own blocks, their own wards and dormitories, but they have a Chapel to themselves, and their own Recreation Hall, and of course a separate Staff to attend to them. It needs no words of mine to point out how utterly impossible such a provision as this would be at The Eastern Counties' Asylum and, indeed, at many similar Institutions.

Luckily with us such a step is not necessary and the contemplation even of such a step is outside the pale of practical Idiot Asylum administration.

Dr. Elkins drew up in October, 1901, a useful leaflet for the guide of his Attendants and Nurses on the Prevention of Tuberculosis and the nursing of Tubercular patients. In it, he says :—

"There is practically no risk of contracting the disease from the breath of a consumptive patient. There is no objection to a

consumptive patient being closely attended upon by healthy persons under suitable circumstances."

His general precautions are :

" 1. WARDS to be thoroughly ventilated at all times. 2. Have the patients out of doors as much as ever possible. 3. The wards and sanitary arrangements, especially where the dirty clothes are temporarily stored, are to be kept scrupulously clean. 4. Where there is dust there is danger. Do not chase dust about or stir it up. Use damp dusters and send them daily to the laundry, or else use damp sawdust, which is to be burnt at once. 5. The Commode and Spit-pots used by consumptive patients to be kept scrupulously clean."

ON OUR ROUND OF INSPECTION, we at once noticed the fine wide corridors, all comfortably warmed and all provided with hanging baskets of "Wandering Jew," making balls of refreshing green. The exits at the end of the corridors are provided with two doors. When the outer one is to be kept open for ventilation purposes there is an inner lattice door which can be kept locked, but through which the flood of fresh air can come in.

ON OUR WAY OUT WE FIRST INSPECTED AN INGENIOUS "BOOT DRIER," designed by Dr. Elkins. Wet and damp boots are thoroughly dried in these, and the patients never keep them on when they come indoors.

WE PASSED THROUGH SOME OF THE WORKSHOPS in which we found the temperature was 55°. It is to be noted that the day was rather a colder one—colder than it had been on the previous three days of our tour.

WE ENTERED THE AIRING COURT for the Incipient Phthysical Cases and found that the patients were all out of doors. Most of them were in the Rustic Shelter. This has a large sloping roof and cost £90. It is provided with stout canvas curtains, which are put up on the windward side, when necessary for protection in severe weather. Good shelters could now be made for about £70. We found the patients very warmly clad and provided with flannel shirts and drawers. We stayed amongst them some little time and particularly noticed that we did not hear a single cough or see a single patient expectorate. The majority looked as though they had benefited by the Asylum dietary. It is a liberal one, and the Phthysical cases are only allowed one extra, in the shape of an extra egg daily. Round a portion of another shelter we observed that the canvas screen was up.

"Spare them draughts, if you can," said Dr. Elkins. Before we re-enter the building I must refer to the windows. They were the product of an ingenious mind and combine strength, protection of iron bars, the admission of a certain amount of air and plenty of light. In other words these are small narrow panes of glass set in an iron frame work. With

modern ideas of ventilation they won't do at all. In the Tuberculous blocks they are being rapidly and cleverly altered. The glass has been taken out, the iron frame-work has been left, and on the inner side is a new sash window. The cost of altering each window thus is £6.

WE WENT INTO THE "INCIPIENT PHTHISIS WARD." The patients being out we found the sashes open top and bottom and splendid cross ventilation. The temperature was 49°. Ventilation was facilitated by large ventilators through the thickness of the wall and on the floor level. These were provided with flaps on the inner side which could be locked, open or shut, at the discretion of the attendants.

The ward had a pretty and bright appearance, and was made home-like by the number of pictures and brackets with plaster-casts upon them, &c. We suggested all these might be "dust traps." "I am fully aware of that," said Dr. Elkins, "but I won't have their room made a barn." The big heating stacks in the wards are also "dust traps," but warmth is necessary and the heating stacks are tolerated.

THE TEMPERATURE OF THE FIRST DORMITORY we entered was 52°—an average day temperature we learned. The corridors we found to be about 55°. The Incipient and Quiescent Phthisical cases are on the lower floors—the top floor is reserved for the acute and advanced cases.

IN THE TUBERCULAR INFIRMARY we counted 35 beds. Formerly there were 60 beds in this ward. The temperature is kept at about 60°. The windows on one side were all closed because it was blowing and raining. The Head Attendant said this was in accordance with instructions, which also laid down that "draughts" must be taken into consideration.

IN THE NEXT WARD the windows were open on both sides. We noted that the night temperature in this ward had been 62° at 8.50 p.m. and 64° at 5.40 a.m.

IN THE ORDINARY INFIRMARY, *i.e.*, for non-Tuberculous cases, we found 54 patients and a temperature of 58°.

ALL THE WARDS were sweet, and there is an entire absence of the "Institution Odour." I learned that five years ago so bad was it in the ward we were now in that the ward was nicknamed "Rotten Row." So far we had not seen an Imbecile, all were lunatics.

THE KITCHEN was the picture of order and cleanliness. The dietary is a strong point in this Asylum, and we noticed that there were three different kinds of baked custard pudding provided. Each allowance is served up in its separate tin, and a good allowance too. Thus for three days

a patient has a different kind of pudding, when ordered "custard pudding," and thus appetite is stimulated by the avoidance of monotony.

ALL THE MILK IS STERILIZED in large Aymard Sterilizers. Whether it is wise to give the patients, continuously, nothing but sterilized milk is a somewhat doubtful point.

ON THE FEMALE SIDE we first entered the work room. Temperature 56° , with a good cheerful open fire. The windows were all shut. The chapel had been made attractive by its cheerful and bright colouring.

WE ENTERED THE AIRING COURT of the Female Non-Tubercular patients, and again noticed how warmly they were clad. In spite of this many strongly objected to being obliged to be out on so cold a day.

THE TEMPERATURE OF THE FEMALE WARD for incipient phthisical cases was 56° F. They have not gone in for rounded angles here. The floors are old and the boards gape a good deal. The crevices have been filled in with putty. No boards are now scrubbed. Ronuk has been found to be unsatisfactory and boiled oil with turpentine and beeswax is the rule. Dr. Elkins considers this plan better than any other. Any mess is washed up directly with a hot flannel.

We found all the female patients suffering from incipient and quiescent phthisis indoors. It was "bathing day." Otherwise they would have all been out. All the beds were turned up and being aired in their dormitories, in which there was a free current of air.

It is to be noticed that the doors everywhere are provided with glass panels. This affords a ready means of rapid inspection. There has been no trouble from the patients breaking these panels.

As I have said there are no children here under 16. Dr. Elkins insisted upon the importance of keeping them warm and providing them with gloves, and in not exposing them to draughts.

THE LAUNDRY is most interesting here because of the provision for dealing with the soiled linen of the Tuberculous. It is at first kept separate from the other linen, is all soaked in a disinfecting solution of carbolic acid, and then goes into the high-pressure steam disinfector. The linen not only of cases suffering from Tuberculous Enteritis, but of all cases suffering from diarrhœa in any form is all disinfected with high-pressure steam. Then it goes into the ordinary wash.

With a view to giving us an idea of the temperature maintained throughout the Asylum on an ordinary night, Dr. Elkins shewed us the report for the previous night, which had been presented by the Head Attendant. In 15 wards the

maximum temperature noted had been 60°, and the minimum 54°. This included the Tuberculous Wards. The Corridors had been 54°.

Having finished our inspection of this large Asylum, which now contains 1,762 patients, we had some interesting conversation with Dr. Elkins about his memorable Phthisis report, and its reception by his Committee. This report was of course of a most damaging character apparently. It is to be remembered it was drawn up by a man who had devoted his whole life to the care of the mentally afflicted, who had previously held several most important appointments in Asylums, and who is such a recognised authority on Tuberculosis that he is a member of the Committee of the National Association for the Prevention of Consumption, *i.e.*, of a Committee representative of the United Kingdom. And yet even he did not wish, and did not expect, his Committee to act on his advice alone, and quite coincided with their view that the additional advice of the best Expert available must be obtained. Hence Dr. Shadwell's report.

WE ARE MOST GRATEFUL TO DR. ELKINS. We found him to be no faddist, although an enthusiastic reformer. He had had to accommodate his views to his surroundings, and his constantly repeated remark was—"What we have done is not ideal, but we have done the best we could under the circumstances." And no one could have taken more pains to initiate us in the methods he has pursued with so much success.

It is to be remembered that he has been dealing with lunatics, having hardly any imbeciles. In his pamphlet of instructions he says :—

"The spit of the consumptive being the chief cause of the spread of Consumption it is essential for the protection of everybody in the Asylum that the following precautions be taken" :—

He then enumerates them. Luckily lunatics spit comparatively little and imbeciles still less. What does Dr. Shadwell say?—

"Imbeciles cough very little, because the act of coughing is due to reflex action set up by irritation and represents the effort to get rid of the phlegm in the air passages; but in imbeciles the nervous mechanism acts so feebly that there is no irritation and no reflex action."

Thus the admittedly commonest cause of the infectivity of phthisis is comparatively conspicuous by its absence, among such patients as ours at the Eastern Counties' Asylum. Throughout the asylum at Leavesden we found no foul air, the air was as fresh, but no fresher on the whole, than I had found it in my surprise visit to Essex Hall in the majority of the wards. When some necessary alterations are made to

improve our means of ventilation, the air will be everywhere as fresh at Essex Hall as it is at Leavesden. But even without these alterations a comparison of the air in the two places was a further proof to me of what an unjust reflection it was on all concerned to charge those responsible at the Eastern Counties' Asylum with keeping the patients in "foul air."

IN THE TREATMENT OF TUBERCULOSIS AT LEAVESDEN, it has been possible to do much that would be impossible in other and smaller institutions. The level headed common sense in dealing with the insane consumptive at Leavesden is worthy of imitation. Cost has been taken into consideration. Extreme measures have been avoided. No attempt has been made to convert the asylum into an open air sanatorium. Windows have not been taken out, draughts are not disregarded. Sanitation, Dietary, Ventilation and Warmth, as well as mere fresh air, are all recognized as being necessary in dealing with the question of Tuberculosis.

IN CONCLUSION there is an important point to be borne in mind and it is this : Dr. Elkins has found that where consumption has been arrested, where the disease has become quiescent, it will not do to let such cases return to the general ward at once. They must remain for a long period—after that stage has been reached in the Tuberculous blocks, or the disease will quickly manifest activity again.

ROCHESTER HOUSE.

On Thursday, 3rd April, we journeyed to Ealing and visited Rochester House. There were three main objects that took us there; first, the advantage of a consultation with that eminent authority, Dr. Shuttleworth, second that we might see for ourselves what is being accomplished here in the way of training the Feeble-Minded under the great expert, and the Lady Superintendent, Miss Hargreaves, and third we wanted to see how a house not built for the reception of Imbeciles had been converted into an Asylum.

