





INSTITUTIONS
FOR THE INSANE,

IN

PRUSSIA, AUSTRIA, AND GERMANY.

BY PLINY EARLE, M. D.

ONE OF THE VISITING PHYSICIANS TO THE LUNATIC ASYLUM OF THE CITY OF
NEW-YORK; LATE PHYSICIAN TO THE BLOOMINGDALE ASYLUM; FELLOW
OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF NEW-YORK,
AND OF THE NEW-YORK ACADEMY OF MEDICINE.

“ Poi sem venuti al luogo ov'io t'ho detto
Che vederai le gente dolorose,
Ch' hanno perduto il ben del intelletto.
Quivi sospiri, pianti, ed alti guai
Risonovan.”—*Pante*.

But “ they shall obtain joy and gladness, and sorrow and sighing shall
flee away.”—*Isaiah*.



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1854.

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INSTITUTIONS

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1854

PRUSSIA, AUSTRIA, AND GERMANY.

BY MISS EARLE, M. D.

ONE OF THE OFFICERS IN CHARGE OF THE LUNATIC ASYLUM OF THE CITY OF
NEW-YORK HAS THE HONOR TO INFORM THE HONORABLE SENATE, BELOW
OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF NEW-YORK
AND OF THE NEW-YORK ACAD. OF MEDICINE.

For more full details of the
the volume is sent below
the names of the
that is, the
Prussia, Austria, and Germany.

But, they shall obtain joy and gladness, and sorrow and sighing shall
be no more. — Isaiah.



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1854

INDEX TO THE PRINCIPAL INSTITUTIONS.

PUBLIC ESTABLISHMENTS.

	Page.
Andernach,.....	61
Baireuth,.....	146
Berlin, La Charite,.....	78
" Workhouse,.....	82
Blankenburg,.....	190
Brake,.....	209
Breslau,.....	97
Brieg,.....	97
Brunswick,.....	195
Colditz,.....	141
Dusseldorf,.....	64
Eberbach,.....	196
Eichberg,.....	204
Erlangen,.....	145
Frankfort, on the Maine,.....	211
Gesecke,.....	69
Giesing,.....	146
Griefswald,.....	75
Hall,.....	122
Halle,.....	70
Hamburg,.....	215
Hildesheim,.....	167
Hofheim,.....	192
Illenau,.....	179
Irrsee,.....	146
Jena,.....	194
Koenigsberg,.....	101
Leipsic,.....	142
Leubus,.....	89
Marsberg,.....	67
Merxhausen,.....	208
New Ruppin,.....	84



Owinsk,	100
Paterswald,	103
Plagowitz,	100
Prague,	117
Rugenwald,	76
Sachsenberg,	186
Salzburg,	128
Schleswig,	216
Siegburg,	52
Sonnenstein,	132
Sorau,	85
Stephansfeld,	218
Stralsund,	76
Vienna,	107
Winnenthal,	150
Ybbs,	115
Zwiefalten,	165

PRIVATE ESTABLISHMENTS.

Berlin,	83
Endenich,	66
Heimbach,	165
Hornheim,	216
Lindenhof,	144
Oberneuland,	214
Rockwinkel,	214
Thonberg,	143

INTRODUCTION.

State of our knowledge of Psychiatrie, and Institutions for the Insane, in Germany.—Early attention to mental disorders by the Germans.—Periodical literature upon the subject.—Doctrine of Reil.—The Somatic, Psycho-Somatic and Psychic schools.—Doctrine of Heinroth. Condition of Asylums at the commencement of the present century.—Proceedings in Saxony.—Progress of Asylums.—Comparative advantages of large and of small establishments.—Separate Asylums for the curable and the incurable insane.—The relative connection of such institutions.—Arguments of Zeller and other physicians.—The true principle to be followed in the establishment of Asylums suggested.—Psychical instruction of medical students.—Clinics in Asylums for the Insane.—Superintendents of German Asylums.—The organization of those Institutions.—Object of their special description.—Comparison of German with American Asylums.—Moral treatment of patients.—The use of instruments for bodily restraint.—Dr. Tschallener's restraining chair.—The jacket.—Conveyance of patients, by deceptive means, to Asylums.—The insane blind.—Use of Tobacco.—Architectural defects.—Order in which the Asylums were visited.—The notes, forming the basis of the descriptions, taken in the summer of 1849.

INSTITUTIONS FOR THE INSANE IN GERMANY,

That broad field of the medical profession in Prussia, Austria and Germany, in which the laborers are endeavoring to restore the alienated mind, and to render the condition of those persons for whom such restoration is impossible as comfortable as circumstances will permit, has hitherto been almost *terra incognita* to the physicians of the United States. With a knowledge of the labors of those distinguished modern pioneers, Pinel and Tuke, and of their compeers and successors in their native countries, we have pursued our way, taking advantage of their experience and improving thereupon, but without the endeavor to push our researches beyond the limits of Great Britain and France. Indeed, a general impression appeared to prevail, indicated, it is true, more by negative than positive signs, that, aside from the countries mentioned, the nations of Europe had made but little progress in this department of the profession, and hence could furnish us nothing commensurate with the labor and expense necessary to its acquisition.

We had the excellent work of Dr. Jacobi, but he is upon the very borders of France, at a distance from Paris less than that of Marseilles. Some volumes of the writings of Heinroth, translated into French, have

found their way across the Atlantic. The Institutions of Schleswig, Pirna, Vienna and Prague have been incidentally mentioned in the English and French publications which we have received. Dr. Ray visited those of Siegburg and Illenau, and speaks of them in the interesting treatise which embodies the results of his tour among the foreign Asylums. Further than this, however, we knew but little, if anything, of the establishments for the insane throughout the extensive territories the people of which speak the German language. We had no idea of their condition; we knew not even of the existence of a large majority of them, and some of these among their very best.

For the purpose of giving a more comprehensive idea of the general subject of insanity, in Germany, than could be derived from the special descriptions of Institutions, I propose, in this chapter, to enter briefly into its history, and subsequently to touch upon some points of particular interest connected with Hospitals and the treatment of their patients. It is proper to remark that, for the sake of convenience and brevity, the terms "German" and "Germany," will here be used in reference to all the nations, inclusive, of Prussia, Austria and Germany proper.

The theory of mental disease has, for more than half a century, received no small share of attention from the German physicians and philosophers. The opposite could hardly have obtained among a people so characteristically prone to studies of a metaphysical nature. Mental and moral philosophers and the members of the medical profession would perform but half their work if they restricted their investigations to the physiology of the mind, regardless of its pathology—if they informed us of its normal operations, and left us unenlightened in

regard to the modifications induced by disease. It could not reasonably be supposed that the people among whom have originated the doctrine of vital force, the theory and the practice of animal magnetism, hydropathy, and, finally, homœopathy,—which perhaps may be ranked among the metaphysical, rather than the physical sciences,—would have overlooked, or passed unheeding by the more prominent, because the more evident and easily-perceived subject of mental alienation. They were not guilty of the absurdity. Their observations and reflections upon the subject were, to some extent, embodied, and found expression through the periodical press long before the close of the last century. A magazine chiefly devoted to the doctrines and treatment of mental disorders was commenced in 1783, but its existence was ephemeral. The honor of establishing the first periodical exclusively devoted to those subjects, is conceded to Dr. Reil. The first number of the work was published at Halle, in Prussian Saxony, in the year 1805. It was conducted by Dr. Reil and the philosopher Kayssler. They both contributed to its pages, but the latter more than the former. They received but little assistance from other writers. Unfortunately for the science, Kayssler died but a few months after the commencement of the enterprise, and the publication of the journal was consequently suspended, never to be resumed.

In 1808, Dr. Reil, in connection with Professor Hoffbauer, of the University of Halle, commenced another periodical of a similar character, entitled "Researches upon the Method of Cure in Mental Disorders." This, too, was doomed to but a brief existence. It would appear that its originator lived at a period too early for general appreciation; at least, he could not find that num-

ber of efficient collaborators and contributors essential to the vigor, or even the vitality of such a publication. It died of inanition.

The doctrine of the philosophy of insanity promulgated by Dr. Reil, is, if I properly understand it, that whatever may be the original cause of the disorder, both body and mind eventually become diseased. The physiological lesion is, according to his hypothesis, the most important and controlling, yet, from the reciprocal action of the two components of our being, the corporeal and the mental malady mutually tend to increase each other. The discussions upon this theory were, if not the initiative, at least among the early proceedings which resulted in that division, or classification of the German psychological and some of the other physicians, as well as some non-professional philosophers who interested themselves in the subject, into nominally distinct schools. In the progress of the discussion, the opinions of various persons were elicited,—opinions varying from the one extreme that, in insanity, the essential lesion is purely and only corporeal, to the other, that it is purely mental. Each of the several theories thus advanced found its proselytes and advocates; the lines of demarcation between them became gradually more and more distinctly drawn, and, at length, what are called the Somatic, (or Zomatic,) the Psycho-Somatic, or Mixed, and the Psychic Schools were established.

In 1818, Nasse commenced his "Journal of Psychological Medicine, with Special Considerations upon Magnetism." It received more assistance and met with greater success than any of its predecessors, and was published eight years. Its general tendency was psycho-somatic; and, although there were many advocates of the purely somatic and purely psychic theories,

the doctrine of Reil obtained the largest number of supporters. The editor was one of the principal writers whose productions appeared in the Journal, and his articles bear the impress of emanations from a superior intellect. The influence of the Journal was favorable to the cause of the insane, as it disseminated, to some extent, a knowledge of their wants, increased the taste for the study of mental disorders, and awakened in its readers, of whatever doctrine, an interest in the improvement of hospitals.

It appeared necessary to the proper elucidation of our subject, that, in mentioning the several schools into which the German savants became divided, the chronological order of events should be partially disregarded. It was not until after the establishment of Nasse's Journal that extremes upon the theory of insanity began to be taken. The various authors advocated their individual opinions, and opposed those of their opponents, with an earnestness and warmth of zeal not invariably restricted within the limits of commendable moderation. No other discussions are so liable to become intemperate as those upon subjects which are insusceptible of positive demonstration,—beyond the possible reach of any decisive test. No other doctrines are advocated and contested with such bitterness of partizanship, as those which relate to matters of mere opinion or faith,—questions which never have been, are not, and never can be, with the present limits of human knowledge, fully understood.

As soldiers of contending armies follow their generals, so the physicians of the German schools thronged to the standards of their chiefs. Jacobi became generally acknowledged as the leader of the Somatics, Zeller of the

Psycho-Somatics, and the spiritual Heinroth,* he of the towering genius and the giant intellect, of the Psychics.

There is not, according to my comprehension of the subject, entire unanimity of sentiment among the advocates of the Somatic doctrine. They all believe that the causative, conditional or necessary lesion in insanity is physical; but while some contend that it must be in the special organ of the mind, the brain, others maintain that it may be in some of the other viscera. Among the supporters of the former theory, is Dr. J. B. Friedreich, of Anspach, in Bavaria, who has published, besides other works, an "Exposition of the Theories upon the

* Now that the grave has closed over the ashes of this distinguished man, and whatever asperities might have existed during his life have been mostly worn away by the gentle but effective attrition of the current of time, all men—even his most inveterate opponents—must acknowledge that he was endowed with eminent natural qualifications, that his belief in the doctrines which he inculcated was sincere, and that his industry was worthy of commendation and imitation. His talent was neither hidden in a napkin nor secreted in the ground. His light—whether it may have been a beacon of truth, or an *ignis fatuus* leading into the labyrinth of error—was certainly not concealed "under a bushel." Demonstrative of this, he has left behind him no less than sixteen works upon medical and psychological subjects, besides several popular romances or novels, published under the *nom de plume* of Treumund Wellentreter. All these, which would seem to be sufficient labor for an ordinary life-time, were written during the intervals of somewhat arduous professional duties.

Dr. Heinroth was born at Leipsic in 1773, and died in his native city in 1843. He completed his medical education in Paris, where, a pupil of the great reformer of Lunatic Asylums, Pinel, he devoted particular attention to insanity and the treatment of the insane. After his return to Leipsic, the Saxon government created a chair of Psychiatrie for him, in the University, and appointed him physician to the department for the insane, in St. George's Hospital. He first introduced the system of Pinel into Germany, and translated into his native language the works of both Pinel and Esquirol. Among the most important of his writings are, the "Treatise on Mental Hygiene," the "Guide to Physicians for the Insane," the "Manual of Mental Diseases," and the "Manual of Anthropology and Principles of Criminal Psychology." Some years before his decease, the King of Saxony bestowed upon him the title of Aulic Counsellor.

Nature and the Seat of Mental Diseases.”* He denounces the psychical doctrine of Heinroth as “diabolical.” It is not my intention, as this is not the place, even if I were qualified for the undertaking, to enter into a detailed exposition of that doctrine; but having expressed the denunciation of Friedreich, I can not well avoid a few remarks.

The theory of Dr. Heinroth is based upon the assertion that insanity begins in vice—in a deterioration of the moral sentiments. Now, it appears to me that the great mass of observation furnishes testimony tending to disprove the truth of this assumption. If it be true, why have we not a greater number of insane, since vice, as Dr. Heinroth uses the term, is not generally considered to be of very limited prevalence among mankind? Wherefore are not all criminals affected with mental diseases? How is it that many persons of a blameless character, some of the most noble patterns of purity of life and uprightness of conduct, exemplars in benevolence and piety, are stricken by this awful visitant, while the burglar, the freebooter and the murderer are left unscathed? Whence is it that mental alienation is so common in enlightened nations, and yet so rare among the aborigines? Is it because there is no vice among the American Indians, that, in all their various tribes, as is asserted by authors of undisputed authority, insanity is unknown? If it be so, then let us leave the bright haunts of civilization and hie away to the forests and the prairies: let us crush the foreheads of the Goliaths of Steam and the Printing Press, and shoulder the quiver and bend the bow amid the solitudes of the desert: let

* Historisch-Kritische Darstellung der Theorien ueber das Wesen und der Sitz der psychischen Krankheiten, von Dr. J. B. Friedreich. Leipsig, 1836.

us give up the Bible and the Cross and "bow down to idols of wood and stone." But, no: no species of sophistical reasoning, how plausible soever upon a superficial examination, no metaphysical hair-splitting, how dexterously soever it may be performed, can ever answer the foregoing propositions in such manner as to reconcile them, in my opinion, with the premises of the argument of Heinroth's theory.

