

WILBUR (H. B.)

EXTRACTS

—FROM—

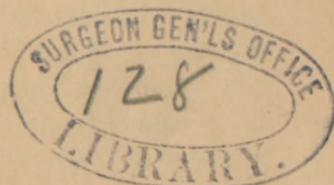
20th Annual Report of Commissioners of

of Scotland, for the Year 1877,

with an Introduction by

—H. B. WILBUR, M. D.,—

Supt. of N. Y. Asylum for Idiots.



INTRODUCTION.

Some three years since, the writer made a report to the Board of State Charities of New York, upon the management of the insane in Great Britain. The aim of that report was to set forth some of the features of British asylum management, that it was thought might be copied in this country, to the advantage of a class, that seems to be a constantly increasing one.

The chief points dwelt upon were the large and increasing employment of patients in a great variety of occupations. That this resulted in a better physical condition of the patients, that it quieted their excitement, making it possible to give them a much larger freedom, beyond the range of wards and airing courts or even asylum grounds. Further results were seen in the disuse or infrequent use of restraining apparatus and seclusion in the management of patients; in the absence, to a greater or less degree of spring locks, grated windows and other appliances of imprisonment. In short, an assimilation to customary modes of life and occupation with only such additional arrangements and means as invalidism or the peculiar phases of insanity demand, for the time being.

In that report, attention was called to the thoroughness of governmental supervision, at the hands of the Lunacy Boards, of the three kingdoms, which not only guards the freedom of the subject against improper committal to an asylum, but watches over him after he is admitted. It sees that he is properly treated during residence and that he is retained no longer than he should be. This oversight includes a thorough system of visitation that takes cognizance of every insane man or woman in Great Britain.

It requires the keeping in every asylum of registers, case-books and journals which cover the daily life of every inmate and

and report all accidents or casualties; in short, everything out of the usual course in the medical or other aspects of every individual case. It investigates the causes of accidents, of alleged abuses or neglect, and in the case of every sudden death, it requires an inquest.

These Boards of Lunacy disseminate a knowledge of improved or successful methods of management or treatment. They help to check any tendency to extravagance in construction or management of local boards of administration. And then, while thus protecting the interests of the insane on the one hand; on the other they become the shield of faithful and efficient officers against the assaults of either ignorance or malice. And it is one of the happy features of the several British Boards of Lunacy, that more or less of their members are men who have had practical experience in dealing with the insane, as heads of asylums.

Since the publication of that report, exceptions have been taken to its suggestions by some of those in charge of American asylums, though there has been no direct challenge of the accuracy of its statements.

Thus, it has been intimated that I was not familiar with the conduct of American asylums. That I visited only the best or model institutions. That the amount of labor done in such asylums was deceptive. That governmental supervision was not practicable in the United States; for it was not in the province of the general government and the individual States were not large enough to employ the necessary machinery. That the flow of general visitors through the show-wards of our asylums obviated the necessity of such supervision. And further, that on the subject of the use of restraining apparatus, some of the best alienists of Great Britain were, at heart, in accord with the American Superintendents.

On this last point I have but a word to say, for I have nowhere expressed my approval of the doctrine of non-restraint, meaning by that, the entire disuse of restraining apparatus. But I do say this, that owing to the very thorough system of employment of patients in out-door and other occupations, and other resources, not common in American asylums, restraining apparatus in any

form is very much less used in Great Britain than in this country, even by those British superintendents, who express themselves very strongly in opposition to what they would call the bigotry of the advocates of non-restraint. Nor do they use what are sometimes called chemical restraints, namely: opium and other narcotics with the freedom with which they are used in America.

A single illustration will suffice: Dr. Sheppard, of England, is a bold and uncompromising opponent of the doctrine of non-restraint. He is in charge of the male department at Colney Hatch, with over 800 patients. According to the very last report of the English Lunacy Board, during the preceding year, at Dr. Sheppard's asylum, but one man had restraining apparatus applied. He had his hands gloved for 24 hours, *for Surgical reasons*. At the same asylum seclusion was resorted to in the case of 13 men, in the aggregate 91 hours, or 7 hours each.

In confirmation of some of the other points of my report, I submit the following extracts from the last report of the Scotch Commissioners of Lunacy, for the year 1877, and only lately printed.