ROCHESTER HOUSE was originally a substantial country mansion. It was next occupied by a well-known Army Crammer, and lastly it was taken over by the Metropolitan Asylums Board and converted into a Training Institution for 96 boys and 60 girls. As we have said the Metropolitan Asylums Board imbecile children are placed at Darenth. It is part of Dr. Shuttleworth's duty to visit Darenth periodically to sort out the "feeble-minded" there, as distinct from the idiot and the imbecile, and to send down the selected cases to Rochester House for a course of special training. Boys do not remain there after the age of puberty, some of the girls remain until they are two-and-twenty. All the staff are females. Under Miss Hargreaves there are two teachers, four nurses who take part in the instruction and an industrial trainer. The Asylum is heated by hot water.

ON ENTERING THE FIRST SCHOOLROOM we found each window provided with a ventilator at the top. As to temperature, the rule is that it shall be from 55° to 60° , and this holds good for the dormitories. "Pure air and plenty of it," is the maxim, and the Building is almost, if not quite free from anything approaching the "Institution Odour." We first inspected a class of Tailors—it is to be noted how early they were being trained to a trade—their ages were from 10 to 13 years—and their work was very good.

NEAR THEM WAS A CLASS OF GIRLS doing copies on slates. Some were bead-threading. It is considered well that the beads should be fairly large.

Dr. Shuttleworth dwelt here in interesting fashion on the importance of free-arm movements on a large black-board, and the necessity of training the co-ordination of the muscles in considerable and somewhat extensive movements.

WE NOTICED THAT THE HOT WATER PIPES in the room were raised well up, and protected with wire, and that it was an easy matter to get at them for the removal of dust, &c. The

floors throughout the Asylum are scrubbed boards, and very clean and white we found them. In spite of other opinions, now so generally held, the Lady Superintendent stoutly maintains that there is nothing to equal scrubbed boards for real cleanliness, and expatiated on the danger in case of fire that boards saturated with oil and dressed with beeswax and turpentine must be.

THE CHILDREN are provided with plenty of warm clothing and flannel is considered a *sine qua non*.

THE LAUNDRY HAS A WOOD-BLOCK FLOOR. All the work is done by hand, and designedly so, in order that some of the girls most suited to it should learn to become laundresses. Almost all the washing for the Establishment is done in their own laundry.

WE NEXT VISITED A NUMBER OF YOUNG BOOTMAKERS AND BASKET-MAKERS AT WORK. These were again from 10 to 13 years of age, and some of them we found not only knew their own age but even their birthdays. A large number of good baskets are made here and distributed to the other Asylums. The pupils do the whole basket themselves including that frequent stumbling-block "the bottom." The wicker stands for newspapers were very well made. All the workshops were comfortably warmed.

THE PASSAGES are warmed in parts of the Asylum by hot water pipes laid a good way below an iron grating—a veritable dust trap indeed to the eyes of the Anti-Tubercle crusader!

IN THE MIXED SCHOOLROOM for boys and girls we found old French windows—each with a ventilator above, and the temperature was 53°. A class of small boys—and Dr. Shuttleworth holds that no class should exceed 20 in number—was learning lessons. Each child had a square card with a bold letter on it slung round his neck and during this lesson he was known by his letter of the alphabet. Occasionally the boys stand in a row so arranged as to spell a word and alter their positions so as to form other words in view of the remaining pupils seated at their desks. Some of the singing was particularly good.

THE LAVATORY ARRANGEMENTS are simple and inexpensive and yet most sanitary. The waste pipe from each basin discharges into an open waste channel common to them all. This is made of galvanized iron. I know of no better plan than this.

THE ASYLUM is provided with 30 beds for Epileptics. The dormitories were all very sweet and clean. I discussed the question of "odours" with Miss Hargreaves. In common with some others, she holds strongly to the view that the so-called Institution odour is not always occasioned by mere dirt; but that many Imbeciles—not the Feeble-minded so

much, she thinks these are comparatively free from it—have an individual offensive smell due to an unhealthy and more or less diseased constitution. In her long experience she has been impressed with the number of imbecile children that have their skin affected.

IN CASE OF FIRE, the Building is provided with outside Iron Staircases, made by Messrs. Measures, of Croydon—the landings also are made of iron, and the whole are up to the standard of requirements of the Local Government Board as regards slope, &c. Adjacent to the iron landings are the lavatories—there are none inside the house.

THE COTS FOR CHILDREN SEEMED RATHER HIGH, but are made so on purpose to save the Nurses' backs.

SOME OF THE PASSAGES BETWEEN THE DORMITORIES have hot water pipes running along the top by the ceiling. The Dormitories are provided with slips of carpet. All the windows are provided with ventilators, and it is a rule that one ventilator shall be open all night—but not at a right angle. As to cubic space, it is to be remarked that 350 cubic feet allowance has been sanctioned because the inmates are children. There are open fireplaces as well as hot water pipes in the Dormitories. The fires are hardly ever lighted—but, of course, the chimneys act as shafts. The fires for the hot water pipes are not kept up at night so that they gradually cool down. Cross ventilation has been cleverly managed. There is quirk beading round the top of the dados and there are no rounded angles—more possible "dust traps." The French casements are closed about an hour before bed-time, so as to allow the dormitories to have a comfortable temperature before the patients enter them for the night. During the night the doors are kept open. The rule for the night is that the temperature shall be kept between 55° and 60°, and the variations of the temperature outside must regulate the management of the warming within.

WE WENT TO SEE THE BOYS AT DINNER and heard them sing grace, which they did very fairly indeed, and I was struck with the reverence of their attitude as they stood with their hands together. I noticed that some of their hands were stained with iodine as a preventative against chilblains. As usual these children are very subject to these, and some of them had had their hands in cotton wool and gloves all the winter.

WE NEXT VISITED THE KITCHEN. Cooking classes are given here once a week to nine of the girls. This is found useful educationally, and it is to be noted the girls learn on the very apparatus used for their own meals.

THE GIRLS WERE ALL AT DINNER in a large room which

has to serve all the purposes of a Dining Hall, Day Room, Recreation Room and Chapel. The windows in both Dining Rooms were both open, and the temperature was 55°.

IN THE OLD PART OF THE HOUSE, WE VISITED THE SICK ROOM. There is no infirmary. There are sash windows here stopped at the lower sash to about four inches. Here the girls dormitories are not heated at all, but there are fire places which could be used in severe weather. In the old part of the house are several ingenious devices for improving the means of ventilation—Miss Hargreaves seems to have an inventive turn of mind—a top middle pane in each window has been taken out, in its place there is a wire mesh guard and a door which can be opened or shut at will. Some of the top panels of the doors have been taken out and replaced by a hinged panel opening inwards.

AS TO THE CHILDREN HERE IN COMPARISON WITH OURS. They were stronger physically and mentally. They are all examined medically on coming from Darenth and are remarkably free from Tuberculosis. Dr. Shuttleworth does not encourage mongols coming here—those “unfinished children, the last efforts of procreation”—they have a special tendency, to phthisis, and although they do well from an educational point of view, they are very prone to die in early youth.

THEY HAVE VERY FEW SICK HERE. If their health is not good they are considered unfit for training and are sent back to Darenth. The cases are sent here for five years training and Dr. Shuttleworth would not admit cases that required isolation for phthisis. We at Colchester cannot altogether pick and choose, and we have to deal with a certain number of life cases.

Dr. Shuttleworth is firmly of opinion that the prime laws of health as they affect those of sound mind, will not hold good for the idiot. They must be modified. He would not advocate idiots being exposed to a low temperature. And considers that the inevitable consequence of exposing them to a temperature say of 42° to 45° would be internal congestions, such as congestion of the lungs and perhaps pneumonia, while chilblains would certainly result.

AS TO THE ISOLATION OF THE TUBERCULOUS, in a very large establishment, where you could have a separate training staff, and a “separate everything,” it *might* be possible; in an ordinary establishment it would not, and the cost would be enormous and practically prohibitive. And he doubted whether the benefit would be at all proportionate to the cost.

He is in favour of making every endeavour to isolate the evidently infectious cases, but their miserable life would be made probably more miserable by this isolation.

AS TO PHTHISIS BEING INHERITED, he would not go so far as to say that this is entirely an "exploded idea" and there I entirely agree with him.

I will add here one or two quotations from his very valuable book, "Mentally Deficient Children."

"'Perhaps two thirds, or even more, of all idiots are of the Scrofulous constitution,' says Dr. Ireland, and consequently we are not surprised to find various scrofulous lesions in the majority. In some, indeed, the history, personal and hereditary, of scrofula points to the constitutional taint as the main cause of the mental condition." Again, "a phthysical family history is, indeed, the predominant factor traceable in our cases, the percentage in which this was found being 28·31 against 21·38, in which hereditary mental weakness was recorded." Again, "we shall not therefore be surprised to find in them a marked predisposition to Tubercular disease."

We were both much indebted to Dr. Shuttleworth and Miss Hargreaves for their very kindly reception of us. We found the children happy, healthy and thoroughly well cared for. We found that at Rochester House, fresh air, and plenty of it, was considered a necessity—but so was a reasonable amount of warmth and a reasonable avoidance of draughts. Thinking of the future of the poor children so well trained here, I thought much of Miss Hargreaves' words. "When you have once got them, train them and keep them for life. Don't let them go out into the world. Another generation of similar children or worse will be the inevitable result!"

On leaving we visited the pretty garden and the well-stocked vegetable garden and realized that the property covers four acres of ground.

THE WESTERN COUNTIES' IDIOT ASYLUM, STARCROSS.

On Friday, 3rd April, we found ourselves at Exeter, and visited "Starcross." Let me say at once that the title given above by which the excellent Institution, so pleasantly situated opposite Exmouth, is still known is an obvious misnomer. It is essentially a "Training Institution for the Feeble-minded"—and indeed for an even higher grade of the mentally deficient than is often implied by that term. It is well known that there are numbers of children who require special education in consequence of retarded or irregular mental development—these are those known in the world of Education as "Defective Children"—these are the "mentally feeble" as distinguished from the "Imbecile"—it is to the education and training of these, and such as these only, that Starcross is devoted, and the sooner its real object is indicated by its title the better. That the Royal Albert at Lancaster and the Midland Counties' Asylum at Knowle should have entirely eliminated the word "Idiot" from their title, that Earlswood should have decided to do the same, and the Western Counties' Asylum be almost compelled—owing to the action of the Lunacy Commissioners—to retain it, is an anomaly, and is moreover an injustice, to this splendid Institution—which is *par excellence* a training Institution, containing neither Idiots nor Imbeciles.

Immediately we entered the pretty grounds we were struck by the paths. It had been wet weather lately, but the paths were firm and dry. The fact that these paths are made from very fine pebbles obtained from the bed of the adjacent river Exe is the secret. There is first a layer of gravel, then tar, and then the fine pebbles are put down. The paths have not the unsightly appearance that asphalt makes in a garden.