In 1829, a Journal devoted to the philosophical and medico-legal study of insanity was commenced. It appeared, at irregular intervals, for a time, and was then discontinued. Dr. Jacobi, in association with Dr. Flemming, of the Sachsenberg, and Dr. Zeller, of the Winenthal Asylum, published a volume of essays upon insanity, in 1838, with the intention of prosecuting the undertaking at intervals, making the work a serial rather than a periodical. No second volume has appeared. At length, in 1845, the Journal of *Psychiatrie und Psycho-legal Medicine** was established, with Dr. Damerow, of the institution at Halle, as its principal editor, and Drs. Flemming and Roller, the latter of Illenau Asylum, associates. Although printed at Halle, as a matter of convenience to Dr. Damerow, it is published at Berlin by the bookseller, Augustus Hirschwald. If an opinion may be formed from the vigor with which it has hitherto been conducted, as well as from its long list of collaborators,—men distinguished as physicians of the insane, or for their knowledge of psychical medicine and the jurisprudence of insanity, not in Germany alone, but in Denmark, Holland and Switzerland, it will not lack for

* *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin*; herausgegeben von Deutschlands Irrenaerzten, in Verbindung mit Gerichts-aerzten und Criminalisten, unter den Redaction von Damerow, Flemming und Roller. Berlin, Verlag von August Hirschwald.

material, and is established upon a permanent basis. Its editor in chief is one of the most prominent advocates of the doctrines of the Psycho-Somatic school, but both his associates are Somatics. Among its collaborators are found all the gradations of theory, from the somatic to the psychic.

Since the death of Heinroth, Dr. Ideler, of Berlin, is the acknowledged leader of the Psychic school. But, as time has progressed, the conflict of opinions has measurably subsided. The attention of physicians has been diverted from the comparatively barren field of hypothetical controversy, to the more useful domain of practical science, the improvement of hospitals and the treatment of their inmates.

From the foregoing historical sketch, chiefly of the literature of insanity, it may be justly inferred that little, if anything, was done during the last century for the improvement of the receptacles for the insane in Germany. The initiative, however, was taken, even in the few writings which were published; as these were the preliminary steps which led to more important practical action. The Asylum at Vienna, long, but of late years not very favorably known as the *Narrenthurm*, was completed and opened in 1784, and was probably at that period the best establishment of the kind, as it was the only one *exclusively* devoted to the insane, throughout the German nations. As the eighteenth century was departing, Heinroth, having finished his studies at Paris, carried the principles of his illustrious preceptor within the German borders, and thus added a new and important element to the cause of improvement. An idea of the condition of the German Asylums at the commencement of the present century, may be derived from the language of one of their native authors. Reil, in his

“Rhapsodies upon the application of the Psychical Curative Treatment in Mental Disorders,”* published in 1803, wrote as follows: “They are mad-houses, not merely by reason of their inmates, but more especially because they are the very opposite of what they were intended to be. They are neither curative institutions, nor such Asylums for the incurable as humanity can tolerate: they are, for the most part, veritable dens. Has man so little respect for the jewel which makes him man, or so little love for his neighbor who has lost that treasure, that he can not extend to him the hand of assistance and aid him in regaining it? Some of these receptacles are attached to hospitals, others to prisons and houses of correction; but all are deficient in ventilation, in the facilities for exercise and recreation; in short, they are wanting in all the physical and moral means necessary to the cure of their patients.”

The Asylum at New Ruppin was opened in 1801. In 1805, the government of the Kingdom of Saxony took an important step in the march of improvement, by recognizing the principle that curative treatment should be the first and most important object of institutions for the insane. Acting consistently with this belief, it soon took measures for the foundation of the curative establishment of Sonnenstein. Heinroth and Pienitz, both pupils of Pinel, were Saxons, and how far the action of the government may have been influenced by them does not appear in any of my sources of information. It is, however, a coincidence worthy of remark, that the government under which they lived appears to have taken the lead of all the Germanic Sovereignities, in every important measure for the melioration of the condition of

* Rhapsodien ueber die Anwendung der psychischen Kurmethode auf Geisteszerruttungen, Halle, 1803.

the insane, and the advancement of the knowledge of the proper method of the treatment of mental diseases.* In 1810, the Abbey of Schenau, in Nassau, was prepared and opened for the reception of the insane. In other parts of Prussia and Germany, as an almost necessary result, not of the movements in Saxony alone, but also of the periodical and other publications upon the subject, a general interest began to be more actively awakened in regard to the public institutions.

As one evidence of this, Dr. Langermann, a prominent physician connected with the Asylum at Baireuth, was called to Berlin in 1810 for the purpose of organizing the institutions for the insane. In the early part of the second decennium of the current century, the hospital of Sonnenstein was opened. In 1812, the Asylum at Sorau commenced operations, and in the same year, the patients at Schenau were removed to Eberbach. In 1815, and the next succeeding years, the institution last mentioned was considerably improved, and in 1817, the Asylum for incurables at Ybbs, in Lower Austria, was opened, but only as an unorganized department of an almshouse. During the third decennium, the progress of improvement was more rapid than at any antecedent period. The institution at Prague was opened, at its present location, in 1822, and enlarged in 1827. The Asylum at Siegburg went into operation in 1825, that of Dusseldorf in 1826, that of Hildesheim in 1827, and Colditz in 1829. The patients of the old receptacle at Pforzheim, in Baden, were removed to the St. Michel-Kloster, at Heidelberg, in 1826, and before the termination of the decade, the preliminary

* Reil was also a Saxon; for the territory now known as Prussian Saxony, belonged, until after the wars of Napoleon, to the kingdom of Saxony. It is probable that the writings of that author contributed much towards hastening the action of the government.

measures were taken which eventually resulted in the erection of the excellent establishment of Illenau. The Sachsenberg Asylum was completed in 1829, and opened on the 1st of January, 1830. The Tyrolese institution, at Hall, and those at Brieg, Leubus and Plagwitz, in Silesia, also went into operation in 1830.

Three of the best institutions now in existence in Germany, were opened in the course of the fourth decennium, viz: Winnenthal, in Wurtemberg, in 1834, Marsberg, in Westphalia, in 1835, and Owinsk, in Posen, in 1838. The excellent establishment for incurables at Zwiefalten, in Wurtemberg, was organized about the year 1839.

In the fifth decennium, important additions to the number of new institutions, and enlargements of some of those which previously existed, were made. The Asylum of Ruegenwald was opened in 1841, that of Ybbs was organized in 1842, those of Illenau and Stralsund, opened in 1842, and that of Halle in Prussian Saxony, in 1843. The Asylum at Prague was greatly enlarged, and that at Erlangen opened in 1846, that at Paterswald commenced in 1848, and in the summer of 1849 the new buildings at Eichberg, a substitute for Eberbach, as well as those at Vienna, were nearly completed. At Hildesheim, in 1849, the incurable women were transferred to a new and distinct edifice.

The foregoing sketch of the progress of the German institutions is necessarily imperfect. Many of them are not mentioned as I have no information in regard to their origin and developement.

The question of the comparative advantages and disadvantages of large and small establishments, for the curative or the custodial treatment of the insane, has apparently been but little discussed by the Germans.

Dr. Julius, of Berlin, whose authority is perhaps second to that of none of his countrymen, in a letter to a friend in England, in the year 1845, discourses upon the subject in the following manner :

“ It is an unquestionable principle, and has become, by long experience, nearly a truism, that every public or private institution, whether an asylum, a hospital, a prison, a school, a factory, or a commercial undertaking, for being a good and effective one, and for its profitable success, has certain limits within which it must be restricted. It would not fulfil its purpose, were it too small for bringing into play all the means necessary for its full and useful developement. But, in case of the success of such an instituton a far greater danger is lying in the natural temptation to increase and enlarge it to such a size as will not allow *one master mind* to direct its course and administration. The institution, though perhaps less expensive in a financial view, and keeping the same thriving, outward appearance, will become, by and by, unmanageable, unwieldy, and gradually flag and deteriorate in its interior working and usefulness. Such an unpropitious event will take place more frequently and rapidly in an institution whose moral powers have to contribute in a large, probably the largest way, to its management. Schools, hospitals, and more than all, penitentiaries, and lunatic asylums, where the individualizing treatment of every case will contribute most, and more than any thing (else) to its success, are subject to the mentioned general principle, which ought never to be left out of view for its real and essential well-being.

“ After looking, conjointly with Dr. Damerow, through a list of the thirteen best and largest German Asylums— at Siegburg, Marsberg, Hildesheim, Sachsenberg, Halle,

Leubus, Owinsk, Sonnenstein, Prague, Vienna, Winnenthal, Illenau and Eberbach*,—we have found that not a single one among them has more than four hundred patients, and a great part, less than three hundred.† But, my dear sir, this is not all: in the larger asylums, of between two and four hundred patients, the smaller half is composed of *curable*, the larger one of *incurable* patients. This important distinction at present forms the basis of all German Asylums.”

Dr. Jacobi, in his work on the Construction and Management of Hospitals, says: “Many writers have believed that four or six hundred patients, or even a greater number, are not too many to be received in the same establishment. For my part I entirely dissent from this opinion, since my own experience convinces me that the maximum number of patients to be admitted into one and the same establishment, ought never to exceed two hundred.”

The propriety of placing the incurable insane in asylums specially designed for them, has already been somewhat discussed in the United States. As our country

* In the English translation of the letter of Dr. Julius, from which the quotation is made, these names are: “Siegburg, Marsburg, Hildesheim, Carlsburg, Halle, Leubus, Owinsk, Sorrenstein, Prague, Vienna, Winnenthal, Illerow and Eberboeb.” I have taken the liberty to make the alterations necessary to accuracy.

† A stranger to the subject would probably infer from this sentence, that the Institutions mentioned were larger than they actually are. Those of Halle and Illenau are the only ones intended for as many as four hundred patients. The latest data in my possession in regard to the numbers at the several Asylums, are as follows: Illenau, August, 1849, 430; Halle, July, 1849, 262; Vienna, August, 1849, 360; Marsberg, January 1st, 1848, 319; Sachsenberg, January 1st, 1849, 257; Sieberg, September 30th, 1846, 194; Sonnenstein, December 31st, 1845, 237; Eberbach, July, 1849, 151; Hildesheim, July, 1849, Asylum for curables intended for 200—nearly full; for incurable men, 183, for incurable women, 160, intended for 180. Leubus, August, 1849, 150; Winnenthal, February 28th 1846, 103.

advances in age and in population, as the number of the insane increases and the necessity of supplying special establishments for a greater proportionate number of them is more generally acknowledged, the question will undoubtedly demand further attention, and be so urgently pressed as to require the active exertions, as well as the combined vigilance and wisdom of those who are most familiar with the subject, to settle it according to the dictates of true humanity. In Germany, it appears to be generally conceded that, where the numbers of the insane are sufficiently large, the curables and the incurables should be separated. This, at least, as will be perceived in the following descriptions of asylums, is the prevalent practice. The two classes are distinct, and, in several instances, many miles asunder. But the important proposition has arisen, whether the institutions for the two classes ought to be entirely disjoined, and independent each of the other, or, on the contrary, in "relative union" each with the other, in the same vicinage and under one and the same executive control. This subject has been discussed by various authors, perhaps by no one at greater length, or with more ability than Dr. Damerow.* He advocates the cause of their "relative union." Dr. Viszànik espouses the same side of the question and argues with no little warmth. Both he and other writers attach great importance to the injurious influence which they believe that the idea of entering an asylum for incurables would exert upon the patients. "Among the evils," says he, "under which an institution for incurable insane, how well soever organized, must suffer, if it be not in

* Ueber die relative Verbindung der Irrenheil- und Pflege-anstalten in historisch-kritischer, so wie in moralischer, wissenschaftlicher und administrativer Beziehung. Eine staats-arznei-wissenschaftliche Abhandlung, von Heinrich Damerow, Doctor und Professor der Medicin. Leipzig: 1840.

relative connection with a curative hospital, it must have numerous other defects so soon as it receives the name 'Asylum for Incurables' like a damning sentence impressed upon the forehead."*

The difficulty of deciding in regard to the curability of patients is another prominent argument. "When, and how often," asks the author just quoted, "can a physician venture, with a quiet conscience, to express an opinion of incurability, like a sentence of condemnation?" "God only knows," said Langermann, the Prussian State's Counsellor, "whether an insane person can be cured or not."

In the ardency of zeal with which he prosecutes his special pleading, Dr. Viszànik ventures the assertion that "cures, in absolutely disconnected, incurable asylums, are to be reckoned among miracles." We have generally been taught, in modern times, upon this side of the Atlantic, that the days of miracles have passed. But Dr. Viszànik, in another work† published in the same year with that in which the above assertion occurs, informs us that, at the Asylum for incurables, at Ybbs, which receives nearly all its patients from the curative institution of which he is, himself, the superintending Physician, no less than *five per cent* are cured!

Dr. Zeller takes the opposite side of the question, and gives his reasons therefor, calmly and dispassionately. By following him, in the subjoined analysis of his argument, not only his views of the subject, but also, impli-

* Die Irrenheil-und Pflegeanstalten Deutschlands, Frankreichs ; sammt der Cretinen-Anstalt auf dem Abendberge in der Schweiz, mit eigenen Bemerkungen, herausgegeben von Michel Viszànik, Doctor der Medicin. Wien : 1845.

† Leistungen und Statistik der kaiserlichen koeniglichen Irrenheilanstalt zu Wien, seit ihrer Gruendung, im Jahre 1784, bis zum Jahre 1844. Herausgegeben von Michel Viszànik, Dr. der Medicin, &c. Wien, 1845.

edly, the principal positions of his opponents will be understood.

It is acknowledged that two separate establishments are more expensive than one sufficiently large to accommodate the same number of patients ; but the pecuniary cost, being subordinate to the welfare of the persons for whom the institutions are intended, should be overlooked. Even if it be taken into consideration, the advantages of establishments independent of, and isolated from each other, are more than sufficient to counterbalance the extra expense. All the arguments of any weight in favor of relatively connected asylums, spring from the premises that the incurable institution cannot enjoy the same advantages, and be pervaded by the same philosophical and humane spirit as that for curables. This has been proved untrue by the admirable management of the Asylum for incurables at Colditz, by Dr. Hayner. The spheres of the two institutions are very different. They are specialties, and consequently can be better conducted by two persons than by one. The accumulation of a large number of the insane in one establishment, or in the same vicinity, has an unfavorable influence. The constant changes of patients, in curative hospitals, requires different house-regulations, and a different relation with the outer world from those which are adapted to an asylum which becomes the permanent residence of its inmates. In asylums for the incurable, various handicrafts may be regularly and systematically pursued, which cannot be prosecuted in those for curables because, almost as soon as the patients begin to work, they are discharged. As the two institutions must be managed upon different principles, they will mutually interfere, each becoming a source of trouble and annoyance to the other. The interests of the incurables will then be sacrificed to that of

the curables, and the asylum for the former will sink into a mere house of detention. The sight of so many wretched beings would act unfavorably upon the curable patients. It is painful even to physicians, and Dr. Zeller has known it to be so to patients who have complained of it, after they have recovered. If it be impossible positively to decide whether a person be curable or incurable, it, nevertheless, can generally be done with great certainty. If it be possible to cure a patient who, after long residence in a certain establishment, has been pronounced incurable, the change of scenery, in his removal to the distant asylum, the placing of him under the care of another physician, and all the new relations into which he is brought will be the most likely, of all means which could be adopted, to effect that cure. If the institution for incurables be remote from that for curables, the patient will be detained longer in the latter than he would be if they were immediately connected. If the incurable asylum be at a distance, the idea of removal to it, such removal being considered a more important measure than it would be if that asylum were near, would call forth all the energies of the patient, provided that any yet remain to him. If the two institutions be separate, many patients will be taken from their homes to the curative hospital, who, if they were connected, would be immediately placed in the asylum for incurables.