Scotland is less populous than the State of New York, but in the former it is deemed both humane and economical to have a Board of Lunacy to protect the interests of the insane and society. While in the latter, between a Board of State Charities overwhelmed by the multifariousness of its duties and a commissioner of Lunacy, who seems utterly unconscious of the true nature of his office, we have no such thorough governmental supervision as the exigency demands.

It is with no disposition to fan the embers of a past discussion, that this is published but to supplement the alleged insufficiency of my report, with an authority that cannot be questioned, as to the prevailing opinions, in Scotland, in regard to the best methods of management of the insane.

And finally, though we have a proverb, on ancient and venerated authority, that a certain class may be brayed in a mortar and not lose their characteristics, I rejoice to bring some Superintendents of American Asylums, and especially the editors of the American Journal of Insanity, face to face, with these improved methods of treatment, that they have in the past doubt-

ed and derided; that they may have opportunity to learn, that courage in dealing with the insane is as valuable a quality, now, as in the days of Pinel, and that time devoted to a study of best modes of treatment and a constant and considerate regard for the welfare and happiness of patients is more rewardful and satisfying, to those entrusted with their charge, than spacious and elegant buildings, perfection in equipment or even a mode of administration where the care and trouble of the officers is reduced to a minimum.

EXTRACTS.

THE RESULTS OF TREATMENT IN, AND THE CONDITION OF, THE DIFFERENT ESTABLISHMENTS.

Establishments for the insane in Scotland arrange themselves in the following groups :—(*a.*) Royal and District Asylums, (*b.*) Parochial Asylums, (*c.*) Private Asylums, (*d.*) Lunatic Wards of Poor-houses, (*e.*) Training Schools for imbecile Children, and (*f.*) the Department for Criminal or State Patients in the General Prison.

During late years considerable changes have taken place in the structural arrangements of Scotch asylums, and in the management and treatment of the patients. These changes are in directions which have for a long time been advocated by the Board, but they have nevertheless been originated and carried into practice by the Superintendents of the different asylums, and have received additions, modifications, and developments of one kind here and of another kind there. Their aim, however, is everywhere the improvement of the condition of the patients by a rational extension of the principles of non-restraint in their treatment; by the encouragement of healthful, profitable and interesting occupations; by efforts to make asylum life resemble ordinary life; and by a full appreciation of the value of general hygienic measures as promotive of recovery in curable cases, and of comfort and contentment where recovery is hopeless. Perhaps, to some extent, the desirability and need of progress in these directions have been unconsciously felt as a result of the change which has undoubtedly taken place in the character of the population of asylums. It does not admit of question that among the inmates of asylums there is an increasing proportion of the inoffensive and incurable, of the infirm in body as well as mind, and of persons whose mental disorder is but slightly marked.

Patients in Establishments.

To these patients many of the restraints and much of the discipline of asylum life are irksome and unnecessary. Many such persons, indeed, are sent to asylums not so much to promote their own well-being and happiness as to promote the comfort and convenience of others. Patients like these do not require the same appliances for their safe and proper keeping as are required by patients more acutely or more actively insane; and it seems only reasonable that their large and growing number in these establishments should result in such changes as we have indicated.

Recent changes in the Structure and Management of Scotch Asylums and their origin.

It is a satisfactory feature of the Scotch lunacy laws and of their administration, that no hindrance to progress is offered through the existence of any uniformity or inflexibility in the standard of what is proper. This admits of, and perhaps encourages, the putting into practice by the different Superintendents of different plans of management, which their own experience leads them to originate and regard as improvements. Had it been otherwise, and had a strict uniformity in the mode of dealing with their patients been pressed on them, it is probable that we should not have had the opportunity of recording some of those beneficial changes in the structural arrangements of asylums, and in the modes of managing their inmates, to which we are about to allude. So long as the aim is good, so long as the purpose is benevolent and honest, the intelligence of such Superintendents as preside over Scotch asylums may with safety be trusted not to propose the introduction of changes which have not a reasonable prospect of attaining their end. If in some instances failure appears to us probable, or even if new modes of treatment are occasionally adopted which seem to us in a wrong direction, it is practically found sufficient that we state our views and doubts, and thus secure a careful reconsideration of the matter.