We were very kindly received by the Superintendent, Mr. Locke, and the Matron, Mrs. Mayer, who is indeed far more than is ordinarily conveyed by the word "matron." The Superintendent is unmarried—his sister, Mrs. Mayer, supplies what is almost essential for an Institution such as this—viz., a good woman's influence. Throughout our visit we were impressed with the evidences we found of this. There is no Resident Medical Officer here. The Asylum is visited by Dr. Lipscomb. The plan answers well and tends to promote that absolute necessity for successful administration—the supreme control of one person.

THE ASYLUM contains 270 patients—180 boys and 90 girls. There are no election cases, they are all payment cases. At the same time, the Institution was founded as a charitable Institution and is still supported by the benevolent to a certain extent, for the charges are low. The payment varies from £40 to £50 per annum. Guardians pay 10/- per week for each case from the Western Counties and 14/- per week for cases from counties outside these. The Guardians of course receive the 4/- grant per head for the education of these children. There have been some cases from Colchester here, and there is naturally a great demand for admission into an Institution which is unique in the United Kingdom. A large number of the children on arrival are found either to have a bad family history of Phthisis or to have the taint of Tuberculosis in them. Some of the Committee advocate not admitting phthisical cases, and some of the children are sent out soon after Phthisis is discovered in them.

The average total death-rate for the past ten years has been 4 per cent., and the cause of death in 30 per cent. of the whole number has been Tuberculosis in some form or other. Our average total death-rate for the same period has been 6·83 per cent.—considering the obvious inferiority of our cases physically, mentally and constitutionally, it puts our death-rate in a far more favourable position than it would appear to hold at a first glance. It is to be noted that neither the Lunacy Commissioners nor the Medical Officer refer to the question of Tuberculosis at the Western Counties' Asylum in the last annual report.

The Medical Officer, we were informed, is strongly of opinion that the open air treatment of consumption is not suitable for the cases received here. Dr. Lipscomb has given it a thorough trial in three cases, *i.e.*, as thorough as was possible with the exception of sleeping in the open air. Each of these cases had a separate room and the windows were kept constantly open. They were all kept in the open air as much as possible. One could not stand the cold at all—turned blue with it and had pneumonia. Very warmly clad, and with gloves on, they had often to be brought in from the garden—so dangerous was their condition as the result of cold. And all three died. It is to be remembered that these children on admission were apparently much stronger than the large majority of ours.

These children are placed there for mental training, on which now Mr. Locke is a recognised authority. He has kept careful watch on the effect which cold produces in them intellectually. In severely cold weather some would actually rave, who at other times, were free from excitement, some would become demented. Many as a rule fairly bright

would become dull and stupid. Snow appeared to have an exciting effect in a few. Some, who in ordinary weather were clean in their habits, would become dirty when the weather became very cold.

As to the ages of the inmates Mr. Locke likes to have them between 6 and 15. Some are kept in beyond this limit, provided they are evidently improving and capable of deriving more benefit from further instruction. It is not the rule to keep cases which seem incapable of improvement. Some reach a stage beyond which it seems impossible to take them. These then make room for fresh cases. They have hardly any epileptics here, and they don't knowingly admit epileptics. There are very few inmates over 25 years of age. On the all important question of the subsequent fate of their pupils after leaving, Mr. Locke is emphatically of opinion that they should always be kept under supervision;—that many may be able to do a really good days work on leaving, but they cannot hold their own in the world, and are almost certain to degenerate, or if not to become more or less a danger to society. Above all there is the almost inevitable certainty that they will "increase and multiply," and another generation of Idiots, Imbeciles or Feeble-minded be the consequence. It is but too true that in many Unions the Ratepayers are supporting three generations of Idiots, grandparents, parents and several children. It is only too well known that feeble-minded young women when out in the world, frequently lapse into an immoral life. Would that all such cases, male and female, could be kept under supervision, carefully classified and compelled to be employed in useful occupations daily, up to the limit of their capacity!

MR. LOCKE, is not only Secretary and Superintendent, he is also practically "Head Master." It is fortunate that to a very great extent he is spared the financial responsibility and the anxiety inseparable from a position like that held by Mr. Turner.

ON LEAVING THE SUPERINTENDENT'S HOUSE for the patients' quarters, we first entered a corridor where the comparative silence of our footfall was very noticeable. I understand this corridor was formerly very noisy, and in order partly to deaden the sound the slate floor was covered with "cork-tiles." They answer admirably provided they are first sized and varnished and then treated with Ronuk. When dirty they are cleaned with paraffin. They cost about 4/6 the square yard, are very thick and wear well. In appearance they resemble coloured linoleum.

THE ASYLUM IS HEATED WITH LONGBOTTOM'S HIGH-PRESSURE HOT WATER SYSTEM. The radiators (more dust-traps) made the corridors comfortably warm—54°.

THERE IS A VERY LARGE CISTERN AT THE TOP OF THE BUILDING, and the Superintendent is particular about there always being a good storage of water. In the Corridor, on the wall, we noticed an ingenious "Water Indicator"—there is a float on the surface of the water to which a cord is attached at the other end of which is the Indicator. When this descends to a certain point on the wall it causes an electric bell to ring, which goes on ringing until the level has been noted. Those responsible thus cannot fail by day or night to have their attention called to the fact if the amount of water in the cistern has become unduly small.

THE ASYLUM WAS BUILT IN 1869 and is not on the block system.

IN THE FIRST LAVATORY we entered I noticed another of the excellent open waste channels. There it was made of glazed earthenware. The trough system of water-closets is still in use here and very little smell results from them. One great advantage about them in an Asylum is that they don't choke. It is to be remembered the patients in these institutions will everywhere throw brushes, scrubbing flannels, &c., down the w.c.'s. In the trough arrangement these articles all find their way into a special "catcher," which usually has a wonderful collection by the time it is cleared out once a month. I hope that places like Earlswood, where such costly but excellent sanitary arrangements have recently been installed, will not find trouble resulting from the incurable habit of throwing all sorts of things into the pans practised by the imbecile class. They have endeavoured to provide against this by having a screw cap at every bend in their pipes.

AS TO THE DAILY ROUTINE HERE. Roughly speaking the system is to devote the mornings to ordinary school lessons and drill, whilst every afternoon, except Saturday, which is a half-holiday, is given up to manual training. An exception was made in our favour to-day, in order that we might see during our morning's round both school work and work-shop instruction.

IN THE "FIRST CLASS ROOM" (temperature 57°) we found pupils from 10 to 14 years of age. Some "Brush Work" was being cleverly taught, and the way the colour was laid on would have been creditable in a Board School.

All were able to read, to write and to do simple sums. The appearance of the children, apart from what they could do, was a proof that they were neither Idiots nor Imbeciles. There are open fire places in the class-rooms. As an additional means of ventilation—there are not Tobin's Tubes—but about 8 feet from the floor in the walls are ventilators communicating with the external air.

IN THE SECOND CLASS ROOM we had a demonstration intelligently given us by one of the masters in the use of the "number-houses" by his pupils.

THE THIRD CLASS PUPILS—a good deal weaker mentally—were all provided with neat brown Holland pinafores. These lower type children will "slobber." I shall have to refer to this habit of the Idiot when I am dealing later on with the subject of Tuberculosis at Essex Hall.

ALL THE DORMITORIES have stained and varnished floors. The Dining Hall has an oiled floor. In all the Day Rooms the floors are scrubbed—and beautifully clean we found them. The plan of staining and varnishing the boards has been abandoned here in the Day Rooms in favour of a return to the plan of "scrubbing."

THE ASYLUM seemed entirely free from the "Institution Odour." The Superintendent considers it was eliminated in 1885, when they ceased to admit "dirty" cases. Since that date they have only admitted a better class of case. Now there are hardly any dirty cases.

THERE ARE NO MIXED CLASSES HERE. The two sides of the Institution—Male and Female—are kept entirely distinct.

THE LOWEST CLASS OF GIRLS, i.e. the most feeble mentally were making fancy baskets with coloured straw. They can't manage any ordinary School work. Temperature 56°.

In spite of the good class of cases received here and in spite of the mildness of the winter, chilblains have been very troublesome. Iodine is not used here. Methylated Spirits and Benzoline are found the most useful preventives.

WE NEXT VISITED A CLASS EMPLOYED IN MAKING WOOL-MATS AND RAG-MATS. The "rags" consist of tailors' cuttings, and were of bright and varied colours—an important point. I have rarely seen better mats than some of these produced here. There is a great demand for them and they cannot make them fast enough. We saw some rich "Persian Wool" mats of really first-class workmanship and beautiful design.

We were interested to hear of a "happy thought" of Mr. Locke's, in connection with the sale of their goods. He has taken out a "Hawker's License" and sends rounds his wares for sale in the neighbourhood. Perhaps we shall next hear of a gipsy "basket van" touring the country from "Starcross."

AS FAR AS TECHNICAL INSTRUCTION GOES, the first-class of girls were employed in making straw hats. This has become a very important industry here. Some time ago Mrs. Mayer's eldest daughter, who is the chief instructor, went to Luton and thoroughly mastered the subject. Hats of all sizes were being made, dolls, children's and adults. They have now in stock sufficient straw hats for all the girls in the Asylum for

two years—all manufactured by the inmates. The only way in which the hats differ from those sent out by the trade is, that here all the hats are pressed by hand. There is none of the heavy pressing machinery the trade manufacturers possess. The stiffening with gelatine is done on the premises.

THE GIRLS MAKING THE HATS were bright, cheery and intelligent, and from the way they appreciated a joke of Mr. Locke's, evidently possessed of a keen sense of humour. This fact alone would prove how far removed they were from the idiot class.

THE WINDOWS here are sash windows. The top panes open wide, the lower are "stopped." Almost all are provided with that excellent device, a deep bottom sash, which enables the lower half of the window to be drawn up a little and thus a good current of air to enter, between the lower and upper halves, without any draught. This is a simple and most effective additional means of ventilation.

WE FOUND A JUNIOR CLASS OF PROMISING GIRLS, aged from 7 to 10 years, engaged in knitting scarves and tea cosies. The wools were bright in colour. The children take much more readily to work where bright colours are in use than to ordinary sewing where all the material is, perhaps, white.

WE FOUND A CLASS OF ELDER GIRLS, employed in dress-making. All the dresses and all the underlinen, except the stockings, are made in the Asylum. Seven out of the eleven engaged in this room could use the sewing machine. There is a good plan here of alternating the work week by week. Every other week these girls are employed in the laundry. Temperature of this room 55°. Many of the girls and young women become very useful. When they become so, the Unions that have sent them often send for them to go back and work. Indeed the majority return to the workhouse as soon as they are useful for labour purposes.