Such is the substance of Dr. Zeller's exposition. It is proper to remark that, judging from my knowledge of the subject, the balance of opinion among the German physicians is against him, and in favor of relatively connected institutions. All the new establishments, as, for example, those of Halle, Eichberg, Illenau and Vienna, are calculated for both curables and incurables, the two classes being placed in separate departments.

I conceive that the greatest objection to all and any asylums for incurables, is their liability to neglect and abuse. They must be directed by an executive officer of ability, energy and constant watchfulness, or their natural tendency to degeneracy will not be counteracted. If such institutions must exist, let them be organized as if they were for curables, with a physician of unquestionable capacity for his place, as superintendent. If they can be so organized, and, further, if they can be furnished with all necessary means of moral treatment, it appears to me that two separate establishments for two hundred patients each, one for curables and the other for incurables, would be conducted with more favorable results than if the two were united under one roof and subject to the direction of but one controlling executive officer. It is impossible for the "individualizing treatment," upon which Dr. Julius very properly places great importance, to be administered with all the effect of which it is capable, in an establishment where, as at Illenau, upwards of four hundred patients are congregated under the care of one directing head.

But, after all that has been said and written, and all which I can imagine it possible to be said or written upon the subject, it appears to me that the true method to be pursued, in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located.

Perhaps there will be no more appropriate place than the present to introduce a subject which, although not so immediately relative to asylums as some others, is fraught with vital importance in respect to the welfare of

the insane. I allude to the instruction of medical students in mental disorders. This is a grave question, and, if the good of the people be consulted, must, in future, demand more attention in the United States than it has hitherto received. What course of lectures on surgery in our colleges would be considered perfect, if cancer, lupus, fungus hæmatodes, concussion of the brain or of the spinal cord, aneurism of the aorta or of the smaller arteries, elephantiasis, strangulated hernia, fracture of the olecranon, the upward and outward and the upward and inward dislocation of the femur, should be allowed to pass unmentioned by the professor? What student would be honored with a diploma if he had never read a word in regard to either of them? The number of cases of mental maladies in the United States probably exceeds that of all the foregoing diseases and injuries combined; and yet the subject of insanity does not enter into the programme of lectures in any of our leading medical schools. It is safe, perhaps, to assert that not one in ten of the graduates of those schools has ever read a treatise upon mental disorders. They issue from them with a *carte blanche*, authorizing them to treat all diseases with which the human race is afflicted. They are called to a case of mania, and, with their general ideas of inflammation and excitement, however indistinct or undirected by sound judgment these may be, plunge the lancet into a vein and rest satisfied with the idea that they have practised *secundum artem*, and consequently done precisely the thing which was necessary. Now, verily, "these things ought not so to be." The interests involved are too extensive and too sacred to be dealt with in this unenlightened manner. They are too important to be thus lightly made the playthings, and, but too often, the sacrifice of ignorance.

The Germans, although they have not yet arrived at perfection in regard to this subject, are nevertheless far in advance of the Americans. Physicians who have written upon it, while they are unanimous, so far as I am aware, in the opinion of the necessity of giving instruction in mental disorders, and that the theory should be taught from the chairs of the medical colleges, differ in respect to the method by which the practice should be inculcated. Some advocate the establishment of clinics in the asylums; others call for such clinics in the universities; and a third class demand that physicians, immediately or soon after they have graduated, shall be temporarily admitted into the asylums, there to study the disease. Reil, so long ago as the year 1803, advised that a number of suitable persons should be selected from among the medical students and placed in the asylums, where, while learning the peculiar art, they might render assistance in the treatment of the patients. Dr. Roller also disapproves of clinics in the asylums. He would have a professorship of mental diseases (*psychiatrie*) as well as clinical instruction, in each university. The patients for the clinics should be brought from their homes, in the district surrounding the university, and, after examination, returned or conveyed to an institution for the insane. He also proposes to take six physicians, immediately after they have completed their other medical studies, as *internes* into the Illenau Asylum; and after they have remained a certain time, exchange them for six more, continuing the process until all the medical graduates in the Grand Duchy of Baden shall have had an opportunity of taking advantage of this means of instruction. A practice similar to this is pursued at the Charity Hospital, in Berlin. Only a small proportion of the young physicians, however, can

be benefitted by it, as those of each group remain several months in the hospital. Heinroth advocated this method, declaring that "a physician only half understands his art if he has not a knowledge of mental diseases."

Dr. Zeller, regarding the subject from that lofty height which he assumes as the point from which to observe insanity, in all its relationships, expresses his views in the subjoined extract.

"In spite of the advocacy of so many great and learned men, a particular clinical instruction in an institution for the insane is a non-entity. Insanity can be no object of study, in the common sense of the word. That which runs against the healing aim can not be suffered; and whoever would penetrate these places, so full of deep problems and sufferings, needs more than to belong to a mere college; he requires the most humane education, and a scientific and moral ripeness and solidity. Whoever comes into an institution unprepared, is a burden and corruption to the patients, and the advantage which the observance of the insane secures to him, is trifling and vain."*

It is to be feared that, for once, this eminent and excellent man has fallen into the error of the affectionate mother who commanded her son never to go near the water until he had learned to swim.

The first professorship of psychiatrie, in Germany, was at the University of Leipsic. It was established in 1811, and filled, for many years, by Heinroth. Others have since been founded, but I am not informed of the present number.

* Houses and Institutions for the Insane. Translated from the German of Zeller, by A. O. Kellogg, M. D.

In 1812, the Commissioners in Lunacy for the kingdom of Saxony asked the opinion of Dr. Pienitz, of Sonnenstein, and Dr. Hayner, then of the Asylum at Waldheim which was subsequently removed to Colditz, in regard to the propriety of establishing clinics in the asylums.— They both approved of the enterprise and offered all the assistance, necessary from them, for its accomplishment. They drew up a plan of operations which was presented to Dr. Kreisig, the Aulic Counsellor and Body Physician to the King. He not only approved of it, but made additional propositions. It was then submitted to the Commissioners of Education for the kingdom, and met their approbation. Finally, it was laid before the Medical Faculties at Leipsic and Wittenberg, who recommended the undertaking as one which must be eminently useful. The Faculty at Leipsic even proposed that instruction at these clinics should be one of the requisitions, indispensable to the acquisition of a diploma. The Royal Ecclesiastical Counsellor gave his opinion that the plan was one of the most important which could be devised for the general good of the people. The enterprise was thus matured and ready to be put in operation—but at an unpropitious moment. The congress of Vienna was held, and, by the treaties there concluded, a large part of the territory of Saxony was ceded to another government. The royal revenues were consequently so materially diminished that the undertaking was abandoned.

The Chevalier G. A. C. Nostitz, Royal Conference Minister and Privy Counsellor to the King of Saxony, appears to have done much towards the promotion of their welfare. He wrote a description of Sonnenstein, with remarks upon Asylums in general.* When Director of

*Beschreibung der koeniglichen sachsichen Heil-und Verpflegungsanstalt Sonnenstein. Mit Bemerkungen ueber Anstalten fur Herstellung oder Verwahrung der Geisteskranken, von G. A. C. Nostitz und Jaenkendorf, auf Oppach, &c., &c. Dresden, 1829.

the Commission in Lunacy, he represented to the government the evils arising from the system pursued at Waldheim, where the insane were kept in a department of the prison, and the convicts were their attendants, and thus procured the transfer of them to Colditz. This benefactor of his race contended that, inasmuch as all the Saxon physicians were empowered by their diploma to treat mental diseases, they should be required to study them; and that the necessary facilities therefor should be furnished by the royal government. He advocated the plan of a special professorship of psychological therapeutics in each university; and clinics in the asylums, to be attended by physicians immediately after the completion of their other studies.

Although the plan of instruction proposed by the Saxon commissioners was, by an unforeseen and untoward event, doomed to failure, it has been partially substituted by Dr. Pienitz, who has had a number of young physicians under his tuition at Pirna. Among those who were here instructed in the treatment of mental diseases, are Dr. Moritz Martini, now Superintendent of the Asylum at Leubus; Dr. P. W. Jessen, formerly of the Royal Institution of Schleswig; Dr. C. Flemming, of the Institution for Mecklenberg-Schwerin; Dr. C. F. W. Roller, of Illenau, and Dr. R. Marcher, of the Royal Danish Institution, at Copenhagen.

Clinical instruction has been given, for many years, at the Charity Hospital, in Berlin. In a work* published in 1835, Dr. Ideler maintains that, if the teacher selects the patients skilfully, proceeds with the necessary prudence, and confines himself strictly within the bounds of propriety, he may question them, even in the presence of strangers, upon all the secrets of their hearts, and elicit

* Grundrisse der Seelenheilkunde, 2 vols., Berlin, 1835.

such answers and remarks as shall impart a full knowledge of their cases ; Dr. Riedel, of the Bohemian Asylum, at Prague, has given instruction in mental diseases, ever since the year 1841 ; Dr. Damerow, of Halle, has held clinics in the Institution of which he is Superintendent, several years. Students in the last year of their studies are alone permitted to attend them, and they are not allowed to enter the departments of the patients, unless by special permission. Instruction is imparted by lectures, the exhibition of the results of autopsical researches, and the examination of patients. No insane person, however, is brought before the audience, if there are family or other important objections to such a proceeding.

Another means of improvement in the knowledge of mental diseases has been adopted. At the meeting of the Association of German Naturalists and Physicians, at Kiel, in September, 1846, upon the proposition of Dr. Mansfield, of Brunswick, a section for Anthropology and Psychiatrie was formed, of which Dr. Jessen was elected President. No previous preparation having been made for an exigency of the kind, the proceedings were confined to the discussion of a few subjects in regard to the treatment of the insane. In September, 1847, the Association assembled at Aix-La-Chapelle, and thirteen Physicians connected with institutions for the insane were present, in the section mentioned. Many of the other members of the association attended their sittings. The opening address was delivered by Dr. Hahn. Among the essays read in the course of the meeting, were the following : On the principal Forms of Chronic Insanity, by Dr. Richarz ; The differential Diagnosis of latent Pulmonary Diseases of the Insane, by Dr. Heinrich ; On Præcordial Pain, by Dr. Flemming ; The Action of An-

timony, in its Application in Mental Diseases, by Dr. Flemming; The Use of Opium (in Insanity) by Dr. Frederick Engelken; Typical Insanity, (Psychosis typica,) by Dr. Focke; The Advantages of several small public Asylums for the Insane, in different sections of a Country, over one large, central Institution, by Dr. Richarz.

It was resolved that several physicians should unite in testing, by their personal observation and by the collected experience of others, the effects of particular medical agents in mental diseases, and that their reports thereupon should be published in the Journal for Psychiatrie. The following subjects were proposed, and a committee of three appointed for each. 1st. Tartarised Antimony and Sulphate of Copper, as compared with each other. 2d. The comparative value of Digitalis and Digitalin; 3d. Opium and its preparations; 4th. Camphor.

It is universally admitted, in Germany, that, in the organization of curative hospitals for the insane, the Superintendent, or as he is there called, the "Director" should be a physician; that he should be, not only *nominally* but *virtually*, the presiding officer, to whom all others are subordinate; that he should be the Director, not merely of a part, but of the whole of the establishment, in all its departments. They believe that an institution is best managed where the executive power is a unit. They have no faith in the attempt to couple together independent officers, after the manner of the Siamese twins, lest they might not, like Eng and Chang, always think and act alike. Much less do they advocate the doctrine of the necessity of making a lunatic asylum a three-headed Cerberus.

"An institution for the insane," says Dr. Zeller, in the work already quoted, "must, in all essential respects, bear a healing character, and its direction should only

be a medical one, and the domestic arrangements, if the whole idea of the institution would not be endangered and destroyed, must be entirely subordinate to this. Thus the whole organization becomes effectual;—otherwise, it is a mere abortion. Indeed, it is an absolute condition of the success and efficiency of an institution for the insane, that the physician not only have the preference, but that he be endowed with supreme and complete authority, by which alone the internal affairs of the institution can be governed, and unity and firmness be secured. All must be placed in the hands of one, and although the chief physician can and must strengthen his own powers by medical and other aid, yet to him, in the nature of the calling, belongs the limitation of the power of every other person in the institution.”

“As spirit and body in man, by the soul, so spirit and organization, in an institution for the insane, are by the physician bound together in a living unity.” So writes Professor Damerow: and again, in another place, “Langermann, in the Asylum at Baireuth, illustrated the idea of the perfect physician to the insane, and the proposition that ‘the First and Last, the One and All, in an institution for the insane’ is, and continues to be, the Physician.”

“The proper soul of an institution for the insane,” said Heinroth, “is the Physician.” The Germans have acted consistently with this assertion. The Director of each asylum has an unconditional voice in its management. As has been said of Sonnenstein, “All changes, all improvements emanate from him; not even a door can be altered without his approbation.” What is the result? “The improved condition of this Institution,” says Dr. Roller, of Illenau, “as well as of others of the kind, was coincident with the time at which they were placed under the direction of physicians.”

The medical men engaged in this speciality are among the most eminent of the land; and most of them have received the highest honorary distinctions from their respective sovereigns. Dr. Pienitz has been knighted, and appointed Aulic Counsellor; Drs. Martini and Jacobi have been made Private Counsellors of Health; Drs. Jacobi and Flemming, Chief Medical Counsellors; Drs. Roller and Amelung, Medical Counsellors; and Drs. Zeller, Heinroth, Bergmann and Schæffer, Aulic Counsellors. In the kingdom of Saxony, the superintendents of the asylums are not merely experts, but judge and jury, at least so far as the question of insanity is concerned. Their opinion given to the supreme courts is decisive, independent of all superior arbitration.