It has been pointed out, that these changes may, in some measure, be the possible outgrowth of views suggested by the changed character of asylum populations; but, even if this be true, they are not limited in their influence to the class of patients whose increasing number in our asylums constitutes this change. What is found to be good for them is found to be good for others, and so it happens that many things are now considered possible and proper in the treatment of the insane, which, not long ago, would have been regarded as unsafe or improper.

Disuse of Walled Airing Courts.

The diminution of restrictions on the personal liberty of the patients is perhaps the most important of the changes which

have taken place in the management of our asylums. One striking evidence of this is to be seen in the disuse of walled airing courts. In our last three reports we have commented at some length on the disappearance of this form of mechanical restraint. From year to year, without any pressure from the Board, the disuse of these courts becomes more general. Many asylums are now entirely unprovided with them, while in others, though they exist, they are never used. In many instances the walls of the courts have been pulled down, while in the case of some asylums they have never been built. These last, of course, are all recent erections, and it is almost certain that in no asylum built after this time will the propriety of erecting walled airing courts be even considered. The large Parochial Asylum at Lenzie has been built without airing courts; the District Asylum at Rosewell is in the same position; so, also, is the asylum at Riccarton, Paisley; and it is understood that the Greenock Parochial Asylum, and perhaps also the Royal Asylum at Dundee, now in course of erection, will have no enclosed airing courts. In the cases of the Argyll, Inverness, Haddington and Perth District Asylums, and the Abby Parochial Asylum, the walls of the courts have been entirely pulled down, and in the Edinburgh and Montrose Royal Asylums the pulling down is in progress.

Unfenced Grounds.

But not only are these asylums without walled airing courts; the grounds attached to the majority of them are also without any sort of boundary wall or fence. It is improbable, indeed, that the grounds of any asylum which may in future be built in Scotland will be enclosed, though it would be an error to make any absolute rule in such a matter, since circumstances might present themselves which would render the enclosing of the grounds desirable—such, for instance, as close proximity to a town, or some peculiarity about the class of patients to be admitted.

Locks with Ordinary Handles placed on Doors.

The practice, now general, of furnishing the doors of an asylum with locks having ordinary handles, and of leaving many of the doors open, is a change of the same character as the disuse of walled airing courts; and it cannot be regarded otherwise than with satisfaction, that the disuse of the airing courts instead of leading to a more strict confinement of the patients to the wards, has been followed by a marked relaxation of restraints on personal freedom within the buildings. It is certainly agreeable to the feelings of patients that it is not necessary to use a key in opening the doors of the apartments which they occupy; and this necessity has been largely done away with by the change here referred to, which has been widely adopted, though in various degrees in different asylums. In no instance is the use of

the key entirely dispensed with; but in many asylums it is little needed. This is the case even in asylums where as yet but few of the doors are left open, giving to many of the inmates great freedom in moving about within the buildings, and the power of leaving them at pleasure for the open grounds unaccompanied by an attendant. Perhaps the system of unlocked doors is carried to its greatest extent in the Fife and Kinross Asylum, though in many others, and notably in those of Argyll and Midlothian, it has been largely adopted. In some old asylums the adoption of the system is rendered difficult by the character of the structural arrangements.

Changes slowly introduced.

It is desirable to point out here that all these changes have been slowly introduced, bit by bit, over many years, and that in no instance has there been any going back. On the contrary, experience seems to give confidence in the views on which they depend. Thus it has happened that in one year we have found the airing courts of an asylum little used, in the next not used at all and in the next entirely removed.

It may also be of use, when drawing attention to these changes, to recall the fact, disclosed in other parts of this report, that, since their adoption, escapes and accidents have not increased in frequency, that contentment and freedom from complaint are more marked than formerly, and that the patients show an increased readiness to engage in useful occupations.

Greater Liberty accorded to Patients.

The management of asylums on views which lead to the disuse of walled airing courts is almost certain to involve permission to a large number of patients to take exercise, or move about on parole within the grounds or beyond them; and it is accordingly found that an increasing number enjoy this privilege. Indeed, many inmates of asylums have almost as much personal freedom as they could have if they were in their own houses. The practice of allowing the inmates of asylums to attend places of public worship is becoming much more general, and so also is the practice of allowing them to be absent for a few days from the asylum on pass, for the purpose of visiting friends. Such visits give pleasure and increase contentment, and rarely do harm. They often show how far the seeming improvement of a patient is real, and whether it might not end in recovery more quickly if the patient were sent to his friends than if he were kept in the asylum.