THE ASYLUM everywhere is made as homelike as possible, and the corridors even are brightened with pictures, statuettes, brackets, &c., &c. These and the gratings over the pipes are of course "dust traps."

ONE LARGE ROOM serves the double purpose of Dining Hall and Chapel. During meals a curtain is drawn in front of the altar.

As we passed along the passages we noticed how well cross-ventilation had been managed by the top panels in the doors of the dormitories having been replaced by ornamental iron gratings. There are no "rounded angles" here.

WE NEXT PAID A VISIT TO THE GYMNASIUM. This is a comparatively late addition. It is made of galvanized iron,

measures 75 feet \times 55 feet, and, including the lavatories attached, cost only £1,600. We found a class being drilled with rifles. To the tune of the "Boys of the Old Brigade," they went through a series of evolutions very creditably indeed. At Christmas time an entertainment of physical drill, cutlass exercise, &c., was given with great success. We saw a "club" display which would have been creditable in a good elementary school. Another class went through gymnastic exercises. They had their coats on and their boots. These did not seem to incommode the boys much. Rope climbing, horizontal bars, parallel bars, rings, &c., &c., were all being thoroughly enjoyed by the boys. I understand that the health and the gait of the boys have much improved from these gymnastics and drill. Heath & George's capital exercising weights and pulleys are much used here. I am glad to say they have had hardly any accidents and none of any serious consequence. This is noteworthy when the mental deficiency of the boys is remembered, and considering the feats that some of them accomplish—*e.g.*, we saw a boy sitting on the horizontal bar, which he did not touch with his hands, balance himself successfully while he undid with his teeth a handkerchief tied to the bar with a double knot.

THE WORKSHOPS were very interesting. Some excellent woodcarving was being done in one, fretwork machines were in use and poker work was going on. We noticed a charming table beautifully carved in "Padoak"—an uncommon red colour, which was polished up to resemble rosewood. Some examples of "inlay" work were very pretty.

WE SAW THE PUPILS EMPLOYED IN MAT-MAKING AND BENT IRON WORK and the "castanet sound" told us we were coming to the Sash-cord making shop. This work is very good for those whose grasping and prehensile powers are bad, and several "lower grade" boys were busy at it.

THE SHOEMAKERS here make and mend all the boots used in the Establishment. The working boys are allowed to earn money: this goes into a money-box and they spend what they have earned—under supervision—in treats of different kinds, such as a visit to a passing menagerie and so forth. Three could use the sewing machine in the boot shop.

THE YOUNG TAILORS were very busy. Out of a class of 42—of which number only half are present at one time—8 boys can use the machines, and 6 can make a suit throughout. Week by week the boys are employed in different industries, and all have occasionally a week's "holiday" in the garden, when they do a good deal of work in the open air. The change is very good for those who otherwise would be always at indoor employment.

THE TEMPERATURE of all the shops was just under 60°.

WE THEN SAW BASKETS, rush bottom chairs and brushes all being made.

THE BUILDING is provided with outside iron staircases in case of fire. The landings of the staircases are outside the windows at the end of the passages. The lower sashes of these of course are "stopped" but the key to unstop them is so placed that it can be got at from the outside, in case those inside might not be able to reach it.

WE NOTICED THE CONVALESCENT ROOM had cork flooring which had been sized and varnished. This made the floor better for cleaning purposes, but less warm than it would otherwise have been. The Dormitories are bright, cheerful, homelike and spotlessly clean. At night the doors are kept open. When the weather is bad the windows are not open. Draughts are prevented by the deep lower sashes before mentioned. The regulation of the temperature is left to the discretion of the night attendants. The rule is that they shall be kept at about 54° or 55°. Heat comes in from the corridors which thus both warm and help to ventilate the dormitories. Through the stone walls, some three feet in thickness in parts of the building, are inlets for fresh air.

The Cubic space allowance is 600 feet to each patient.

THE AIR everywhere was sweet. As a rule there is but little sickness. "We must keep them in good health if we are to train them," said the Superintendent. The dormitories are provided with strips of carpets, blinds and curtains, pictures, statuettes and artificial flowers,—“dust traps” they may be, but there was no dust in evidence. The dormitories were the prettiest and the most “homely” of any we saw. The quilts are red—warm and comfortable looking. In some of the ceilings are large ornamental iron gratings for ventilating purposes.

IN THE BATH ROOMS the hot and cold taps are covered with an ingenious but simple tap cover, with lock and key designed by Mr. Locke.

We saw the children at dinner. The large family is divided into two parties for meals. The girls and small boys have their meals first, and then the big lads. “Grace” was particularly well sung, and the good plan is in vogue here of having a different chant for “Grace” every month. The children looked very clean and neat and the “celluloid” collars of the boys were very white. No harm has resulted from the inflammability of this material.

THE KITCHENS have been much improved lately. All the offices were very bright and clean. All the painting and whitewashing is done by the staff and the patients. Some of

the latter were being employed in the kitchen as cooks. Some are employed as bakers—all the bread for the establishment is made on the premises.

THE VISIT TO THE KITCHEN completed our round of this "Idiot" Asylum—save the mark! It is no Idiot Asylum—it is at once a School, a Training Institution and a "Home." The general tone prevailing throughout "Starcross" is evidently good. The place is a great "Hive of Industry" and the "Idiots" (?) are as busy as bees. If I were asked to name one conclusive proof that this is *not* an Idiot Asylum, I should mention the fact that there are no night attendants and on our inspection we did not catch sight of a single "night commode." No—Mr. Locke and his Board have come to the conclusion that it is not possible to combine under one roof a "custodial" place and a training institution. That may be altogether true and it may not. At the Eastern Counties' Asylum the attempt is still being made to combine the care of the Idiot and the training of the Feeble-minded. The magnificent munificence of Mr. Peckover has made it possible to do this and to do it with success, thanks to the energy and skill of Mr. Turner and his staff, and I trust while the training of the Feeble-minded may be expanded and further developed at Essex Hall—the care of the feeblest imbecile will ever be regarded as a sacred duty there.

The difference between many of our poor "little miseries" and the children at "Starcross" made a great impression upon me, and I could not help thinking that Devonshire, famous for its good looking men and women, had even succeeded in producing good looking "feeble-minded."

THE LATE MR. LOCKE and the present have accomplished a great work here, and the latter now derives much valuable assistance from Mrs. Mayer. Every one of the staff is in school in the morning and in some work shop in the afternoon. If they do not know a trade or a handicraft on arrival, they have at once to set to work to learn one.

The kindness with which we were received, the readiness with which information was imparted to us, was further evidence of that good spirit which now prevails amongst all those responsible for the care of the Idiot, the Imbecile and the Feeble-minded. The Association of Managers is truly a "Mutual Improvement" Society, and much benefit has resulted from their Annual Conferences. As far as Tuberculosis is concerned, we found that at the Western Counties' Asylum although there is much of it amongst the inmates, there has been no attempt at Isolation and none is contemplated. Every attention has been paid to sanitation and fresh air, combined with good ventilation. The avoidance of draughts, a good dietary and last but not least warmth, are all considered essential for the Feeble-minded, whether Tuberculous or not.

To the evidence I have already adduced, about the remarkable immunity from phthisis, among the members of the staff in different Idiot Asylums, where much Tuberculosis is admitted to exist, I will now add the following important words of Mr. Locke:—

“I have never known one of the staff to be afflicted with Phthisis or Tubercular Disease in any form, although some of them have been with me for years, associated with the patients in their Day Rooms, and sleeping in the same Dormitories. This seems rather strange if Dr. Luard's theory is correct.”

"THE EASTERN COUNTIES' ASYLUM
BY DAY,"
WITH SOME SUGGESTIONS.

Having completed the round of visits to Asylums in the north, south and west of England, it was now necessary to inspect the Eastern Counties' Asylum in the day-time to see whether the charge conveyed in the words of the Medical Officer: "The air breathed by our inmates is kept foul, night after night, day after day, owing to erroneous theories both of health and of ventilation," could be any better substantiated than it had been on my night visit.

Accordingly I went round on Thursday, 16th April, when I was fortunate in being accompanied by two members of the "Tuberculosis Sub-Committee," viz., Colonel Merriman and Mr. Clementson. Mr. Turner acted as our guide, and every part of the Institution was shewn to us.

IN THE LOFTY KITCHEN we found no smell, but plenty of light and plenty of air. Some of the patients were helping in the kitchen. We noticed that the "Emdecca" lining—a kind of white enamelled tin, instead of white tiles—placed in the "hot closet" more than a year ago, at the Superintendent's suggestion—has worn well and has proved a success.

IMMEDIATELY ON ENTERING THE ANNEXE to the right is a window, which might with great advantage be made to open wide, or for which a new and better one might be substituted. In the passage near it is a radiator. The outside air coming in would thus soon be warmed, and a movement of air be generated.

Before I touch upon the state of the atmosphere in, or the temperature of the rooms, I must say that—for the time of year—the day was an exceptionally cold one. There had been sharp frosts at night for about a week and that morning I registered seven degrees of frost in my garden, while the temperature all day in the shade did not rise above 40°. I was curious to see what the rooms would be like with such an outside "cold snap" prevailing.

IN THE BOYS' DAY ROOM we found a number of unimprovable cases—of a low type mentally and physically. Although two of the radiators were not working, the temperature was 58° and the air fresh and sweet. The floor is covered with linoleum treated with beeswax and turpentine. The Tobins' tubes were found to be acting only partially, from some apparently no air was entering.

SECOND DAY ROOM.—Temperature 55°, air fresh and sweet.

WE FOUND THE KITCHEN AND SCULLERY for the staff of the Annexe, which numbers eleven, clean and sweet and redolent of Jeyes' Fluid, which is in daily routine use in the Asylum for sinks, lavatories, urinals, &c.

IN THE CORRIDOR we had one of the iron gratings over the hot water pipes lifted up and found the inevitable quantity of dust and "fluff" which will accumulate quickly in spite of frequent cleanings. The ledges of the mortar between the bricks in some of these really deep pits undoubtedly afford lodgment to dust, &c. It would be perhaps extravagant, but were the sides and bottoms of these pits lined with "Emdecca" they would act less as dust traps and could be easily cleaned with a damp duster.

"BOYS' INFIRMARY WARD."—The difficulty of names occurs again, and I would suggest that every Day Room, every Dormitory and every Ward should be known by some distinctive name or by a number, by a name for preference. I know this plan has been adopted for some of the rooms in honour of places or persons who had contributed to the funds of the Institution. Perhaps the names of well-known friends of Essex Hall might be given to some at present nameless wards, while others might have numbers or letters of the alphabet allotted to them to be replaced by the names of future benefactors. This room is a dormitory, and was empty; the windows and ventilators were all open; temperature 50°; air fresh and sweet; heated by hot water pipes and radiator; floor scrubbed.