Most of the public institutions for the insane in Germany are founded either by the royal or the provincial government. The superintendent of each is appointed by the ministers or immediate counsellors of the Sovereign, who ratifies that appointment. His office is permanent. As a general rule, he makes periodical reports to the government, but these, so far as my knowledge extends, are never printed.* The institution over which he presides is rarely, in some instances only at intervals of several years, subjected to the inspection of any authority superior to himself. There may be different opinions in regard to the propriety of this custom. In the management of a public institution of this kind, there may be, as in other things, extremes—errors of the right hand as well as of the left; and, as a general rule, it would be difficult to decide as to which institution is in the most unfortunate and unfavorable condition, that

* The Reports by Dr. Zeller, from which extracts are hereinafter made, were not official. They were made at intervals of three years and published in a medical journal, the "Medicinisches Correspondenz-Blatt des Wurtembergischen Artzlichen Vereins," at Stuttgart.

which is deleteriously neglected by superior authorities, or that which, to use an old but very expressive phrase, is "managed too much." Certainly, the man who occupies the place of superintendent of an asylum for the insane, a post than which few, if its duties be faithfully performed, are more onerous, must feel greatly encouraged and strengthened by occasional visits, the counsel and the suggestions of enlightened, judicious and sympathising men. The good farmer may be thankful for assistance in cultivating his field, although, if his office be to hold the plough, he may not be content with no other occupation than that of turning, with his hands, the furrow. If an institution be intended for public benefit, justice to the people requires that suitable provision should be made to insure its proper management. I know not that the German asylums would be better managed than they are if they were more frequently visited by a government commission. I certainly believe that they are, in their present condition, quite as well conducted as some which are subjected to frequent inspection. One of the German superintendents remarked to me that he thought the royal government left the control and direction of the institution with which he is connected, too exclusively to himself.

Had it been my object in writing the following descriptions, to record those things alone which, in the present condition of American asylums, might be practically valuable to persons engaged in the management of the insane, or in designing buildings for their accommodation and custody, I must necessarily have confined myself to a few brief pages. I had another purpose—that of endeavoring to convey an accurate idea of the institutions, not only collectively but individually, of the German countries. It appeared to me that this object

could best be attained by a simple narrative of what I saw, and of such information as was obtained, either verbally from the officers of the asylums, or from other authentic and public sources. Comparisons have almost invariably been avoided, and comments generally, and with but few exceptions, abstained from. In this place, however, as generals may be indulged in, I can perceive no impropriety, no breach of etiquette, in giving a brief exposition of my opinion of the German institutions, as measured by the standard of those in the United States.

A large proportion of the buildings occupied as hospitals or asylums for the insane in Germany, were formerly monastic establishments. Their architectural arrangements are not only of a former age, but were adapted to a different purpose, and hence are less convenient than those of most of our institutions. Still, their conversion into asylums for the insane has already been productive of at least one advantage. It has accustomed the officers of those institutions to large rooms, so that, in the construction of new buildings, the principle of providing accommodations for the greatest number of patients in the least possible space does not enter into consideration. It is really a delightful treat to see the large, well-lighted and airy corridors of Eichberg and the Asylum at Halle. The number of cubic feet of enclosed space in the principal German institutions is probably not less than twice as great, in proportion to the number of patients, as in those of the United States. Such asylums as have been recently erected, and specially designed for the purpose, as, for example, those of Halle, Illenau and Eichberg, are great improvements upon the others, and yet in point of convenience are unequal to some of ours. In their asylums generally, the

apartments for patients have not that finished aspect of comfort which is found in many of the American institutions. This is particularly owing to the universal absence of carpets. Yet, relatively to the prevailing customs of the people, they are probably as well furnished as ours. In the conveniences of the kitchen, the laundry, and the means of distributing food throughout the house, they are inferior. Cooking is rarely done by steam. I saw no wringing-press and no dumb-waiter. Mechanical appliances for the purpose of bodily restraint are probably somewhat more extensively used than upon this side of the Atlantic. In the special descriptions of the hospitals, I have forborne from mentioning the extent to which I saw them actually in use. Statements of that kind might have led to very erroneous conclusions. My visit at one institution may have been at a moment of the greatest excitement among the patients, that at another, at a period of the most general tranquility. Again, at some places, I was conducted throughout the establishment; at others, only through a part. Generally, I saw the department for the violent, but not invariably. The remark may here be permitted that when, during the time in which I was connected with an institution for the insane, I was favored with a visit from a professional brother who was engaged in the same speciality, and a principal object of whose visit was to see the establishment, I made it a point not only to conduct him through every ward, but that every door should be opened. The credit was given him of coming to learn the advantages of the institution, not of seeking for demerits nor of matter for cavil.

In most of the particulars of moral treatment, the German asylums are fully equal to those of the United States. In the most important point of all—if reference

be had to curative treatment, or the quietude, order and hygienic condition of the patients—that of manual employment for the inmates, they are superior. The radical source of this superiority lies, undoubtedly, not in the more ardent wishes or the greater efforts of their superintendents for the welfare of their patients—for, in these respects, none can excel the officers of the American asylums,—but in the education of the people, and the nature of the political governments under which they live. Obedience to authority becomes, by education, more a matter of principle or of habit. Furthermore, the asylums are more independent than ours, and the retention and management of patients more optional with the officers.

Before leaving the sphere of comparison it may not be amiss to introduce the following, by a German physician, although the American “psychiater” is not made to figure in it. “The English physician to the insane (*psychiater*) believes that the attainment of the greatest possible degree of comfort, the French, that the ennobling of the intellect, the Belgian—and the foremost among these is Guislain—that the removal of all care and trouble from the mind, and, finally, the German—who supposes both body and soul diseased in insanity—that the freeing of both body and soul from all burdens and shackles—the riddance from the immediate and the remote cause of the mental disturbance—is the highest mission of his treatment of the insane.”* If Dr. Mahir be desirous of knowing how matters stand in this respect in the western hemisphere, he may be assured that his American colleague harbors a portion of

* Ueber Irren-Heilanstalten, Pflege und Behandlung der Geisteskranken, nach den Principien der bewahrtesten Irrenarzte Belgiens, Englands, Frankreichs und Deutschlands. Von Oscar Mahir, Med. Chirurg. und Philos. Doctor, etc., etc. Stuttgart und Tubingen, 1846.

the faith of the Englishman, the Frenchman, the Belgian and the German. If it be necessary still more accurately to define his position, then must he inevitably fall into the category of the resident of his fatherland, the "comfortable" old Anglo-Saxon.

The Germans were not tardy in adopting the more enlightened treatment of modern days. Even as early as 1805 the following remarkable language was held by Dr. Langermann, in reference to the Asylum at Baireuth :

"Two years ago I was commissioned to examine into the condition of this establishment and to propose a plan for remedying its present defects. For patients of a higher class, who are accustomed to more comfortable accommodations and better surroundings, the Princess-house, adjoining the Asylum, will be prepared. The special edifice of the curative institution will be made one third larger, by the construction of a room for a douche and a large plunge-bath, a hall for instruction, the necessary workshops and apartments for the convalescent. In the two spacious, adjacent gardens, arrangements will be made for work, exercise and games in the open air. The employees of the Asylum will be increased by new attendants, and a special instructor of either sex. Besides the surgeon, who resides in the house, the physician will be supplied with an assistant. For the guidance and care of the institution, a special direction, consisting of myself and the War-and-Domain Counsellor, Fischer, has been appointed. I am, at the same time, the Physician of the Asylum, and hope to see the improvements soon completed and myself in a condition to exhibit the first psychical curative institution in Germany, with its certain benevolent results."

This project of Dr. Langermann was matured in 1804. It will be perceived that it embraces nearly the

whole scheme of the moral treatment of the insane at the present day. To what extent, however, it was prosecuted, we are not informed; but Dr. Damerow refers to Langermann's career at Baireuth as one of great ability. He was called from it in 1810, to the performance of more comprehensive duties, in more immediate connection with the royal government, as "Chief Minister of Spiritual Instruction and Medical Affairs."

The Sonnenstein Asylum attained a high celebrity for skillful and successful management, upon the modern principles, several years prior to the establishment of any American institution exclusively devoted to the insane, with the exception, perhaps, of the Eastern Asylum of Virginia.

In 1830, a period at which there were but five institutions for the insane in the United States, when comparatively little had here been written upon the subject, Dr. Riedel published a description of the Asylum at Prague, in which, so far as regards the moral treatment, he took a position nearly, if not quite, as advanced as that of any author of later days. Dr. Julius, who visited the institutions of Great Britain a few years since, and presented a report thereupon to the Prussian government, expresses his opinion, in the letter already quoted, that, in Germany, "the moral treatment of the insane is more generally understood than anywhere else."

In regard to the use of restraining apparatus, the opinions and the consequent practice of the several superintendents, are somewhat at variance; yet all, so far as I am acquainted, concur in the belief that those means of restraint should not be wholly abandoned. Drs. Jacobi and Damerow oppose the doctrine of non-restraint promulgated by some of the English physicians; and, upon the same subject, Dr. Roller writes as follows. "The phy-

sicians of Illenau are not unacquainted with that which has been done in England, but they consider the subject as not yet sufficiently investigated to authorize a judgement. They doubt that the many reasons for diminishing the means of restraint, demand, also, their entire banishment; and that this, if it be practicable, is advisable.”*

The subjoined extract is from the work of Dr. Riedel, published, as already mentioned, in 1830. “As restraint is the magician’s wand by means of which the psychical physician brings back the mind that has wandered from its limits, into the bright realm of unclouded reason, it consequently follows that the means of restraint are a necessity. Yet, of these there is generally a false and exaggerated impression. It appears as if people cannot think of an institution for the insane without a richly-furnished armory of the most exquisite implements of torture,—without chains and scourges and bands of iron. Thanks be to the truly humane spirit which, in the last decennium, has forced its way like an affectionate genius, into the cells of our brethren who had sunk to a condition below that of the brutes, and banished from most of the institutions for the insane that which an iron age had made a necessity. The brilliant progress of later years, which has forced the healing art into elevating the condition of the insane, is especially to be placed to the credit of humanity—that humanity which does not permit us to forget that the mind bound in the chains of delusion still retains its sensibility, and is susceptible to the proofs of sympathy and love. Agreeably to this view, the means of restraint are used (at the Prague Asylum) only in the most urgent cases, where the safety of the

* Illenau, die Grossherzoglich Badische Heil-und Pflgeanstalt. Rastadt, 1847.

patient or of those by whom he is surrounded is endangered.”*

Dr. Zeller wrote as follows, in 1838. “We endeavor to avoid every thing which might cause pain or fear, even in those who are the most excited. Hence, all those implements with which these unfortunate beings were formerly tortured have been banished. The jacket answers in most cases, or the camisole and the stuffed leather spring-straps.† We are rarely obliged to use the coercion-chair or the restraining girdle.‡ The last is necessary with those patients alone who, adroit and supple, will extricate themselves, with the skilfulness of a juggler, from the most carefully prepared implements, and that, too, without loosening a strap or a knot.”§

It is probable that the experience of the long intervals since the foregoing extracts were written, has enabled the authors of both of them still further to dispense with restraining apparatus. I did not visit the Asylum at Prague, and consequently cannot speak of the present practice of Dr. Riedel; but it is due to Dr. Zeller that it be mentioned here, as it is stated in another place, that at Winnenthal, where I went through every department except that for violent women, I saw no patient under bodily restraint.

The subjoined remarks of Dr. Zeller were written since the promulgation of the non-restraint system of the English.

“The turning-wheel, turning-bed and turning-chair have become obsolete. Their operation is often danger-

* Prag's Irrenanstalt und ihre Leistungen in den Jahren 1827, 1828 und 1829. Von Jos. G. Riedel, Dr. der Medizin.

† Straps used as fetters for the legs.

‡ The belt and wrist-straps.

§ Bericht ueber die Wirksamkeit der Heilanstalt Winnenthal. Von Hofrath Dr. Zeller, Direktor der Heilanstalt.

ous, seldom healthy, ever unsafe. In modern times, particularly in England, where earlier, as well as now, these means of restraint were cultivated to an incredible extent, men have gone as far to the contrary, and would banish and forbid, under menace of punishment, all such remedies, but doubtless only to the greatest injury of the patients themselves; for judicious, dexterously applied mechanical restraint, is often of such benefit that the insane will sometimes request it, if they feel the paroxysm approaching. Solitude is so urgent and wholesome a necessity for many raving insane that without it they can get no rest. In the presence of men most beloved by them they often rave the most fearfully; and though they are not put out of a situation for following their diseased impulses, yet we cannot leave them alone in their senseless fury. The solitude and predominance of the institution, which does not subject them to the tearing, restraining and binding of men, but opposes to them a simple, painless and mechanical restraint, brings them the soonest to recollection; and, likewise, the soft pressure exercised, by the bindings, upon individual nerves, is often, as in other spasmodic and neuralgic affections, of decided advantage.

“ Besides, in many cases, the presence of a mass of attendants is not sufficient to restrain a determined, dexterous, powerfully muscular and cunning patient in his frantic designs; and without the help of mechanical means, the limits of self-defence against his assaults are by no means so accurately drawn, as not to permit of much more active violence, on the part of the attendants, than where a strong restraint is laid upon the necessities of the case, and only resting upon the medical regulations and the careful use of the given coercive means.

“But as to correctional means, in the strictest sense of the word, there are none in a good institution; and if strong measures are necessary, they must ever bear, at the same time, more or less of a medical or therapeutical character, and correspond precisely to the mental peculiarity of the patient, whereby their particular healing aim is not lost. The punishment must ever be a benefit and a remedy; Therefore we direct the most reasonable mode, not excepting the most extended douche, the deprivation of nourishment and the like, seeking out, for each individual case, the most suitable measure, which often requires the deepest meditation.”*

The following remarks upon the subject were made by Dr. Jacobi, in 1846. “At the time of the present writing, of one hundred and ninety-six patients in the institution, (at Siegburg) the free movement of but four, and those by the restraining jacket, is prevented. During the past eight days, and, at other times, for a longer period, no one has been placed in the restraining chair or otherwise shackled. But, nevertheless, we never hesitate to apply such means, though in the mildest form and with the shortest duration possible, so soon as all other treatment appears fruitless or less requisite, as, for instance, when a strong propensity to violence, a high degree of indecency, a wicked perversity, a decided attempt at suicide, or other injurious tendencies make these means of restraint to appear the most appropriate method of securing the personal safety of the patient and of those who surround him, as well as of preserving decency, cleanliness and order. The wholesomeness of this procedure is constantly confirmed by observation, and one may not unfrequently be convinced that the application of restraining apparatus, even for a short time, perhaps but half a day,

* Houses and Institutions for the Insane. Translated by Dr. Kellogg.

most effectually prevents the return of the paroxysms which gave occasion for that application, and, in that way, materially contributes to the attainment of a rapid cure. So far as has come to my knowledge, the judgment of the German physicians to the insane is unanimous herein; and in one of our largest institutions, the attempt to carry out, to its fullest extent, at least for the female patients, the non-restraint system of the English, has, after being followed with great perseverance for a considerable time, at length been wholly abandoned.”*

Dr. Tschallener, of the Tyrolese Asylum at Hall, after entering into a detail of his principles of moral treatment, finally includes them in the following summary. “No further addition is necessary to show that the guiding spirit of the treatment at this institution is that of goodness, of exhortation, of entreaty and of menace; and when all this is fruitless, but not till then, the spirit of restraint, of earnestness, of coercion, and even of punishment, as in disobedient, self-willed, stiff-necked and spoiled children. The artist moulds the soft alabaster with one instrument, but the solid marble with another.†” As evidence of the occasional utility of corporal restraint, he relates the case of one of his female attendants, who, upon becoming insane, laughed at all the efforts and ministrations of kindness. The application of the jacket first placed her upon the way of recovery. Another female patient told him, after her restoration to health, that if the jacket had been earlier ap-

* Aertzlicher Bericht ueber die Wirksamkeit der Heilanstalt zu Siegburg. Erstattet im December, 1846.