Improved Relations between Patients and those in charge of them.

Kindlier relations between patients and those in charge of them seem to be a natural outcome of a management in the spirit which introduces these changes. It is difficult however, to give

proof or illustration of this, though our observations indicate that these relations have been improved. Poor patients, for instance, who recover, and have no home to go to, and no immediate way of living when discharged, are often persons to be much felt for; and in their cases of late years it has occasionally been brought to our knowledge, that out of a kindly interest in their circumstances they have been allowed for a time to remain as lodgers in the asylum while they were engaged in some outside work, for which they received wages. Persons treated in this considerate manner are eventually able to leave the asylum with a little money in pocket, and go to the lodging which they have been able to engage, and have a fair prospect of retaining.

Mechanical Restraints and Seclusion rarely resorted to.

Mechanical restraints and seclusion are probably as little used in the treatment of the insane in the asylums of Scotland as in those of any part of the world. In all our asylums, however, they are occasionally used and in some more frequently than in others. They are only resorted to, however, when deemed absolutely necessary, and with good management this necessity rarely arises. They are not avoided in obedience to any absolute rule, but simply because they are not felt to be useful. In some asylums all forms of mechanical restraint are practically unknown, and even peculiar contrivances or qualities of dress are little used. In others, again, there exist special forms of restraint, as, for instance, the box or locked bed, called the conservative bed, of the Dumfries and Perth Royal Asylums. Fortunately it is not often thought necessary to use it in either asylum.

Stimulants and Narcotics less used.

Stimulants appear to be decreasingly consumed in Scotch asylums. Perhaps this may be accounted for by the increased amount of exercise and occupation in the open air, the greater tranquillity and contentment of the patients, and the more careful consideration which is given to the preparation of the food and to the varying of the dietary. It is possible, however, that the reduced consumption of stimulants may, in part, be attributed to a change in the opinion of medical men as to their value.

Even more than in the case of stimulants, the use of narcotics appears to be diminishing. In some large asylums, sleeping draughts are rarely given. Increasing attention, however, is bestowed on all those arrangements which tend to secure sound and refreshing natural sleep. The beds, for instance, are much larger than they formerly were. They are provided with head and foot boards, and are furnished with thick hair mattresses, and with a feather pillow in addition to a hair bolster. Among other things, too, which are done with the view of procuring sound sleep, is the giving to the feeble a second evening meal, and sometimes also food during the night.

Importance of Exercise and Occupation in the Open Air.

Reference has more than once been made in these remarks to the increasing importance attached to exercise and occupation in the open air. The out-door exercise here alluded to is something very different from the exercise which was formerly taken in airing courts, and which in the case of many patients amounted to nothing more than lounging about, while in the case of all it was a dreary, cheerless, unexhilarating business.

Asylum Farms—their Value Medically and Financially.

The exercise now trusted to is of a more extended and healthful character, and it is often possible to obtain it without leaving the asylum grounds, as the extent of land attached to Scotch asylums is yearly becoming more and more considerable. Indeed, nearly all our asylums are now acquiring such an extent of land as may properly be called a farm. The Argyll Asylum, for instance, has about 500 acres, and the little Banff Asylum about 150 acres. This land furnishes healthful occupation and exercise to the inmates, and in the strictest sense furnishes a means of medical treatment. At the same time it benefits the whole number of the patients by the liberal supplies of beef, mutton, pork, potatoes, green vegetables and milk which it yields. The dietary is thus rendered more abundant, of better quality, and more varied. Special benefits are believed to result from the plentiful supply of good milk, in the value of which as an article of food there is a growing confidence.

Fortunately, it appears that the possession of a large extent of land proves also an advantage financially to the asylum which cultivates it. In other words, it lightens the burden of those who pay for the maintenance of the patients; and while it does this it also procures for the patients themselves additional comforts, better health, and greater happiness. It is difficult indeed to see how an asylum farm, which has been purchased, or which is held on lease, at a reasonable price, should ever fail to be a source of profit, since so much of the labor bestowed on it costs nothing, and since the purchaser of its produce is at its door and is a sure payer. This opinion now receives a general acceptance in Scotland, and as the result of it, no opportunity is lost by our asylum managers of acquiring additional land.