ADJOINING LAVATORY.—The sooner the old closets are out and the Corbel ones arranged for, in, the better. The terrazzo floor here and wood blocks in the bath room will then make this lavatory satisfactory.

CHILDREN'S DINING ROOM.—This is only used for meals, of which there was no smell when we entered at 2.45 p.m. Temperature 50°; air fresh and sweet. This room (like all in the Annexe) is provided with iron gratings near the ceiling, opening into a separate shaft by the chimney.

GIRLS' DAY ROOM.—Temperature 55°, air fresh and sweet, linoleum well kept. Here and in the adjoining Nursery were a number of typical Eastern Counties' Asylum inmates—poor, wretched, feeble specimens—well cared for in every way, with their miserable lives made as happy as it is possible to make them in this world. I felt the hands of nearly all of them. Some had not fully formed hands—merely an ill-shaped stump. They varied much as regards warmth—some were unduly hot, but only a few—the majority were very cold and discoloured red or blue—almost every one indicated the low vitality and the bad circulation of the Idiot, especially in the extremities.

All proved that the greatest care is taken of the children, and I do not hesitate to say that a temperature below 50° or any want of care would be inevitably followed by chilblains, and chilblains difficult to cure—in such cases as these—not to speak of congestion of the lungs, &c., &c. These miserable specimens of humanity are, to my mind, the brightest jewels in the Asylum's crown of charity. Throughout our travels we saw none like them. In the far room at the end of this nursery we found several sick in their cots—one poor little specimen who was so fragile it had actually been considered impossible to ever attempt to dress it before it was brought to this haven.

IN THE ADJOINING LAVATORY are still some of the old fashioned and condemned "wash-out" water closets. Mr. Turner had the top boards removed for us. The state of things brought to light indicated that here we had a possible cause of bad health. It was true we saw evidence of attempts having been made to repair leaks and make good defects by more or less imperfect patching. I am glad to think these closets will soon all be swept away to make room for the new ones already ordered. I am bound to admit that the lavatories were wonderfully sweet. It seemed a marvel there was no smell. The lead sinks here should be replaced by earthenware ones. The temperature was only 46° , the windows were open, and the Nurse assured us the windows would be closed before any child entered, as that temperature was admitted to be too low.

IN THE FIRST COT ROOM we found the temperature 47° . The dormitory was of course empty—the windows were open. The nurse said her orders were to close the windows at 4.30 p.m., the ventilators remaining open. The room would then gradually become warmer—the temperature would be noted at 5.45 p.m., and the children would find a comfortable temperature by the time they came to bed at 6 or 6.30 p.m.

LOWESTOFT WARD.—Temperature 48° . There is no cross ventilation here. As the other wall is an outside wall it could, of course, be easily provided, but I doubt whether it is necessary and probably inevitable draughts would be the result. This remark holds good for three rooms in the Annexe.

IN THE GIRLS' SICK WARD a fire is generally alight and some of the patients were of a sort to whom warmth is of vital consequence.

IN THE LAVATORY by the Lowestoft Ward we found the most serious sanitary defect I believe to be existing in the Asylum, *viz.*, the condition of the old water closets. I am sure the introduction of new closets will effect considerable improvement in the health of the patients. How airy and

well ventilated the place must be was to my mind conclusively proved by the absence of smell from water closets in the condition we found these when the seats were removed in order that we might inspect them.

CORRIDORS.—In some of these upstairs in the Main Building the linoleum only covers the middle (two thirds say) of the floor. It must be made to cover the whole floor to lessen the likelihood of dust accumulating, and to facilitate its removal.

STAFF BEDROOM.—In this room measuring $20 \times 18 \times 13$ feet there are six beds. This is too many, and in striking contrast to the accommodation we have found provided elsewhere for Members of the Staff. Of course the capital cubicles at Tooting Bec were almost palatial compared to this. In a room of this size there cannot possibly be sufficient room for the comfortable separation of each individual's belongings when it has so many occupiers.

BOYS' SICK ROOM.—The temperature here was 60° —it was intentionally so—but the air was fresh and sweet.

The adjoining water closets and sinks require altering here also.

NURSES' SITTING ROOM— 13×14 and 13 feet high—is used by eleven people. Of course, they are not all there at one time, but sometimes (though rarely) there are as many as nine. This room is not large enough for its purpose, and I trust that gradually it may be found possible to provide the Staff here with accommodation as good as that found elsewhere in similar Institutions.

WE NEXT ENTERED THE LARGE DAY ROOM AND RECREATION HALL. It was unoccupied—all being out in the grounds or in the workshops—windows and ventilators open. Temperature, 49° , air fresh and sweet. In my opinion this fine Hall is sufficiently ventilated. Of course, it is possible to provide further means of ventilation by treating all the semi-circular window-heads alike, *i.e.*, making them all to open like some do now. I think it would be an unnecessary expense.

LOWER GRADE BOYS' DAY ROOM, 57° . There are two points to notice about this room—it is not well ventilated and a new sash window might be made to open into the laundry corridor. Until this is done it is essential the present window be made the utmost use of for ventilating purposes. Secondly the floor is very bad. The boards are old and much worn, and should be replaced by blocks.

THE HAT AND CLOAK ROOM adjoining also requires a new floor of wood blocks and new sash windows.

BOYS' MAIN LAVATORY.—This we found “up-to-date,” and in excellent condition—clean, sanitary and sweet. The open

waste channel is a good feature. The cork floor covering in the bath room looked clean and comfortable.

THE VISITORS' ROOM.—This is a general Reception Room and one likely to make a favourable impression on the parents of patients, and on other people when visiting the Institution. It is pleasant, bright and cheerful.

PAYMENT CASE ROOMS.—These we found homelike, warm and comfortable. The air in them was fresh and pure and everything faultlessly clean.

THE DINING ROOM.—This is one of the least satisfactory rooms we have. It is not large enough. Only a certain number of those who should be here for meals at the same time can be accommodated. This is one of several proofs of how cramped for space we really are. How improvements in this respect can be brought about is a difficult problem, but there is no doubt of one thing, and that is, that a new floor of wood blocks should replace the present sadly worn boards, as soon as possible. We entered the room shortly after the floor had been scrubbed, and were confronted with that well known smell which invariably comes from old floors, when they are washed. Between the boards of such floors, and under them, there is always a collection of old, more or less, decomposing soapy debris, which has long been recognized as anything but sanitary.

NORTH LAVATORY.—This is in a very satisfactory condition and an example of what such a place ought to be. It is hygienic, and modern, and yet not extravagant, and in reason it could not be improved upon.

OLD MESS ROOM FOR MALE ATTENDANTS.—This is not at all a bad room. It is not much used now; doubtless, before long some good use will be found for it.

PRESENT MESS ROOM.—This is a good room, and had the nurses as good a one there would be nothing to complain of. Want of funds and want of space have so far made it impossible to provide them with equally satisfactory accommodation.

NORTH DORMITORY (Boys').—Temperature 43° —scrubbed boards with comfortable strips of carpet down. This is a very cold room, and not very well ventilated. *All* the top panes might be made to open as ventilators, but if provision is made for more air, provision must certainly be made for more warmth. Air was fresh and sweet.

ASSISTANT HEAD ATTENDANT'S ROOM.—In which there are four beds—Temperature 41° , air also fresh and sweet.

LAVATORY.—I should like to see an open channel "waste" for the basins here, while the old closets require to be replaced by modern ones.

NORWICH WARD DORMITORY (Boys').—Temperature 46° . Air fresh and sweet—and on this cold day plenty of air was entering the room in the absence of the inmates.

GREAT YARMOUTH WARD.—This, it will be remembered, is the ward in which the worst cases sleep. Through the large panes, which are made to open wide, in the long French windows, the cold air was rushing in. At night I had found the state of the atmosphere very satisfactory when the ward was full of bad cases, many of whom are dirty. And certainly I found the air in the day-time as sweet as possible.

LITTLE BOYS' ROOM.—Temperature 46° . This room is not well ventilated. It would be greatly improved if the top part of the window opening into the corridor and the glass above the door were made to open and were kept open.

GIRLS' SIDE, CAMBRIDGE WARD.—The windows here happened to be all shut, but the two movable panes provided were open and the room was sweet. There is no cross-ventilation—and I think that here and in some other rooms this could be and should be managed.

GIRLS' DAY ROOM.—A cheerful, bright room, full of light and full of air. The temperature here was 63° . The fire was burning brightly and the sun was streaming in. The air was quite fresh. Three of the tall French Casements in this room are provided with a ventilator—by a top pane made to fall outwards. I do not like this plan, but perhaps if it were thought necessary to provide more ventilation here—which I doubt—it might be obtained in the cheapest way—by making every—or nearly every top pane into a ventilator similar to the three in existence. I noticed the Tobin's Tubes in this room have been made to open like a "clock-case"—an ingenious contrivance for getting at the inside of a Tobin's Tube to remove dust. I am not in favour of removing the Tobin's Tubes, and it might be well to treat them all on this plan.

LAVATORY.—This is very satisfactory. The water-closets are the excellent new Corbel ones. On the top floor the girls' closets are in some instances new, and in some still old—the latter are shortly to be altered.

SERVANTS' ROOMS.—These are rather crowded; but the windows in all were well open, and all were wonderfully sweet. It is satisfactory to note how the domestic class have themselves recognised the value of fresh air and will themselves do their best to obtain it.

GIRLS' TOP WARDS.—An improvement in the ventilation must be effected here. The introduction of sash windows would be the best plan, and they should be provided with the deep lower sash like those at Starcross. The cornice outside is deep, but holes might be cut through under the eaves

if the windows cannot be continued up. Mr. Clementson recommended here the use of "Sherringham's Ventilators," which are adjustable with a cord and balance weight handle. With one or two of these fixed from 18 to 24 inches below the level of the ceiling on the outside wall, and with one or two over the doors into the corridor on the opposite side of the room, good cross ventilation would be provided.

IN THE ROOM KNOWN AS "THE FIREMAN'S ROOM" the ventilation should be improved by making a sash window on the north side. A good bay window would be a great improvement. Unfortunately the cost of this would be considerable, for it would be necessary to provide a similar window in the room underneath.

THE "GLAZED TILE ROOM" was found to be satisfactorily warm owing to its proximity to the Bath-room.

STAIRCASE.—Middle Boys'—the windows here should be made to open. The circular one would work well on a pivot.

PECKOVER SCHOOLS.—It is always with pleasure that one enters the splendid building for which we are indebted to the munificence of Mr. Peckover. A new chord of sympathy is touched; we pass from those who are beyond help and beyond hope, and who therefore have a peculiar claim upon the benevolent, to a "busy hive of industry" in which a chance is afforded to numbers of feeble-minded, who but for such a place, would be too heavily handicapped in the struggle for existence to do anything but fail.