† Beschreibung der kaiserlichen, koeniglichen Irrenanstalt zu Hall, in Tirol. Herausgegeben von Johann Tschallener, Direktor und Primar-
arzte dieser anstalt. Innsbruck: 1842.

plied in her case, she should sooner have recovered. Yet, he recommends the delay of restraint until it be absolutely necessary, that it be resorted to with judgement and not continued long. In the work already quoted, he gives a description, illustrated by engravings, of the restraining-chair used in the asylum under his care. It is made of thick plank, and, to give it additional strength, is bound with bands of iron. The sides project beyond the feet of the patient, when he is seated, to a height just above the knees. Above that point the projection is not so great, but is still a little in advance of the patient's body. The sides and back rise above his head. The patient being placed in it, a strong board, running in grooves in the sides, is pushed down in front of his body until the lower extremity reaches the thighs, while the upper one is on a level with the back and sides of the chair. In this position it is fastened. Another board is placed, by a similar arrangement, in front of the legs, extending from the floor to the top of the knees. A third, suspended by hinges at the top of the back, is turned over, like a lid, and fastened down above his head. This is somewhat shorter than the width of the chair, so that spaces are left, at its ends, for ventilation. The inside of the chair, as well as of the board in front of the body, is padded in the region of the head. Finally, in the front board, directly before the face, there is a small wicket, or door, which may be opened and the patient fed through it, without disturbing his general arrangements; "and thus," to use the language of the description, "in the most beautiful manner, is the patient in every respect taken care of." We advance no pretensions to inventive genius, but, really, it appears as if there were one thing wanting to make this chair just what it ought to be; and that is—to heat it a few hours in the midst of a large and

brisk fire. The best comment upon it is, that although laid before the world in engravings and in black letter, it has not been adopted, so far as I am acquainted, in any other institution. The one used at Giesing, and described in the succeeding account of that asylum, is similar to it.

In the section for Anthropology and Psychiatrie, of the Association of German Naturalists and Physicians, the subject of mechanical restraint was discussed, in 1846. The conclusions arrived at were that, during the last decennium, restraining apparatus had not been too extensively applied in but few of the German asylums; that the entire disuse of them, in some of the English and American institutions, had excited attention principally because, in those countries, such means had been previously abused; and, finally, that the total abolition of them is not admissible.

The terms "camisole," "jacket," and "strait-jacket," are used in the following pages, as they are in Germany, to designate the garment more frequently used than any other implement of restraint. This differs in form and in strength at the different institutions, but is almost invariably stronger, more confining to the limbs, more restrictive of the muscular movements of the wearer than the simple camisole. In short, it should generally be called the "strait-jacket."

The superintendents of the German institutions, like those of the American, find cause of complaint in the oft-repeated practice of attempting to seduce patients to the asylum by stratagem or by falsehood. "In the greatest number of cases," writes Dr. Roller, "the patient should be informed of the object of his journey, and the place of his destination. People believe that the insane can be brought by stratagem alone, never thinking that more

injury is done in this way than by the application of force. It is left to the physician of the institution to undeceive the patients, and thus, in losing his confidence the radical element of successful treatment is often, for a long time, also lost. Besides the relatives bring upon themselves the inextinguishable hatred of the patients, for these will forgive any thing else sooner than disappointment and deception." Dr. Zeller, treating upon the same subject, makes the following remarks. "We earnestly request of our fellow-physicians to do every thing towards abolishing the practice of bringing patients to the asylum by stratagem and falsehood. They generally have sufficient penetration to detect these schemes; and, besides, their confidence in the institution is so weakened that it is often next to impossible to restore it. Weeks and months frequently pass before we succeed in obliterating the unfavorable impression of this kind of introduction into the asylum, viewed, as it is, through the hatred which is thus generated towards those who have deceived them. Let the patient be told of what is proposed to be done, and rather bring him in the strait-jacket than endeavor to deceive and to quiet him by making all manner of false representations in regard to the objects of the journey. You may be assured that the insane will reconcile themselves to the most stringent regulations rather than to any species of falsehood; for this appears to them the greatest of all injuries, and easily induces the conclusion that bringing them to the institution is no work of an upright love and care, but far more a piece of cunning and imbecile villany."

To these observations may be appended those of Dr. Tschallener. "I have known, and often known persons who, in order, as they say, to bring patients in 'a good

way' to the asylum, unpardonably deceive them with all kinds of promises and hopes which cannot be fulfilled. How, then, is it possible that these patients should be otherwise than suspicious and distrustful? It is not strange that, for months, their confidence cannot be regained, and that they endeavor to obtain, by obstinacy, that which was promised them at home, but which cannot be granted here. There is hardly any thing which acts more injuriously upon an insane person than an excited hope which cannot be realized. How bitter soever may be the truth, let it be told him freely, but with sympathy. The insane person seeks no revenge for truth—although he may for falsehood—and, in this respect, puts to shame many a rational man."

A short time before my departure for Europe, I somewhere read the assertion that no blind person was ever known to become insane. Although then in possession of evidence disproving the statement, I nevertheless made it a special point of inquiry at most of the institutions which I visited, and have recorded the results in their proper places. The use of tobacco, among the patients, was another subject of special inquiry; but I found the practice to be so general that the mention of it is frequently omitted. Smoking is invariably permitted, so far as my knowledge extends; snuff is very generally used, to some extent, but I neither saw nor heard of any patient who chewed tobacco.

It will be perceived that two of the recently erected asylums, herein described, are devoid of closets in their architectural construction. This forgetfulness of the architect is but little more excusable than that of the designers of the new Asylum at Eichberg, and of Hanwell, in England, in both of which, as I have been credibly

informed, no provision was made for stairs. The result was that, in the latter, the stair-cases have been crowded in, where they must necessarily be made inconveniently narrow, and in the latter they are constructed without the side-protection of walls. A strong enclosure of iron bars, extending from the lower to the upper floor, forms an effective substitute. These facts would not be mentioned here, were it not for the possibility that they may serve to prevent the occurrence of so great a blunder in any institution which may be established in this country.—“What man has done man may do,” is no less true of omissions than of acts; and if European architects overlook the common conveniences and necessities of closets and stairs, it is possible that those of America may do the same.

Of the institutions herein described, I was at seventeen. The text will shew which they were; but they may here be mentioned for the purpose of showing the order in which they were visited. Siegburg, Andernach, Eberbach, Frankfort, (then, after returning down the Rhine,) Dusseldorf, Hildesheim, Halle, Berlin, Sonnenstein, Leubus, Brieg, Vienna, Hall, Giesing, Winnenthal, Illenau, and Stephansfeld. Nine of these are among the thirteen which Dr. Julius calls the best in Germany. Should any one pursue the same route, with the object of examining institutions for the insane, slight deviations would bring him to three others, two of which are included in the list of Dr. Julius, and the third is acknowledged to be the best asylum for incurables in Germany. Between Dusseldorf and Hanover he may visit Marsberg, between Brieg and Vienna he can go to Prague, by railroad, and between Winnenthal and Illenau he should see Zwiefalten.

As the descriptions are, generally, written in the present tense, it may be necessary to remember that the notes were taken in the summer of 1849. If anything which has occurred since that time has been introduced, it will be found in a note, and not in the body of the work. For the information respecting the institutions which I did not visit, I am indebted to many German works, and to articles in the *Annales Medico-Psycholog-*

PRUSSIA.

In giving a list of the institutions, their German titles, so far as I am acquainted with them, are retained, both as a matter of convenience for future reference, and because, in some instances, it would be difficult to translate them literally, and retain their signification; while, if it be attempted to preserve their meaning, the title becomes a phrase, somewhat too prolix.

1. RHENISH PROVINCES.

Provinzial Irren-Heilanstalt, at Siegburg.

“ Irren Versorgungsanstalt, at Andernach.

“ Irren Versogungsanstalt, at Dusseldorf.

Aununziaten Anstalt, at Aix la Chapelle.

Barmherzige Brueder Anstalt, at Aix la Chapelle.

Land-Armenhaus, at Treves.

Privat Irrenanstalt, at Eendenich.

2. WESTPHALIA.

Provinzial Irren Heil-und-Pflegeanstalt Marsburg,
at Marsburg.

Irren Pflegeanstalt, at Gesecke.

3. PRUSSIAN SAXONY.

Provinzial Irren Heil-und-Pflegeanstalt, at Halle.

4. POMERANIA.

Irrenheilanstalt, at Griefswald.

Irrenanstalt, at Stralsund.

Irrenanstalt, at Rugenwald.

5. BRANDENBURG.

Charité-Irrenheilanstalt, at Berlin.

Arbeits-haus, at Berlin.

Privat-Irrenanstalten, at Berlin.

Landes Irrenanstalt, at New Ruppin.

Irrenanstalt, at Sorau.

6. SILESIA.

Provinzial Irren Heil-und-Pflegeanstalt, at Leubus.

“ Irren Pflegeanstalt at Brieg.

“ Irren Pflegeanstalt, at Plagwitz.

Allerheiligen Krankenhaus, at Breslau.

7. POSEN.

Provinzial Irren-Heilanstalt Owinsk, at Posen.

8. EAST PRUSSIA AND LITHUNIA.

Irrenanstalt, at Koenigsberg.

Irren-Heil-und-Pflegeanstalt, at Paterswald.

9. WEST PRUSSIA.

Irren-Heil-und-Pflegeanstalt, (proposed) at Schwetz.

1. RHENISH PROVINCES.

THE INSTITUTION AT SIEGBURG.

The Hospital at Siegburg is more generally known, in the United States, than any other similar institution in middle Europe, principally through the writings of its Superintendent, Dr. Maximilian Jacobi. Hence a very minutely detailed description is unnecessary.

The town of Siegburg is upon the river Sieg, about four miles above its confluence with the Rhine. It is sixteen miles eastwardly from Cologne, and five miles northerly from Bonn. Upon its borders, an isolated hill, called the Rock of St. Michael, rises abruptly, from the surrounding plain, to the height of about two hundred feet. Its declivities in many places present the bold outlines of rugged and precipitous cliffs, and the Hospital crowns its summit. Thus elevated, it commands a prospect extensive, diversified and picturesque, including the adjacent country, the Sieg, the Rhine, Bonn, and the Siebengebirge, or Seven-Mountains, one of which is

“The castled crag of Drachenfels,”

immortalised in the verse of Byron, and in the legendary tales of the country.

The sides of the hill belong to the institution, and, where the cliffs present no insurmountable impediment to cultivation, are handsomely laid out, in some places into fields of grass, in others into gardens, planted with vegetables, flowers, shrubbery and trees. Shady avenues furnish delightful promenades in summer, and ter-

paces among the cliffs command agreeable views. The quantity of land is equal to about fifty Magdeburg acres.

The buildings were originally erected and occupied as a monastery, which was founded by Archbishop Hanno, of the Benedictine Order, in A. D. 1051. Upon one of the more modern, the date of its construction, 1651, is still to be seen, in enormous iron figures. The buildings are not only old, but irregular, and, measured by the present degree of knowledge in regard to such establishments, but poorly adapted, by their position and internal architecture, to the purpose for which they are now occupied. He who, after reading Dr. Jacobi's description of a model institution, shall visit this with the expectation of finding something to correspond with the ideal presented in that excellent treatise, or who comes from the newly-erected establishments in Great Britain or America, in the anticipation of seeing them excelled, or even equalled, will certainly be disappointed. But perfection of architectural arrangements, although a valuable aid, are not absolutely essential to good discipline, or to skilful medical and effective moral treatment. As Siegburg was the first, so it has been the most celebrated of the curative institutions for the insane in Prussia. Its foundation, in 1825, formed a memorable epoch in their history, and its reputation was soon disseminated throughout enlightened Europe. In all the German States, it has had, until recently, no rival competitor other than Sonnenstein. At the present time, however, this has become a matter of history,—a memory of the past. Progress in the art as well as the science of the treatment of mental alienation, has brought into existence other hospitals, erected for the specific object, and conducted by men whose qualifications—be it said without detriment to

either party—are not inferior to those of the learned Jacobi.

The expense of repairing the buildings of the old Abbey at Siegburg, and adapting them to their present use, was 106,536 thalers. They were intended for the accommodation of two hundred patients. The rooms, excepting in the department for the violent, are very large. Their floors are of wood, generally painted; but those of the corridors are stone. The apartments for high-priced patients are supplied with sofas, and other furniture to correspond, with the exception of carpets. The bedsteads are mostly iron.

The food is carried by hand from the kitchen, (which is in the basement,) being previously measured into rations for the patients. The practice last mentioned has its origin in the method by which the food is supplied. The institution contracts with a restaurateur to occupy the kitchen and furnish meals of a certain general description, the quality varying for the several classes of patients, at so much per ration. The food is cooked by steam.

The bath-room is large, but its implements rudely constructed and inconvenient. There are no partitions between the tubs; and several of these are of stone, six or eight inches in thickness. A metallic cistern, large and deep, is used as a plunge bath. The shower has no enclosure. The patient subjected to it involuntarily is confined in a strong chair beneath it. One of the greatest inconveniences of the elevated position of the establishment, is the difficulty of obtaining an adequate supply of water.

The salaries of the officers are as follows. Superintendent, 2,130 thalers, and dwelling. Assistant-Physicians, 780 and 340 thalers; Protestant Chaplain, 460; Catholic do, 400; Steward, 800, Oekonom 550 thalers.

The foregoing are furnished also with apartments. The following have both rooms and board; Secretary, 200 thalers; First Male Supervisor, 150; 2d do, 90; Female Supervisor, 120; Teacher, 100 thalers.

The price of board for patients varies from 175 to 525 rix dollars, per annum, for natives of the province; from 250 to 625 for those of other Prussian provinces; and from 300 to 675 for foreigners. The poor are clothed by the institution. With an average of two hundred patients, there are forty-two attendants, exclusive of the supervisors. The whole number of employés, including officers, is seventy-four; the annual expenses of the establishment, from thirty-five to forty thousand thalers.

Manual labor is here, as generally, elsewhere, considered the most effective of the curative means ranked under the head of moral treatment. A large part of the patients work. They are given to understand, soon after admission, that this, as a matter of course, is expected of them. Tobacco and snuff are given as an inducement, or recompense, to those who labor. The men of the higher classes of pay-patients keep the walks in the gardens and other grounds clear, and engage in various light agricultural and horticultural employments.

Among the out-of-door amusements, I noticed one which is a favorite of the people of France, and often seen in the Champs Elysées, at Paris, and, on fête days, at the surrounding towns and villages. It consists in shooting, generally with cross-bow and arrow, or slug, at a bird, either real or artificial, attached to the top of a pole, some thirty feet in height.