In all our journeying we saw nothing to equal these capital Workshops, and nothing to surpass these Schoolrooms. Mr. Turner with the aid of his able staff has done wonders since the Peckover Schools were opened, and I only trust it will be found possible to still further develop the teaching and training given here.

THE CORRIDOR leading to the Schools, the Lavatory and the ground floor corridor are painted with white Ripolin Enamel, prettily decorated, done by the Staff and the patients. This paint wears well, washes well and looks well. It is far less expensive than tiles, which it equals in appearance and from a sanitary point of view.

OUR VISIT ROUND THE ASYLUM had taken rather longer than had been anticipated, and consequently the children had been detained in the rooms beyond the usual time. Some had been in them for three hours. Yet we found a complete absence of anything like "stiffness" while as to "foul air"—there was nothing approaching it.

THE TEMPERATURE OF THE MAT SHOP was 57°, and the air was fresh and sweet. We inspected the "wool-bordered"

mats for which these Schools have already quite a name, and found the busy workers had quite maintained if they had not surpassed their reputation.

I was glad to notice that capital manual training "SASH-CORD MAKING" being taught here.

THE BRUSHMAKING INDUSTRY is evidently progressing.

THE INGENIOUS ELECTRIC PITCH-POT we saw in use at Earlswood might with advantage be introduced here.

THE CARPENTER'S SHOP is delightful and good work is being done there.

THE SHOEMAKER'S SHOP was very busy—temperature 59° I hope every effort will be made to teach boys as young as those we found learning at Rochester House the useful trades of shoemaking and tailoring. We found several young boys at work.

THE TEMPERATURE OF THE TAILOR'S SHOP was 60° . Here they are turning out from 140 to 150 suits a year—and the greater part of the work is very good indeed. I think I saw the best "button holes" here I had seen made in any of the Tailor's Shops we visited. Three out of the nine patients can work the sewing machine.

THE TEMPERATURE OF THE GIRLS' SCHOOLROOM was 57° . The windows were all shut. The room faces North and the day was bitterly cold. The air in the room was pleasant, and the open ventilators were supplying sufficient fresh air. The girls under Miss Clubb and her assistants were busily and happily employed in lessons, wool-mat making and basket making. The fancy baskets turned out are very pretty and equalled much of the work we saw at Starcross.

IN THE BASKET SHOP proper there was evidence of much improvement.

WOOD CARVING has for many years been most successfully taught by Mr. Harris at Essex Hall. I was much struck with the great advance in the character of the work and in the class of articles produced compared with the results obtained in the first year or two. The carving of oak leaves and acorns I saw on a box was quite first rate. Finally we were given an exhibition of Musical Drill by a class of boys which now numbers 25. The smart way in which the exercises are carried out must be seen to be appreciated. The difference between the appearance of these boys and those at Starcross was very marked. Ours were evidently mentally and physically inferior to theirs. Nevertheless they drilled with zest and pleasure and moreover they did real work with their dumb-bells—it was not mere show—good teaching was apparent in the way the exercises were gone through. These physical

exercises are invaluable to the feeble-minded whether boys or girls. Before leaving we went to inspect the Electric Fan, which ventilates the whole building and which we found working well.

THE TOP FLOOR of the Peckover Schools always fills me with mixed feelings, thankfulness that we have such schools, and hope that ere long it may be found possible to raise the roof, utilize this top floor and add another storey. At present the top floor is merely used as a lumber room. Here we finished our tour of the Asylum, and Colonel Merriman and Mr. Clementson agreed with me that it was not true that "the air breathed by our inmates is kept foul night after night, day after day"! And we certainly found distinct evidence that *no "attempt is made to maintain a hot-house temperature."*

IN MANY OF THE DORMITORIES in which there is no heating apparatus, or only an inadequate one, the air was very keen, and I doubt whether it was possible to get them sufficiently warm by bed-time.

Personally, I can carry my mind back more than twenty years to the time when, in conjunction with my partner the late Mr. R. F. Symmons, I was almost daily at work in the Institution, and I can only say that the improvements in all directions that have been carried out under the able superintendence of Mr. Turner and his Staff are simply marvellous. I know that, generally speaking, throughout the country this improvement has been going on. The Eastern Counties' Asylum has kept pace with it. Then the horrible "Institution Odour" was but too perceptible everywhere. Now it is rare, and neither by day nor night did I detect it in my recent inspection. This indicates not only a great advance in sanitary arrangements, it shews that the great difficulty of securing personal and individual cleanliness in these Idiots, Imbeciles and Feebleminded has been overcome.

The faultless cleanliness of the rooms, the evident happiness and contentment of the patients, the sweetness and freshness of the air, the method and good order prevailing—all reflected the greatest credit on the Superintendent and Mrs. Turner, and their Staff, and I consider it a very unjust indictment of them and indeed, of the House Committee and the Board, for anyone to suggest that the air breathed by the Inmates "is kept foul night after night, day after day."

And what do the Commissioners in Lunacy say on this point? They very opportunely paid their annual visit only the other day, *viz.*, 17th April, the day after we were there, and in their Report are these words—

"The establishment continues to be maintained in very good order, all the rooms being sweet and clean, and the beds and bedding properly attended to."

TUBERCULOSIS.

Any plan of campaign against Tuberculosis in the Idiot, Imbecile and Feeble-minded bristles with difficulties. Let me say at once that I emphatically deny that this difficult problem could be solved by the indiscriminate admission of fresh air, by regarding draughts as a negligible quantity and by a disregard of what I consider essential, viz., the maintenance of a fairly equable temperature and that a sufficiently high one.

I do not rely on my own experience. I have been round to the leading Idiot Asylums of England and to some of the most modern Lunatic Asylums, and I have been able to lay before the Board a mass of first-hand evidence. I have, in fact, had the advantage of a great consultation. I have visited the Consultants instead of their visiting Essex Hall. This has been an obvious advantage, for I have seen these experts at work and have been able to form a judgment about their methods on the spot. I have got together the very latest up-to-date opinions on the subject and I find a remarkable unanimity prevailing. All agree that warmth is absolutely essential to the Idiot, and that to deal successfully with Tuberculosis in him there must be a combination of fresh air, good ventilation, warmth, a liberal and judicious dietary and the very best possible sanitary and hygienic surroundings. All the experts agree that the open-air treatment of the consumptive in its entirety will not do for the Idiot. All agree that they will endeavour to maintain their Institutions as Asylums or Training Institutions, and they will not endeavour to convert them into Sanatoriums for Consumptives.

As a medical man I do not admit that our knowledge about Tuberculosis in the Idiot is complete. Of one thing I am certain, and that is that the Idiot is less infective than the Lunatic, and the Lunatic than the uninstructed Sane. I am speaking of course generally, and there may be some exceptions. Our recent journey has provided a remarkable consensus of opinion on this point, which goes far to prove what I say. Of the prevalence of Phthisis amongst Idiots there is no doubt, that a large amount of Tuberculosis exists in Idiot Asylums is admitted—and yet among the members of the different staffs living amongst these tuberculous patients, and in many instances actually sleeping in their rooms, there has been a marvellous immunity from the disease. Some of these Asylums are said to be "saturated with tubercle," and yet the Superintendents and their families, the Doctors, Attendants, Nurses and Servants have escaped infection!

This is very satisfactory and makes our efforts to deal with the matter far easier than they might have been. At the same time it is unfortunately probably true that tuberculous Idiots may and do infect non-tuberculous Idiots, *i.e.*, those who on admission to an Institution shewed no signs of disease. It is to be remembered, however, that the difficulties of detecting Phthisis in its earliest stage in the Idiot are very great indeed. I have no doubt it frequently exists—or tubercle in some form exists—in a very large proportion of Idiots before it is detected—indeed, before it can be detected. Anyway the infection of other Idiots and the non-infection of the Staff is a further proof of the undoubted tendency to tubercle and especially the proneness to pulmonary consumption which exists in the Idiot. It must be a source of satisfaction to those responsible for the Idiot to realize that when it may become necessary for a tuberculous Idiot to leave an Institution he is far less likely to infect healthy, outside members of the community than a phthisical sane man or woman would be who had to leave a Consumptive Sanatorium without a cure having been effected.

And what is the reason of the immunity of the members of the Staff of an Idiot Asylum?

The reason lies in the fact that Idiots do not spit. Indeed they rarely cough or expectorate. The dried sputum of the consumptive is the great means of infection, and dust impregnated with this dried sputum is nothing less than a terrible source of danger to others. Such dried sputum, such infected dust, must be comparatively rare in an Idiot Asylum. I know, of course, that some of the bad cases "slobber." These must be provided with stout pinafores or blouses which must be frequently changed. The soiled ones should go into a strong disinfecting solution immediately they are taken off. It would be well if such pinafores, together with all soiled linen from the Tuberculous could be kept apart from the other and washed in a separate laundry. But a thorough disinfection either in a solution alone or in a steam disinfecter before such linen was mixed with the other, would undoubtedly be a great safeguard. There was an exception about the immunity of members of a staff brought to light on our journey and that was the sad case of Leavesden. Here it is to be remembered we are speaking of Lunatics and not Imbeciles, for in that great Asylum containing between seventeen and eighteen hundred patients, there were only about twenty Idiots.

I have already touched upon the cause of the trouble at Leavesden. Hair mattresses are used there and in the "upholsterers' shop" these hair mattresses which had been used by Tuberculous patients, and which had become indeed "saturated with tubercle" were formerly—without any pre-

vious process of disinfection—opened, teased, worked and made up again by the patients. Dr. Shadwell said in his report :—

“This is very dusty work, and of a kind pre-eminently calculated to promote Phthisis. Indeed, I do not think that if human ingenuity were set to devise a machine for the manufacture of that disease it could hit upon anything more effective than the upholsterers’ shop at Leavesden.”

Into the merits of hair mattresses as compared with others I will not go now. The general opinion of authorities is favourable to their use. At any rate—as far as Tubercle is concerned—the Eastern Counties’ Asylum is free from this certain method of spreading the disease, for here there are no hair mattresses. Wool mattresses are used and if there is any doubt about them being infected with Tubercle or anything else they are burned at once, and without compunction—for the cost of them is very much less than that of hair mattresses.

TUBERCULOSIS AT ESSEX HALL cannot be grappled with without incurring considerable expense. Luckily much has been already done. Every improvement in the sanitary arrangements has been a move forward in the campaign. But much remains to be done. The Lunacy Commissioners have, last year and this, touched upon the question of Tuberculosis at Essex Hall. I do not believe that considering the undoubted inferiority, mentally and physically, of the cases we admit, that we are, comparatively, any worse off as regards Tuberculosis than any other similar Institutions, and in no Idiot Asylum that we visited did we find that the isolation of their Tuberculous cases was being practised.

But the Commissioners report the other day :—

“The general health of the Institution is good : only 7 cases were confined to bed, in 5 instances with phthisis which continues to be the leading disease and *which makes it so important that all such cases should be kept as far as possible apart from the others.*”

THIS BRINGS ME TO THE QUESTION OF ISOLATION—perhaps the most difficult part of the subject. Throughout the civilised world the campaign against Consumption is becoming more general and more vigorous, and it behoves us to take part in it. We must do our duty by the Idiot, and to the community, and we are bound to act upon the suggestions of the Commissioners in Lunacy. We are not behind the times, there has been no unreasonable delay. I believe the recommendations, of last year and this, are the first in the history of this country, in which the course indicated has been recommended, in any Idiot Asylum, by the Commissioners in Lunacy.

It was bound to come sooner or later. Until it did come, I confess the thought of the cost involved in carrying out that recommendation deterred me from pressing an old suggestion

about it. However it is a good thing the Commissioners have been down and reported, before the forth-coming Annual Meeting in Colchester. Great as the claims of the Institution were upon the generosity of the benevolent before this recommendation was made, they are greater now. The Board of Directors is brought face to face with the imperative necessity for the expenditure of a considerable sum of money upon an object outside the ordinary requirements of the Institution. Granted that there is no extravagance, that a level head is maintained and no attempt made to realize the unreasonable dreams of "faddists" or "extremists," a large additional sum is required to bring the Institution quite up-to-date in the matter of Tuberculosis and to carry out a suggestion, which almost amounts to an order, from the Commissioners. I hope this matter will not be lost sight of when a response is made to the appeal for donations and subscriptions shortly to be issued.

It must not be thought this suggestion of the Commissioners had not been anticipated. Their last year's report indicated what was probably coming. Touching upon the question of Tuberculosis generally Admiral Sir William Luard in a letter to me, dated 16th March of this year, said:—

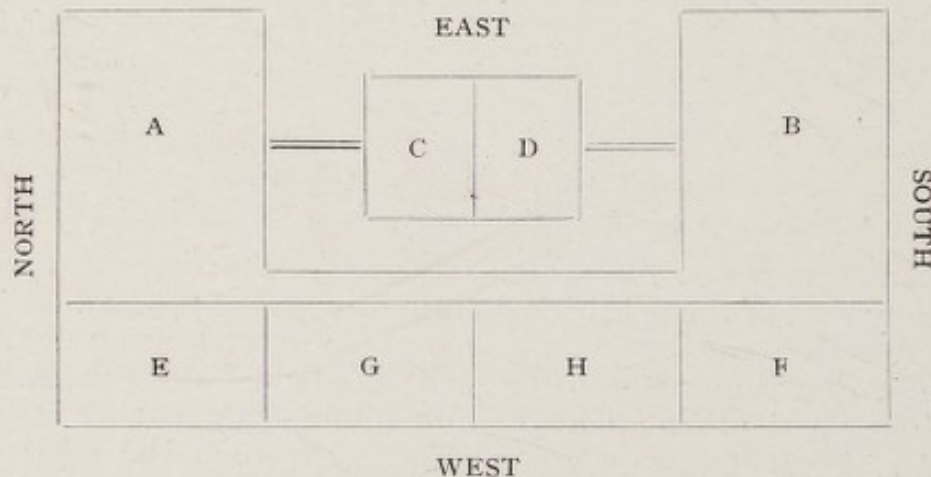
"I am very glad you have decided to take action in the matter which was before us on Saturday. It is a very serious question and cannot be put aside. It must be referred to at our next Public Meeting and we must be prepared to shew that efficient steps are in progress to meet it."

Now it must never be lost sight of that we at Essex Hall are already attempting to deal with a complex problem, a happy solution of which is considered by many experts to be an impossibility, viz., the combination under the same roof of an Asylum pure and simple and a Training Institution, and I venture to say that thanks to the skill and energy of Mr. Turner, the effort has been attended with success. We are then, an Asylum for the Idiot and the Imbecile and a Training Institution for the Feeble-Minded. The separation of the sexes has not only to be thought of, there is the great division between trainable and untrainable cases, and there is the division into classes and grades which is acknowledged everywhere to be indispensable.

And now we are recommended to adopt a further separation, namely that of the Phthisical from the un-Phthisical. I say at once that can only be managed to a certain extent. I believe that we must not lose sight of Tuberculosis in dealing with our patients as a whole from the first moment we receive them. Some moderns are inclined to scoff at the idea that Tubercle is an affection common in "the Idiot constitution," and term this a delusive phrase. I do not agree with this. Of the predisposition to Phthisis in the Idiot I have no doubt whatever, and I do not admit that this predisposition has been proved not to be hereditary. Remembering this tendency,

remembering what a favourable soil the Idiot constitution is for the reception and growth of the seeds of Consumption, I shall have shortly to make certain recommendations bearing generally upon the subject, but as far as actual isolation is concerned, I say that must be confined absolutely to our acute cases, and to such as are undoubtedly infectious. It passes the wit of man to devise at present a satisfactory course to be pursued in the case of an obviously improvable feeble-minded boy or girl, who at the same time is probably dangerous to the health of others. If we happen to have such, apparently the only thing to be done will be—as long as we retain them—to disregard improvements of mind and to consider only the best means of improvements of body and the protection of others. With the space at present at our command, and in our present building, I do not think the isolation of those who undoubtedly must be isolated, can be satisfactorily carried out. I had hoped the wooden hospital in the grounds might have been available for this purpose. But there are insuperable difficulties in the way. Until we have another, this building must be used as an Infectious Hospital in case of need for zymotic disease. And the days of the building are probably numbered. The Lunacy Commissioners have long condemned it, and the recent fire at Colney Hatch has made them more emphatic in their condemnation of all such structures.

After very serious thought on the subject, I have come to the conclusion that the best solution of the difficulty is the building of an additional storey to the South Suffolk Annexe. If this suggestion is considered architecturally safe, and provided sufficient funds are forthcoming, an almost ideal Isolation Floor for acute Tuberculous cases is a possibility. The present excellent plan of the building lends itself to it.



The North side might be allotted to boys and the South to girls.

- | | | |
|-----------------------------|--|---------------------------|
| A.—Boys' Tuberculous Ward. | | C.—Boys' Sanitary Block. |
| B.—Girls' Tuberculous Ward. | | D.—Girls' Sanitary Block. |

The rest of the floor could be put to admirable use and would provide accommodation long recognised as necessary.

E and F could be used as rooms for temporary isolation in cases of doubtful infectious disease in Boys and Girls respectively. It is most difficult to decide whether an Idiot is or is not suffering, say from Scarlet Fever or Measles in the earliest phases of the illness and the provision of rooms in this new situation would supply a want long felt by the Superintendent and Medical Officers.

G and H would make two capital rooms for Nurses for whom additional accommodation is much required.

THE TUBERCULOUS WARDS A and B could be constructed on modern principles and after the plan of the wards we saw at Tooting Bec, which has only recently been completed. There could be windows on the north, south and east, with every means for good cross ventilation. The windows would have a top and bottom sash—the latter deep, with a ventilator above like those in our annexe, similarly provided with "ears." Behind the radiators there would be large openings in the wall with an iron grating outside and a "hit-and-miss" ventilator inside. The floor would be wood blocks, treated with oil and beeswax and turpentine, and round the edge there might be a terrazzo border with curved angles. There would be an open fire-place in addition to the radiators, and fixed screens might be placed by the doors to lessen the chance of draughts. The walls would be treated with Ripolin paint, and provision would be made for one electric light being used as a night light. Plenty of cubic space would be allowed, and it might be possible to provide a good balcony to the south with a verandah. In accordance with the plan so strongly advocated by Dr. Elkins, at Leavesden, the acute Tuberculous cases would be at the top of the building. I commend this scheme to the consideration of the wealthy benevolent—and indeed to all friends of the Institution. The need is great, and so are the difficulties of supplying it. Rates can do much now-a-days, but so I am thankful to say can private benevolence. An opportunity is afforded for rendering help to the Asylum at a crisis in its history which the force of circumstances has brought about, and I trust that the opportunity will not be missed.

So much for the actively infectious cases, and now I must deal with the other more or less tuberculous cases—the incipient, the quiescent and the doubtful. For these more and more use must be made of our valuable seaside branch, Crossley House. We have at present 20 cases there and I hope before long we may have accommodation for at least 40 or more. The air at Clacton-on-Sea is remarkably good and the value of the place in the treatment of Tuberculosis

has been already recognised. To my mind Clacton may be termed the "Margate of Essex." The peculiar properties of its atmosphere seem to much resemble those of the Isle of Thanet and that there is a great future before it for the treatment of all forms of Tubercle and Scrofula, there is no doubt. There is another point about Crossley House of the greatest importance as far as the cases are concerned, we are so anxious to obtain additional accommodation for, and that is the exceptional number of sunny hours Clacton is blessed with. Sunshine is an invaluable help in the treatment of Consumption, and the sunshine recorded at Clacton is most remarkable. Plans for the extension of Crossley House have been prepared and approved and a good sum is already in hand for the purpose—but much money is still wanted and more than ever wanted now that this question of Tuberculosis has got to be faced. But we require something more than new Tuberculous Wards and an extension of Crossley House. We must have improved means of ventilation and additional means of providing warmth. *The two must go hand in hand.* The truth of this statement was proved up to the hilt in our recent journey, and is acknowledged by every expert we consulted. Fresh Air there must be—but fresh air without draughts and without cold. There is no resisting the weight of evidence in favour of this, afforded by the unanimous opinion of all authorities on the subject. At the risk of being wearisome I have recorded the temperature I found in room after room, in Institution after Institution and it will be at once recognised that everywhere we found an endeavour made to maintain a fairly equable degree of warmth. Exception has been taken to the present bye-law:—

"The temperature of the day rooms shall be kept at sixty degrees."

I consider this needs modification, and would recommend in substitution for it, the rules in force at Leavesden, viz. :—

"In the Infirmary Wards, (and in our own case—in the rooms occupied by our feeblest cases), it is expected that the temperature shall not fall below 55° F. or rise above 62° F. In the ordinary wards and dormitories it is expected that the temperature shall not fall below 50° F. or rise above 62° F."

and I would add that a temperature of 55° should be considered the temperature to aim at in the day time. Even in the Special Tuberculous Wards (when made) I would recommend about the same temperature. And there must be a bye-law on the subject, and the Superintendent must be solely responsible for seeing that it is obeyed. In every Asylum, the Superintendent—whether a medical man or not—must be supreme. With divided authority there can be no good government in these Institutions. There must also be a continuity of policy. Medical Officers are frequently resident only for a short term of office, and succeeding ones may hold very different views to

their predecessors. Consequently there must be a rule of the Institution, which a permanent chief will always see is carried out. In our own case it is necessary this important matter should be left in the hands of Mr. Turner. The attendants and nurses are now-a-days intelligently realizing the value of fresh air and good ventilation, and a certain amount of discretion must be left to them.