The patients have the use of a library. Parties, with the presentation of gifts, are given upon holidays; and theatrical exhibitions furnish entertainment during some of the winter evenings. The patients are instructed in

literary knowledge and in music. Pianos and other instruments are not wanting. The officers of the institution have published a book* of selections from the best German songs, specially adapted to the use of the patients. It has been introduced at Illenau, Winnenthal, and probably at other institutions.

Prayers are read every morning and evening, and religious services performed, both forenoon and afternoon, on the Sabbath. The chapel, an old gothic building, is large enough to accommodate several hundreds of persons.

The several wards of the Hospital are named after physicians distinguished in the field of insanity, and, over the doors of the patients' rooms, are the names of some virtue or commendable quality; as resignation, obedience, tranquillity, peace, silence, order, &c.

The camisole and the "tranquilizing-chair," are the principal means of bodily restraint. The chair is simple in its construction, being made of plank, so thick as to defy any ordinary efforts to break it. It is cushioned and padded. The patient being seated in it, a partition separates his legs, a door is closed in front of them, and a lid shuts over the knees. There are no attachments for confining the hands. The camisole is used for that purpose, when necessary.

On the 30th of September, 1844, the number of patients in the hospital was—

	Males.	Fem.	Total.
Admitted in two years,	128	82	210
	180	137	317
Whole number,	308	219	527

* Deutsche Liederlust. Eine Auswahl der vorzueglichsten Volkslieder, mit einstimmigen Tonweisen, fur gesellige Kreise.

	Males.	Fem.	Total.
Discharged, Cured,	80	76	156
“ Improved,	9	6	15
“ Incurable,	91	50	141
“ “Went out before cured,”	2	0	2
“ Died,	10	9	19
Remaining, Sept. 30, 1846,.....	116	78	194
Of those admitted, Were single,	103	73	176
“ Married and widowed,	77	66	143

The subjoined table, furnished by Dr. Jacobi, is one of the most valuable contributions ever made to the statistics of insanity.

	Males.	Fem.	Total.
From Jan. 1st, 1825, to Dec. 31st, 1845, the number of patients cured was, } Living at the end of this period, and have had no relapse, } Relapsed and cured again here, } “ and not yet cured, } “ and become incurable, } Died, without a relapse, } “ in a relapse, } No information received from	377	284	661
	169	153	322*
	79	48	127
	5	6	11
	34	30	64
	43	25	68
	39	18	57
	8	4	12

The American traveler, if a lover of the picturesque, might come to Siegburg to enjoy a landscape rarely equalled; but if he be a physician, seeking merely improvement in his profession, the principal attraction is an acquaintance with the Medical Officers of the Institution.

Dr. Jacobi is somewhat advanced in years,† yet his frame is still robust, his presence commanding, his man-

* This table was taken from the *Annales Medico-Psychologiques*. Our impression is, that Dr. Jacobi, in the original article, states that of these 322 patients, 3 men and 7 women, a total of 10, had relapsed and recovered again without being brought to the Asylum. This table has also appeared in vol. viii., page 96, of the *American Journal of Insanity*.

† On the 21st of March, 1847, a “Jubilæum” in honor of the day, as the fiftieth anniversary of the Doctorate of Maximilian Jacobi, took place at Siegburg. It was attended by distinguished persons, not of Germany alone, but also of England and France. Among the latter were Sir Alexander Morison, of the Southwark Asylum, London, Samuel Tuke, Dr. Corsellis and his wife, of the Wakefield Asylum, and Dr. Falret, of the Salpetriere, at Paris. In the morning, a procession composed of the former physicians, chaplains, and other officers, the subalterns and many of the patients of the Institution marched to

ners unpretending and affable, yet stamped with the seal of manly dignity. His resemblance to Dr. S. B. Woodward, late of the Massachusetts State Hospital, is remarkably striking. He was temporarily indisposed, and did not visit the patients during the two days upon which I was at Siegburg. I saw him, however, at his residence, a detached dwelling, embowered in trees and shrubbery, upon the declivity of the hill. During the course of conversation he remarked that many of the Prussian physicians bleed, in cases of mania, but that the practice is deleterious, frequently confirming rather than meliorating the disease.

Of every hundred cases of recovery in the hospital he thinks that no more than twenty are effected by med-

the residence of the Doctor, to "wish him joy." After the usual Sabbath services in the chapel, he was saluted by the deputations of the civil and military officers of the city and the province, of the Royal Military College, the General Commander of the Eighth Regiment of the Army, and of the Governments of Coblenz, Treves, Aix la Chapelle, and Dusseldorf; the Chief President of the Royal (Provincial) Government, at Cologne, being at their head. The guests afterwards assembled in a hall in the city, and partook of a dinner which, as at many other public celebrations, was enlivened by toasts and songs. The festa was closed in the evening by an illumination, and a musical and theatrical entertainment in the Asylum.

The occasion was seized, on the proposition of Dr. Mansfield, formerly assistant physician at Siegburg, but now connected with the Asylum at Brunswick, for the formation of a Society, under the name of "The Jacobi Foundation." The object of this Association is "the improvement of the care of the insane, by improving the attendants in the Rhenish provincial curative institution, Siegburg. This object is to be attained, firstly, by giving premiums, on each anniversary, to such attendants as, by enduring faithfulness in the discharge of their duties, in reference to which prominent acts of self-sacrifice will be considered, have distinguished themselves; and, secondly, by elevating the moral and intellectual education of the attendants." A subscription amounting to ninety-five rix dollars was raised at the time, and is to be increased by further contributions.

Dr. Jacobi was also honored, upon the occasion, by the grant of the Order of the Red Eagle, of the third class.

In regard to the Jubilee, a writer in one of the Rhenish journals, says: "It was a beautiful feast—a feast for the recognition of enduring, quiet, unwearied, and spiritually imbued labor, a labor the widely-comprehending signification of which can only after a long time be fully felt, and then, in the hearts of those alone who know how to appreciate such philanthropy because they, themselves, possess it. May the Rhine-provinces, may Germany, may all mankind never lack for men who, kind and virtuous, give up their lives to the service of suffering humanity. Their day of honor will not fail to come, although they may not seek for it."

ical treatment. The remainder are attributed to the hygienic, disciplinary and moral means. During the last few years he has employed opium with benefit, in melancholia, but not in mania. He sometimes uses setons, but only as a dernier resort. A more favorite external remedy, and one in which he appears to place great confidence, is tartar emetic. The vertex of the head being shaved, antimonial ointment is applied to it, upon a surface of the size of a dollar, until it produces ulceration. If the ulcer has become deep, with swelling of the integuments of the scalp and forehead, and threatening injury to the bone, the application must be suspended. He related the case of one man who was subjected to this treatment. The patient had been insane more than two years, and had constantly been under the hallucination that he was the owner of four hundred ships. After the ulcer upon his head had discharged for some time, he was improved in every respect and the number of his ships had diminished to one hundred. The scalp was permitted to heal and improvement ceased. Six weeks afterwards the antimony was resumed and the discharge re-established. The patient soon lost his one hundred ships, and was cured.

Dr. Jacobi remarked that he always hails with pleasure the appearance of intermittent fever among his patients, since it generally results in the permanent cure of several of them from their mental disorder. He frequently has women, in whose cases the menses have been suppressed, recover from their insanity before the re-appearance of that discharge. It generally returns, however, soon after recovery. He spoke of the great utility of judicious chaplains in an institution for the insane, but of the absolute necessity that they should be subordinate to the presiding medical officer.

Dr. Augustus Focké, the Second Physician, though still quite young, appears to combine an excellent judgment with extensive erudition in the branch of the profession to which he is devoted. He has not only visited all the principal hospitals for the insane throughout the countries in which the German language is spoken, but has passed five months in some of the best of similar institutions in Great Britain. He speaks English with fluency, and I am indebted to him for much information, both of fact and opinion. A portion of this is embodied below.

The German physicians study mental diseases very thoroughly and minutely. At Siegburg, a consultation of all the physicians of the institution is held upon every case, soon after admission, and as frequently, afterwards, as circumstances require. Local bleeding upon the back of the neck is occasionally prescribed, and sometimes, though rarely, the head is shaved and cups applied to the scalp. Mania frequently originates in, or is accompanied by debility, and venesection is consequently, as a general rule, injurious. Those physicians who bleed in these cases "kill their patients." The warm bath is preferable to the cold in mania, but the reverse obtains in melancholia. The cold plunge-bath is useful in the latter, but injurious in the former. Some physicians give too much medicine in mental disorders. "They appear to regard the stomach as a kind of post-office, for the deposit of missives directed to each and every organ of the body."

The miasma of the country around Siegburg produces much intermittent fever. It causes *some* cases of insanity, but cures *many*.

A few cases of paralyse générale have so far recovered, at this institution, as to be able to return to their homes,

They have, however, without exception, been readmitted. Dr. F. has never known an instance of cure. Patients suffering under this malady should have a generous diet, but not be permitted to eat too much. Bleeding them, either locally or generally, is detrimental. The only medication from which he has observed beneficial effects, is strychnia. This overcomes the habitual costiveness which almost invariably accompanies the disease. Dr. Focké is a contributor to the *Journal for Psychiatric*. Among his articles see one upon "Typical Insanity" and another "On deciding upon the Incurability of Insanity."

ASYLUM FOR INCURABLES, AT ANDERNACH.

The ancient city of Andernach is upon the bank of the Rhine, about forty miles above Cologne and twelve below Coblenz. It nestles, as if for shelter from the winds, under the eastern extremity of the first range of basaltic mountains, upon the southern shore of the time honored, "wide and winding river" which flows before it. The scenery of its neighborhood is among the most romantic of all for which the region of the Rhine is so justly celebrated, while its cathedral church, erected in the twelfth century, and its still more ancient city walls, with their massive towers and imposing gateways, furnish mental aliment to the lover of the mementoes of olden time.

The Asylum for the insane is about one mile from either the eastern or the western gate of the city, and may be approached from either of them. It is built upon the remains of the Abbey of St. Thomas, the chapel of which is now occupied as the workshop of a cabinet maker. The principal edifice is not very old, and is built in a plain and economical manner. It is mostly

divided into wards which accommodate from twelve to twenty persons each ; and every ward has both a dormitory and a day room, the latter also used as a dining-room. The corridors, which are very narrow, generally run through the middle of the building, with apartments upon either side. The windows are guarded, externally, by upright iron bars. The bedsteads for the quiet patients are strong, plank bunks, the tops of the sides being a little scooped. Each is furnished with two mattresses, one straw, the other horse-hair. The beds were all neatly made up, and the linen very clean and white. The stoves by which the wards are heated, are placed in the rooms occupied by patients, but open, through an aperture in the wall, into the corridors, where they are supplied with fuel by the attendants. The ceilings are only of medium height, and, with the exception hereafter mentioned, there is no means of ventilation except by doors and windows,—a defect which, in some departments, was very evident. This obviously arose from architectural deficiencies, since every thing else bespoke the most strict attention to cleanliness.

About seven-eighths of the patients sleep in associated dormitories, accompanied, in each, by an attendant, whose bed is separated from the others by a wooden lattice.

The departments for the violent have eight rooms for men and ten for women, arranged upon but one side of the corridors. The doors open into the rooms, and are fastened by locks alone. In each of them there is a small door, or *guichet*, through which the occupant may be observed or fed. Above the door there is an opening for ventilation. The windows of the corridors are low, but protected, internally, by strong wire-gauze. Those of the rooms are near the ceiling, and the sash

of each turns upon an axis. Strings for opening and closing them pass along the ceiling into the corridor. The bedsteads are iron. In each room there is a table and a seat, both fixed to the floor. The seat answers the further purpose of a close-stool.

There are now one hundred and twenty patients in the asylum, more than half of whom are women. They are all from within the jurisdiction of the government circle of Coblenz, and many of them have formerly been at Siegburg. Although the institution is intended for incurables alone, yet cures occasionally are effected. A physician, Dr. Lux, who resides in Andernach, visits the asylum. I did not see him, and learned nothing of his method of treatment. There is a bathing room connected with the establishment. Neither beer nor wine is given to the patients, unless upon prescription by the physician. Snuff and tobacco are used by them, but smoking, as I was informed, is not permitted within doors.

The camisole, iron wristlets, or hand-cuffs, and the "tranquilizing chair," similar to those at Siegburg, are used for bodily restraint. No patient was subjected to either of them, at the time of my visit; but some were confined in their rooms. One of the chairs had attached straps, for confining the arms, both above and below the elbows, and another, broader and stronger, to pass around the waist.

The men work some, though apparently not to a great extent. A beautiful inlaid, mahogany table, the workmanship of one of them, was shewn to me. The women, besides performing much of the domestic labor, make the clothing for all the patients. They were all, both men and women, neatly clad, without a visible rent as "an accident of the day," or a patch, "the premonitory indication of poverty."

The facilities for amusement are but few, and there are no public religious services at the asylum. Some of the patients attend church in Andernach.

ASYLUM FOR INCURABLES, AT DUSSELDORF.

Leaving the city of Dusseldorf through the *Berger Thor*, and following the road, for half-a-mile, along the banks of the river, one arrives at a point where the waters of the river make a turn so abrupt, and run with such rapidity as to justify its designation as a "winding" and "rushing" stream.

Near the elbow of this curve stands the Dusseldorf Asylum for Incurable Insane. The building was erected for manufacturing purposes, and so occupied until remodeled and opened for the reception of patients in 1826. Its ground-plan is similar to the letter H; its height two stories. It is neither imposing nor elegant. It is surrounded by a high, brick wall, and the yard by which it is approached in front, after entering within the wall, is occupied by the men-patients as an airing court. The quantity of land belonging to the establishment, is barely sufficient for small courts for the patients, and a vegetable garden.

The corridors of the building are next to the wall, with rooms upon the opposite side. The windows are generally, low, and guarded, externally, with upright iron bars. The doors fasten with spring-locks. The floors are wooden, and were all neatly sanded. Stoves are the only apparatus for heating, and there is no special arrangement for ventilation. The bathroom has one tub, made of wood, a douche and a shower-bath. The patients of each sex take their meals together, in a large hall upon the ground-floor. These halls also serve as day-rooms. The dormitories are in the second story, and contain from

two to fifteen beds each. The bedsteads are mostly iron, the beds, horse-hair. I have rarely seen a pleasanter or neater dormitory, in a public institution, than that which is here occupied by the better class of women. It contains sixteen beds, one of which is for an attendant, and beside each stands a handsome, cane-seated chair. The bedsteads are modeled after the French, and made of wood, nicely varnished. They are arranged in two rows, parallel to the side walls, but so far removed from them as to permit a person to pass. There is a middle alley, sufficiently broad, between the two rows, and a convenient space between any two approximate beds.

In the men's dormitories, a spittoon stands beside each bed. The bedsteads are moveable. I did not go through the departments for the violent. The camisole, iron hand-cuffs, and the "tranquilizing chair," of similar model to those at Siegburg and Andernach, are used for bodily restraint.

The Asylum has no chaplain, and no religious services. Of the patients, the men work but little except in assisting in the performance of household labor. The women knit, and make all the clothing worn by themselves. Some of the men were playing cards, and I was informed that this is their principal amusement. Tobacco and snuff are permitted among the patients. Beer is given only when prescribed by the physician.

The present number of inmates is one hundred and ten, of whom fifty-eight are men, and fifty-two women. The men have three attendants. One of the women is blind, having been deprived of vision before she became insane.

The physician, Dr. Bournyé, who visits the Asylum,—only, however, when he is called—lives in Dusseldorf. I called at his house, but he was out of town. Upon appli-

cation at the Asylum, the principal resident officer willingly and immediately accompanied me through the establishment. Although it was not ten o'clock in the morning, every room was in perfect order, and the patients neatly dressed in clothing which required no mending.

ASYLUMS AT AIX LA CHAPELLE AND TREVES.

I have been told that each of the two establishments at Aix La Chapelle, will accommodate from fifty to sixty patients; and that there are from one hundred to one hundred and twenty-five in the department for the insane in the Almshouse at Treves.

PRIVATE ASYLUM, ENDENICH.

In November, 1844, Dr. Richarz, formerly, and during a period of eight years, second physician at Siegburg, opened a private establishment for the insane, at Endenich, Poppelsdorf, in the Government Circle or District of Bonn. The prices of admission are five hundred, six hundred, and seven hundred thalers per annum. Grounds to the extent of seven acres, partly planted with grapes and partly with ornamental trees and shrubbery, are connected with the Asylum. Dr. Richarz is an advocate of small, rather than large public institutions, as will be perceived by the title of an essay, mentioned in the introduction, which he read before the Psychiatrial Association.

There are three other private asylums within the limits of the Rhine-provinces. They are at Bonn, Eitorf and Moers, and have all been established within a few years past. The second belongs to Dr. Meyer.

2. WESTPHALIA.

THE MARSBERG INSTITUTION, AT MARSBURG.

An old Franciscan Monastery was occupied by the patients at Marsberg, until the year 1835, when they were removed to a new building erected as a hospital for the insane, both curable and incurable. It is situated upon a hill in the vicinity of the city of Marsburg, and, unlike some of the other Prussian institutions, has a bountiful supply of water. It is of the H form, and consists of two stories, exclusive of the basement. The parallel wings are chiefly occupied by patients; the connecting building by the assistant physician, other subordinate officers, and convalescent patients of the higher classes. The superintendent resides in a detached edifice.

The corridors are twelve feet wide, with rooms upon but one side, and a window opposite the door of each. The floors are wood. Part of the windows have iron sashes, glazed. For the promotion of ventilation, the upper sash is so arranged that it can be brought a little forward, or inward, thus making a small aperture. The sashes of the rest, are wood, to the back side of which strips of iron are attached, and concealed by paint. Part of the establishment is heated by hot air furnaces, part by water, in ascending and descending pipes, and a few rooms by stoves. The higher classes of pay-patients have large private apartments, each of which is furnished with bed, washstand, table, two chairs, sofa and looking-glass. All the others live in departments, or wards, each of which can accommodate eight persons besides the attendant. Each department has a common day and dining-room, and a dormitory. The attendant's room is between the two, and overlooks them by windows. Both wooden and iron bedsteads are used. They are all furnished

with hog-hair matrasses. These are somewhat cheaper than horse-hair. The bathrooms are commodious, and are supplied with douches and other appropriate apparatus.

Labor is the prominent element of moral treatment. During the warm season, the men chiefly work upon the farm. In winter they are employed in tailoring, shoe-making, weaving, and plaiting mats and chairs of straw. The women are occupied by household duties and the labors of the needle. The jacket and the strong-chair are the usual implements of restraint. To prevent injury from falls, in epileptic cases, the patient's head is surrounded with a cushion well-stuffed with horse-hair.

The series of questions intended as a formulary for the history of cases, prior to admission, is far the most elaborate and minute that I have ever seen.

On the 1st of January, 1845, the number of patients at the institution was—

	Males.	Fem.	Total.
	168	127	295
Admitted in 1845 and in 1847, } omitting 1846, }	153	115	268
Discharged cured,	49	30	79
“ not cured,	23	7	30
“ improved,	6	3	9
Removed to other receptacles,	23	28	51
Died,	41	18	59
Remaining December 31, 1847,	178	137	315

In August, 1837, the population of the establishment was as follows: Principal officers, 5; subordinate officers, 9; attendants, servants, &c., 45; patients, 327.

In 1844, the expenses were about 26,000 thalers; the income 16,000. The deficiency was defrayed by a tax upon the inhabitants of the province.

The superintendent, Dr. William Ruer,* receives a salary of twelve hundred thalers, besides a dwelling and

* Dr. Ruer is the author of a work entitled, “Irrenstatistik der Provinz Westphalen, mit Hinweisung auf die medicinisch-topographischen Verhaeltnisse saemmtlicher einzelner Kreise derselben.” It was published at Berlin, 1837.

rooms for four pay-patients. The second physician, Dr. Knabbe, has five hundred thalers, rooms and fuel. Besides these officers, there is a house-surgeon and a chaplain. The latter does not reside at the institution.

The payment, for paupers, is twenty-five rix-dollars per annum. This includes the expense of clothing.—Others, if natives of the province, pay from fifty to one hundred and seventy rix-dollars; if from other provinces, or foreigners, from one hundred and seventy to three hundred and twenty-five.

ASYLUM OF GESECKE.

The asylum of Gesecke, near Paderborn, is under the care of Dr. Schupmann. It is occupied mostly by old cases, incurables and epileptics. During the two years of which the reports have come under my observation, no patient was cured. Sixty males and fifty-six females were in the establishment in the course of the year ending in October, 1844. Seventeen of the former, and fifteen of the latter were epileptics. In October, 1845, the number of patients was one hundred and two. In one of his earlier reports Dr. Schupmann wrote encouragingly of setons in the treatment of epileptic patients. "With those who had them, the fits were more rare, less severe, and of shorter duration, and in one, whose attacks had been frequent, no fit has for a long time occurred. Even his mental condition is improved." In subsequent reports, however, no mention is made of cures, and the treatment of epilepsy is referred to as being merely palliative. An article upon epilepsy, by Dr. Schupmann, may be found in the second volume of the *Journal für Psychiatrie*.

3. PRUSSIAN SAXONY.

INSTITUTION AT HALLE.

Until within a few years, the only receptacle for the insane, at Halle, was a building formerly used as a prison. About sixty patients were generally confined in it. The government of the Province of Saxony, having determined to found a large institution for both curables and incurables, fixed upon the neighborhood of this city as its location, and appointed Professor Damerow, not only as its future superintendent, but also as a commissioner to design a plan and oversee the construction of the buildings. Thus sprung into existence the present excellent institution, intended for four hundred patients. It was opened in 1843.

A droskey, to be found in the market-place of Halle, will take one to its door in about twenty minutes. It stands upon a hill, elevated perhaps forty or fifty feet above the level of the surrounding plain. The buildings are stone, rough-cast, and painted of a deep straw color. Their general plan is that of a rectangle, or parallelogram, the longer side of which is between five and six hundred feet; the shorter, not far from four hundred. One of the longer sides is the front, and in the middle of this is the residence of the superintendent. In the centre of the enclosed area, stands a building which contains the bath-rooms, kitchen and store-rooms. The corridors which extend from this, laterally, to the main building, divide the area into two equal parts. The section of the whole establishment in front of this is occupied by curable patients; that in the rear, by incurables. In each section the men are at one extremity, the women at the other. In front, the men's department is separated from that of the women by the residence of the superin-

tendent; in the rear, by a series of workshops. The buildings occupied by the curables are connected with those of the incurables by an intervening corridor.

The general internal architectural arrangement is that of but one series of rooms, with a corridor, eleven feet wide, next to the opposite wall. The ceilings are about thirteen feet high, the floors and doors generally of oak. The windows have double sashes, the internal one of wood, glazed, and opening in four compartments, upon hinges; the external, of iron, and unglazed. None of them are protected within. This description, however, does not apply to the department of the violent, to be subsequently described. The stair-cases are worthy of remark for their ample width, and their gently-graded ascent. Wooden cupboards and closets stand in the corridors, throughout the establishment, as none were introduced into the architecture. The corridors are also used as dining rooms. The heating is by local apparatus, earthen stoves or furnaces. There is no special arrangement for ventilation. The bedsteads are iron; the chairs of the common Windsor form.

The higher classes of patients have each a special apartment, containing a sofa, and other furniture to correspond; but no carpet. The great majority of the inmates, however, occupy halls in common, and sleep in associated dormitories. Dr. Damerow disapproves of isolating the insane, unless violent, from their fellows. They require companionship, and society, as necessarily as persons in mental health.

The departments for the violent are in the rear of the parallelogram formed by the other edifices, and, with an intervening corridor, constitute prolongations of its shorter sides. They are but one story high. Each contains a suite of nine rooms, eight for patients, and one for the

attendant, surrounded by a pass-way between them and the external walls. In front of them, this passage is a sufficiently broad corridor; at the sides and in the rear, it is perhaps four feet in width. In the rear, the floor is three or four feet higher than in other parts, to enable the attendant to open and shut the windows of the cells, or, through them, to observe the movements of the patients. These departments are heated by hot-air furnaces. The air is admitted through the wall, about seven feet from the floor. At the floor, there is another opening for the escape of foul air. For promoting ventilation, the window and the door of each room are in a direct line between two opposite windows in the external walls.

The yards or courts for the four departments of male and female curables and incurables, are within the area enclosed by the principal edifices; those for the violent, in the rear of the buildings occupied by them.

The bath-rooms are commodious. The tubs are separated by curtains. They are made of zinc, and painted. The water is admitted through two openings, at the bottom of one side, and escapes by a third, in the middle of the bottom. The fassets of the former are below the floor, and can be turned only by a tube-key kept by the attendant. The escape-tube is opened by treading upon a pin in the floor. This pin is connected with the valve by means of a lever beneath the floor. The tubs have knobs, or buttons, around their rims, to which a strong piece of canvass may be attached, to prevent a patient from rising out of the bath.

The position of the kitchen, and its connection, by covered passages or corridors, with the main buildings, has been mentioned. The food is carried to all departments in tin cans, shaped like bailed market or traveling baskets. They are covered, and the sides and bottoms are

double, with an intervening space, filled with boiling water to keep the contents warm.

Dr. Damerow expressed his belief that where, in a large institution, the attendants from all departments are permitted to mingle, and particularly if this be in the kitchen, serious difficulties must arise. I did not ask him if he claimed the idea as original. However, acting upon it, he had the kitchen so constructed that the attendants, although they carry the patients' food, cannot enter it. Neither can those from any one department mix with those from any other. The covered corridors are double. The attendants of the curable men, coming through one of them, receive the food at a window in the end of the kitchen; those from the incurables, coming through the other, receive it at a window in the back side. The arrangements for the females are the same, and a wall in the entry, at the back of the kitchen, separates the attendants of the two sexes.

Bathing is extensively employed as a curative agent; opium but little. Antimony is used, as at Siegburg, to produce artificial ulcers upon the head. There are some cases of *paralysie générale* among the patients. Dr. Damerow did not speak of these, and I forgot to inquire of him in relation to his experience in treating the disease, but the assistant-physician said he had never known a case of recovery.

The construction of the close-stool used at this institution is, in some respects, superior to that of any which has heretofore come under my observation. The basin is metallic, and around its rim, externally, there is a depression, groove, or channel, perhaps an inch in depth, partially filled with water. A corresponding metallic ring, or hoop, is attached, by its edge, to the under side of the cover, and, when this is closed, dips into the water, and thus entirely prevents the escape of effluvia.

A very large proportion of the patients work. About twenty of the women were in the kitchen, preparing vegetables and otherwise assisting in getting dinner. Many others were knitting and sewing. There are several shops for artisans, but I did not go into them. A large number of the men work upon the farm, which produces all the vegetables consumed in the establishment, besides many for market. Tobacco is given to those who labor. Draughts, chess, cards and a library are among the resources for amusement and instruction.

A teacher, and chaplains are connected with the institution, and perform their respective duties towards the patients.

Dr. Damerow emphatically pronounces his disapprobation of the attempt entirely to abolish the use of mechanical implements of restraint. He employs the camisole, and leathern straps, and muffs; but I saw no strong chairs. He talks very freely with the patients in regard to their mental condition; tells them that their ideas are false, when they are so, and that they must relinquish them before they can hope to return to their homes. The present number of patients is 262, of whom 158 are men, and 104 women.

Dr. Damerow, as already mentioned, is the principal editor of the "Journal of Psychiatrie." The publication could not be entrusted to a more competent person. Dr. Leubuscher, until recently the second physician of the Asylum, but now in private practice at Berlin, is the author of a work upon the pathology of insanity,* and of various essays in Damerow's Journal. Among the latter are one upon "Convalescence in Mania," and another "Upon the so-called Erysipelas auriculæ of the Insane,"

* Grundzuge zur Pathologie der psychische Krankheiten. Erlautet an Krankengeschichten. Berlin: 1848.

in volume third, and one on "Abulia" in volume fourth. The reviews of the Annual reports of American Asylums and of the Journal of Insanity, are also generally prepared by him.

4. POMERANIA.

INSTITUTION AT GRIEFSWALD.

The establishment at Griefswald was opened on the second of July, 1834. It is intended chiefly for the poor of New-Fore-Pomerania. Persons in easy pecuniary circumstances are not admitted, unless there be rooms not otherwise occupied, and never to the disadvantage of the class for which it was established. Patients whose cases present some prospect of cure are alone received; and, if they be found incurable, they are discharged. The buildings of the institution were formerly a Lazaretto. A garden connected with them is used by the patients, in common with those of the new Clinical Lazaretto. Professor Berndt is the Superintendent. I understand that he gives clinical instruction upon mental diseases.

STATISTICS,

From July 2d, 1834, to December 31st, 1846.

	Men.	Women.	
Admitted,.....	145	87	291
Of which cases 56 were relapses and 3 frequent insanity,.....			59
Leaving of persons,.....			232
Of whom there were cured,.....			108
Improved,.....			22
Unimproved,.....			65
Died,.....			37

Nineteen were cases of delirium tremens, of which fourteen recovered, and five died; twenty-two were insane epileptics, and eleven imbeciles. Of one hundred and six cases of less than six months' duration, eighty-two, including fourteen of delirium tremens, were cured. Of one hundred and twenty-six cases of more than six months' duration, twenty-six were cured.

ASYLUM AT STRALSUND.

Stralsund is a city of about twenty thousand inhabitants. It is situated upon the Straits of Gollen, an arm of the Baltic Sea, which separates the island Ruegen from the Continent. Its Asylum for the Insane, opened in October, 1842, is very small, having rooms for but about thirty patients. The Superintendent, Dr. Picht, is responsible to a Board of Commissioners appointed by the Regency of the Province.