OUR MEDICAL OFFICER says in his Report—

“It may seem strange to you, but the universal experience of consumptive sanatoria is that draughts are an absolutely negligible quantity and perfectly devoid of any evil effects or even inconvenience *provided no attempt is made to maintain a hothouse temperature.*”

Well, the universal experience of Idiot Asylums and Lunatic Asylums—as proved by my report of those we visited—is that draughts must not be allowed, and that they are a danger to the imbecile. Moreover, our inmates do not live in a hothouse temperature. The report of my visits by night and by day proves this, and I would now emphasize the fact that many of our dormitories are utterly unprovided with any heating apparatus whatever! Let me quote an important letter from that well-known expert, Dr. Shuttleworth, written on March 11th last:—

“We try to keep the inside temperature as near 55° as possible, though I am afraid in some weather that of the dormitories sometimes falls below this standard. I am, however (in spite of being an ‘old fogey’) very sensible of the necessity of *fresh* air, but this is not to say that freshness must be obtained at the expense of temperature in the case of imbecile patients, whose poor circulation renders them very susceptible to the evil effects of cold. The expense must be rather in the matter of fuel. My own children here (*i.e.*, at Ancaster House, Richmond) usually have their bedroom windows open at top, but they have open fires in cold weather, and my coal bills are big. In an Institution warmed by steam or hot water, I would say ‘Do not spare the stoking, but have moving air to carry off morbid germs.’ The craze for ‘open-air treatment’ requires, in my opinion, to be tempered with discretion, and also in this climate with a considerable amount of artificial heat, especially in the case of those with defective circulations.”

Now it is to be remembered that some years ago a trial was given at the Eastern Counties’ Asylum to the plan of allowing cold air to come in somewhat indiscriminately. The result was disastrous. I understand that more recently some experiments on a small scale have been allowed and the effects produced have not been such as to encourage us or indeed to warrant us in repeating them. I hope what I have written will shew that the time has come when a deficiency which has again and again been pointed out must no longer be permitted to exist—I mean the absence of adequate means of warming the Dormitories.

In the recent Report of the Commissioners they say :—

“Among the improvements carried out since our colleagues’ visit we may mention the provision of Radiators in the Annexe and the Peckover Schools, where additional heating had been found necessary. The heating in the Birkbeck Wing might with advantage be improved as funds permit.”

If their campaign against Tuberculosis is to be carried out, it *must* be improved in the Birkbeck Wing and in the Main Building. I am certain that the condition of the air in the Dormitories is of vital importance. All Authorities on Tuberculosis agree that a good supply of fresh air at night is indispensable. Although at present we manage wonderfully well with the means at our command, I believe that improvements in the warming and the ventilation of the Dormitories will be found to have a marked beneficial effect upon the general health of the inmates and so upon the death-rate. I like steam heat, with some open fires, better than any other. With us, there is great difficulty about the steam, so much is wanted for cooking and laundry purposes—’tis true the boilers still heat a certain amount of the building, but on the whole, I would advocate the introduction without delay as a means of properly warming the dormitories of Longbottom’s high-pressure hot-water system of heating—which we found so satisfactory at Starcross and which has been in use at our Seaside Branch since it was opened.

Having obtained the means of providing more warmth, we can set to work to provide means of better ventilation and that without draughts. I have already indicated some of these,—

They are :

1.—To gradually substitute sash windows throughout the Main Building for present French Casements and to commence with the top Dormitories where the smallest windows are and where there is consequently less air. I would have the lower sash a deep one, and when the height of the rooms permit, would have above the window the same kind of ventilator as that above the windows in the Annexe.

2.—In the Norwich, Yarmouth and Cambridge, and two top dormitories (Girls’ Side), openings to be made into the Corridors and glass louvred, or other ventilators to be fixed—to be controlled from the rooms themselves. This will give cross ventilation as far as it can be obtained with the present existing wards.

3.—In the Small Boys’ dormitory the top part of doorway and top part of window to be made to open into Corridor.

4.—In the Fireman’s Room a sash window to be made on the North side.

5.—The windows on the Boys’ Centre Staircase to be made to open.

I do not hesitate to say that notwithstanding the cost, the structural alterations indicated should be commenced at once, for the condition of things existing at present cannot be

considered satisfactory apart altogether from the question of Tuberculosis. The necessity for some such steps has been long recognised and the suggestions for improving the dormitories is "Ancient History." It may be remembered that in 1895, owing to a severe epidemic of measles, our death rate was abnormally high, that a special committee of the Consulting Medical Staff was appointed to enquire into the matter and that it presented a Report thereon to the Board. That Report I had the honour of writing and in it I find the following recommendation.

"That special additional means be adopted to maintain the wards at night, at a uniformly satisfactory temperature; this is especially necessary at all times in an Idiot Asylum, because of the length of time many of the patients are necessarily somewhat exposed out of bed or cot, and it becomes a question for the Board to consider whether parts of the building, and especially the Annexe could not be more satisfactorily heated than at present, either by the adoption of hot water instead of steam as a system for warming the air, or by such other means as they might approve.

In a severe winter such as that 1894-5, a Hot Water System properly worked would prevent the temperature of the wards falling below a satisfactory height, and would lessen the liability to troubles of the chest amongst the patients."

MANY OF THE RECOMMENDATIONS in that report have been carried out—and perhaps when the number of other improvements which have been accomplished is remembered—as many as could be reasonably expected. In the light of modern science nothing is of more importance for the Tuberculous than the best possible surroundings at night. It can hardly be said that in our dormitories there is an "overcrowding" of a degenerate population, but there is no doubt that even with the doors open—the amount of cubic space allowed is not liberal, especially when it is remembered that amongst the occupants of the dormitories is a large proportion of patients with a pronounced predisposition to pulmonary phthisis. And the quality rather than the quantity of the air is the essential point. This must be improved—and can only be improved by the means suggested. It is of some interest to note that in our Report of 1896 is the following paragraph:—

"That the theory of the contagiousness of Phthisis is gaining ground, and as bacteriological research has discovered the bacillus of Pneumonia (the pneumococcus) it is not wise to treat these maladies as otherwise than contagious."

Of course the contemplation of measures specially necessary in the matter of Tuberculosis must not let us lose sight of that ideal it has always been our object to gradually realize, viz., perfection in Sanitary arrangements. We must therefore do away, forthwith, with the old ranges of

closets, of which there are nine, and substitute for them the new Corbel closets already in use on the girls' side.

I HAVE HAD TO REFER TO THE DANGERS OF DUST. Much care is required in dealing with it when formed and of course the less produced the better. Now on the ground floor (Boys' Side) the stone floor of the corridor is a champion dust generator. Owing to the nature of the stone, the dust here has actually to be swept up four or five times daily, and Terrazzo pavement should be substituted for the present stone floor.

I HAVE ALREADY QUOTED DR. ELKINS'S RULES about the removal of dust. There is apparently a clever machine on the market, viz., the Vacuum Dust Extractor, invented by Mr. H. C. Booth. This has already been used with great success in many places, *e.g.*, The House of Commons, His Majesty's Theatre, and many of the large London Hotels, and it would be worth while to see whether we could give it a trial at the Asylum.

AS TO THE FLOORS, I am in favour of gradually doing away with scrubbed boards and substituting for them boards treated with boiled oil and turpentine, and beeswax. A very large majority of the best judges have come to the conclusion after many years of experiment that this plan is the best. They are not nearly so slippery as might be expected, and are undoubtedly hygienic. I would recommend a commencement being made with the dormitories. In many of the day rooms linoleum in excellent condition is on the floors. When this is worn out I would not replace it with new.

AS TO THE WALLS, I would recommend that all bedrooms in future have walls painted with Ripolin, or other enamel paint, which can be easily washed down, instead of being distempered.

It goes without saying that the "Open-Air Treatment of Consumption" is, in its entirety, utterly unsuitable for our patients. Always provided that they are warmly clad and warmly housed, and not exposed to draughts, it is essential that they should have as much open air and as much fresh air as possible. The new ground lately acquired to the west of the Asylum may not be well suited to building purposes, but it is admirably adapted for the erection of rustic shelters for the patients. These must be provided with canvas curtains which can be put up in cold weather and when there is much wind. Capital recreation grounds and airing courts could be provided here. The necessity for good woollen underclothing, and for warm gloves, is obvious, if the patients

are—many of them—to be out in colder weather than formerly. Of course the Asylum property to the east of North Station Road—either that by the Farm or that nearer Myland, might have been suggested for the erection of a New Isolation Block for acute Tuberculous cases, but the cost renders such a suggestion impracticable. Possibly at some future date it may be possible to divide the Asylum into two parts—to reserve the present buildings for trainable cases, and to have a new building or buildings for the untrainable and the phthisical, across the road.

I hope that it may be found possible to gradually employ a larger number on the Farm and at the Brick Works, and that a rule will be made that those now employed in the Peckover Schools will not always be kept at indoor pursuits, but will regularly have to take a turn at field or garden work. At present, none of the patients are employed with the cows or in the dairy. The condition of the cows and the health of any patient going near them are matters of importance, for the account lately published of the highly-important investigations conducted by Professor Hamilton and Mr. McLauchlan Young, concerning the identity of Human and Bovine Tuberculosis and the possibilities of infection as between mankind and bovine animals shews results which are a direct contradiction of those alleged to have been obtained by Koch and Schütz.

It is obvious that these conclusions fully establish the propriety of those precautions with regard to the milk and the flesh of Tuberculous animals which the announcement recently made by Professor Koch, rendered some people ready to relax. While we do all in our power to improve the general health of the Asylum and to lessen the death rate; while we gradually adopt measures which we hope will prevent the spread of Phthisis amongst our inmates, and relieve, if not cure those already affected with it: we must ever be on the alert to avail ourselves of the fruits of all the labour of the busy world of science, which is striving, and not without good hope of success, to discover an actual means to prevent and to cure this fell disease. Last March, Professor Behring, the discoverer of the Diphtheria Serum, gave the world the results of his experiments with Tuberculosis Serum. These, which have so far been confined to animals, have proved entirely successful. I trust the time is not far distant when it may be possible to protect human beings against Tuberculosis by the injection of Serum and even cure them when already suffering from the disease. And I do not despair of success in another direction, *viz.*, the perfection of an inhalation which will kill the Tubercle Bacilli without injuring the patient.

But we have to deal only with established facts and with measures which have proved successful elsewhere. Any line adopted for dealing with Tuberculosis must not be opposed to what is universally admitted to be the treatment necessary for the Idiot, and while we attempt to save them from Phthisis we must not kill them with cold; in fact, we must always remember that Essex Hall is an Asylum for the Idiot, the Imbecile, and the Feebleminded, and not a Sanatorium merely for the cure of Consumption.

EDGAR A. HUNT,

Honorary Consulting Surgeon

To the Eastern Counties' Asylum.