From October, 1842, to the close of the year 1844, thirty-one patients, of whom fifteen were men and sixteen women, were admitted. Ten came from other institutions, eleven had been in various places of detention, and the remaining six were received at the request of their friends. During the same period one patient was discharged and five died, leaving twenty-five in the Asylum. One of them was a deaf mute, and several were epileptics. In 1845, one patient was admitted, but none either discharged or died. Number at the end of the year, men 17, women 16, total 33. Dr. Picht gives the nitrate of silver, in epilepsy, in continued doses of five centigrams, sometimes with beneficial results.

Patients whose condition permits, are employed in manual labor. The Asylum is said to be kept in excellent order. "It never happens," says Dr. Picht, "that a patient spits on the floor, even in the corridors, or throws tobacco-ashes in any other than the proper place. If a *spot* really occurs, the patients shew it to the attendants, or wash it out themselves."

ASYLUM AT RUGENWALD.

The Asylum at Rugenwald, intended for the incurable insane, and a few infirm of the Government Circles of Stettin and Coeslin, in Old Pomerania, was opened on

the first of April, 1841. The building is new, 137 feet long by 42 wide, and two stories in height, with apartments for about sixty patients. Corridors, eight feet wide, pass lengthwise, through the middle. Twenty-eight acres of land belong to the institution. The Physician, Dr. Steinbauer, is a practitioner in the City of Rugenwald. An Overseer, who acts as Surgeon, resides in the Asylum. From the time of opening to the 31st of December 1847, exclusive of the last six months of 1845, of which I have seen no report, seventy-six insane patients were admitted, of whom fifty-four were men and twenty-two women. Six are reported to have died, but none cured. Thirty-four men and twenty women remained at the close of 1847. Five infirm persons were also admitted, of whom two remained. It appears that the patients were all of the most abject and incurable class. They had, however, been so far improved in their habits and conduct, as to eat at table together.

5. BRANDENBURG.

BERLIN.

In the early part of the eighteenth century, some of the insane of Berlin were kept with paupers and orphans in the Friedreichs-hospital. In 1711 they were removed to the Dorotheen-hospital. About the year 1726, they were transferred to a newly-erected building intended as a workhouse and asylum for the insane. This asylum was enlarged in 1748, and "reformed" in 1766, and, finally, on the night of the 1st and 2nd of September, 1798, consumed by fire. Part of the patients were placed in the workhouse, and the rest removed to the Charity-hospital.

In the earlier periods of this institution, there were religious services for the patients, on the Sabbath. In 1737, the overseers of the poor appointed a special chaplain. He received board, lodging, washing, wood and lights, and a salary of fifty rix-dollars, with the assurance of more if he was faithful in the discharge of his duties. In the course of the next fourteen years, two of the persons who occupied this post became insane, and the office was then abolished. The number of patients, in 1739, was 95. Since the destruction of the asylum, the incurable patients have continued to be kept in the workhouse, and the curables treated in a department of the Charity-hospital. Great efforts have been made for the foundation of a large, relatively-connected, curable and incurable institution, in the vicinity of Berlin; but hitherto without any practical results. "The (royal) Residence, Berlin," says Damerow, "has neither a private establishment, nor a public asylum for the incurable, nor yet a curative institution such as she should have, and should demand."

THE CHARITY-HOSPITAL.

The Charity-hospital at Berlin, the theatre of the labors of Dieffenback and Langenbeck, is in the suburbs of the city. The hospital for the insane, one of its departments, is disconnected, by an intervening distance of thirty or forty rods, from the other buildings. It forms three sides of a parallelogram, the longest of which is probably more than three hundred feet, the two shorter, half that length. The latter project in front of the first, and the fourth side is formed by fences and the porter's lodge. The enclosed space is a planted garden used as an airing-ground for the patients.

The building consists of two principal stories, a high basement and low attic. It is intended for the city of

Berlin alone, and has beds for one hundred and sixty patients. The annual average of admissions is two hundred and fifty, and the present number, one hundred and forty-eight. The ceilings are high, the corridors of liberal width, running next to one wall, with a suite of rooms next to the other. The floors are of wood, oiled and generally waxed. The sashes of each window open upon hinges, in four compartments. They are of wood, strong, and some of them overlaid with strips of iron, so accurately adjusted as to be imperceptible except upon close inspection. There are no windows or apertures over the doors. The whole establishment is heated by stoves, and there are no extra means of ventilation. The height and size of the rooms renders such an arrangement less necessary than in some other similar buildings. The patients all sleep in associated dormitories. The bedsteads are of wood, each supplied with an under-bed of straw, and a horsehair mattress. I have never visited an institution which, in all its departments, exhibited more of that perfection of neatness which, although

“ Its language is a silent one,
More eloquent than words,”

cautions the visitor against the tread or touch unhallowed by cleanliness. The floors are so hard and so smoothly polished that, as at Versailles, and some of the other French palaces, to a person unaccustomed to them, the constant watchfulness and effort necessary to the preservation of an upright position, is actually wearisome.

Much to my regret, I did not meet with Dr. Ideler, the distinguished physician-in-chief to this Institution. I accompanied the assistant-physician and internes upon two of their morning visits. The men patients were dressed in uniform, each wearing a morning gown and striped

pantaloons. They were seated, each at the side of his bed, but rose, as a salutation, when we entered. This, as well as many other things, indicated very perfect discipline.

The camisole, and other restraining apparatus are used, the necessity for them being undoubtedly greater than if there were small rooms for the isolation of the violent. The strong chairs are well cushioned, seat, back, and sides; and the straps attached to them for confining the wrists, arms and legs, so padded as to prevent abrasions of the skin. The bedsteads for the violent differ from the others only by the straps for the shoulders, ankles and body—a wide one passing over the waist—which are attached to them. These straps, also, are softly padded. Many of the beds, even of the less excited, are furnished each with a strap five or six feet in length, to the remote extremity of which a patient may be secured by the ankle, and thus prevented from running around the room.

The physician said that bleeding, in all the usual forms of mental disorder, is not practised at this institution; and opiates are rarely prescribed. He showed me a table of the registered results of a large number of cases in which chloroform had been administered. It is given in both mania and melancholia, generally ten drops at a time, internally. He thinks it has been permanently beneficial; certainly temporarily so, as it has almost invariably produced sleep. In cases of high excitement, tartar emetic is prescribed as a nauseant. It is also much employed as an external irritant, and especially for the production of ulcers upon the scalp. Both moxas and setons are among the remedial agents, but the former are more frequently applied than the latter. Dr. Ideler has published a work upon the use of the moxa, in which he

speaks in the highest terms of its utility, applied along the vertebral column, in cases of melancholia; and also, *as a moral remedy*, in some cases of mania.* He gives several cases of successful treatment by it.

Great confidence is placed in the hygienic and restorative effects of baths and the douche; and the appliances for giving them are extensive. The douche-pipe is fixed in the end of a flexible tube or hose, ten or fifteen feet in length. This appears to me to be an excellent contrivance. It is easier to direct the stream of water in this way, than to fix the head of the patient directly beneath an immoveable pipe. It has the additional advantage of enabling one to apply the stream to any part of the body. Indeed, it is rarely applied to the head, here, but generally along the region of the spine.

Dr. Ideler has been accused of excessive rigor in the management of his patients, and of the too frequent and imprudent use of the moxa and the douche. It is alleged against him that necrosis of the cranium has sometimes followed the deep ulcers upon the scalp produced by tartarised antimony. It is, of course, impossible for me to measure the justice or injustice of these accusations. His position, however, as the acknowledged leader of the Psychic school, exposes him to the attacks of numerous theoretical opponents, and makes him the target for missiles from various quarters. If a person aims at a high mark, it is generally inferred that he shoots with a good gun. My notes were written before I had heard the slightest intimation of the aforesaid allegations, and were, consequently, unbiassed. I find that here, for the first time in my journey, although this was the eighth German institution which I had visited, it is recorded

* *De moxæ efficacia in animi morborum medela.*

that "the patients appear contented and happy"—but the sentence continues,—“as in all the other German asylums. I have hardly heard a complaint or the expression of a wish to go away.” Persons who are acquainted with Dr. Ideler speak in high terms, not of his talents alone, but of his gentleness and amiability of character.

A considerable number of cases of *paralysie générale* have been treated here; but the physician said that none had been cured. There has been one patient who was blind previously to the invasion of the mental disorder.

The patients use tobacco. As I left the hospital, many men were smoking in the garden. I saw none of the men at work, but my visits were at the time of that of the physician, and it is probable that many of them had been employed in putting the wards in order. In a large hall of the women's department, as many as thirty patients were sewing and knitting. At certain hours of the day, the same hall is occupied for a school, taught by the chaplain.

The men amuse themselves with quoits, cards and other games.

I observed that the physician conversed with some of the patients in regard to their hallucinations. This is said to be in conformity with the practice of Dr. Ideler.

WORKHOUSE ASYLUM.

As before mentioned, a department of the Workhouse at Berlin, is devoted to the custody of persons incurably insane. The number in the Asylum at the commencement of 1846, was ninety-six. In the course of the two succeeding years, twenty-four were admitted, seven discharged, not cured, and thirty-five died, leaving, at the close of 1847, seventy-eight. Of the whole number,

fifty-two were males and sixty-eight females. Fifteen of the former and twenty of the latter died.

PRIVATE ASYLUM.

The largest private establishment for the insane, in Berlin, is that of Mrs. —, widow of the late Dr. Klinsmann. On the first of January, 1847, the number of patients was thirty. Admitted in the course of the year, 24; discharged cured, 12; not cured, 5; died, none.—Remaining at the close of the year, 37. Of the whole number, 20 were males and 34 females.

There are seven other licensed private asylums in the city, five of them conducted by women and two by men, one of whom, Professor Kranichfeld, is a physician.—But the number of patients in all of these “institutions,” on the first of January, 1847, was but twelve. Five were admitted in the course of the year, seven discharged—three of them cured—and, at the close of the year, ten remained.

KURMARK.

As early as the year 1793, the Privy State’s Minister, Von Voss, impressed with a deep sense of the necessities of the insane in the province of Kurmark, conceived the idea and was the principal promoter of the execution of the plan of furnishing facilities for their care and cure. At his suggestion a census was taken, by which it was ascertained that there were two hundred and twenty-two inhabitants of the province afflicted with mental disorders. Preliminary measures were soon adopted for the construction of a suitable establishment for their accommodation, and in 1798 the buildings were commenced of the institution at New Ruppín.

INSTITUTION AT NEW-RUPPIN.

The original edifice of this Institution was completed in the year 1800, at an expense of more than forty-three thousand thalers. It is of the L form, and three stories in height, exclusive of the basement. It has rooms for one hundred patients, the longer wing being occupied by men, the shorter, by women. It was opened on the 1st of March, 1801. Dr. Wallis asserts that it was the first building erected exclusively for the insane in Germany (*Deutschland*). I know not how comprehensive a signification he gives to the word, but, if it be intended to include Austria, he is mistaken. The *Narrenthurm* at Vienna had the precedence, by seventeen years. "The general instructions and the rules for the government of the New-Ruppin Asylum were drawn up with a masterly spirit, and, in reference to the time at which they were composed, may justly be considered remarkable, and as models." As time progressed, the accommodations of the establishment became insufficient to meet the public demands, and, consequently, in 1819, it was extended by the purchase and occupation of two adjacent dwelling houses. In 1828, the patients were classified, and the curables so far separated from the incurables as the architectural arrangements would permit. In 1833, Professor Damerow was commissioned, by a minister of the royal government, to visit and inspect the establishment. He pronounced it excellent, as an asylum, while it was defective in all the arrangements demanded by philosophy and experience for a curative hospital.

At the time of the foundation of the institution, the primary objects in view were the humane care of the insane, their security and that of the public. Restoration to mental health was considered as of secondary import-

ance. Hence, the medical officer, until 1841, was a physician engaged in an extensive private practice. In that year Dr. A. Wallis was made its Superintendent.

Manual labor for the patients was regularly organized at some period between 1810 and 1820. In 1840 their earnings amounted to 1,081, and, in 1845, to 1,188 rix-dollars.

STATISTICS,

From March 1st, 1801, to December 31st, 1847.

	Men.	Women.	
Admitted.....	605	453	1,058
Discharged cured.....	127	110	237
“ Improved.....	11	6	17
Transferred to others Asylums.....	88	67	155
Died.....	287	220	507
Remaining, Dec. 31, 1847.....	92	50	142

A large proportion of the patients, particularly in the earlier years of the institution, were of that class in which no essential improvement can be expected.

ASYLUM AT SORAU.

Prior to the year 1812, some of the insane of Lower Lausitz were confined in the prison of Luckau. In that year, a large building, erected by Count Promnitz, near the city of Sorau, was purchased and converted into an almshouse, workhouse, and lunatic asylum. The “royal government at Frankfort” subsequently assumed the direction of the institution, and caused all the inmates who were not insane to be removed. In 1825, a commission for its management, consisting of two men chosen by the regal government and two by the government of Lower Lausitz, was appointed. The president of the Board was Dr. Frank, of Frankfort.

The building, when purchased, was incomplete. It consisted of a main edifice, partly two and partly three stories in height, and one wing of three stories. In the former are the dining-rooms, the chapel, the infirmary,

the library, apothecary's shop, and apartments for the convalescent, and for patients who pay a high price for board. The latter is occupied by men, the epileptics being in the lower story. Other buildings have been added since the original purchase. The institution is not properly a curative establishment, but an asylum for incurables, idiots and violent epileptics.

All the patients who are not disabled by physical disease or mental imbecility, are employed. There are shops for tailors, shoemakers, cabinet-makers, turners and watch-makers. Ninepins, chess, draughts and other games are resorted to for amusement. For restraint, isolation and the jacket are generally employed, but several other means—even the turning stool—are sometimes put in requisition. All the patients who are suitable, attend morning and evening prayers, and worship on the Sabbath. The chapel is furnished with an organ.

The men attendants receive four thalers a month, and the women two and two-thirds, both with board.

STATISTICS,

From 1812, to December 31st, 1845, inclusive.

	Men.	Women.	
Patients admitted.....	418	253	671
Discharged, cured.....	82	63	145
“ Not cured.....	32	29	61
Died.....	210	99	309
Remaining, December 31, 1845.....	94	62	156

A very large proportion of the cases were considered hopeless when received, many were suffering under incurable physical diseases, and a large part of them had “suffered from bleedings, emetics, cathartics, narcotics, and cold-water.” In the course of twenty-eight years, only eleven patients were admitted whose insanity was of but a few months' duration. Many of the deaths were from marasmus, apoplexy and pulmonary diseases. One

woman, in whose case there was a necroscopic examination, presented the rare phenomenon of the entire absence of the uterus.

Dr. Schnieber, the Superintendent of the Asylum, acting, as he asserts, upon the principle "Prove all things and hold fast to that which is good," has long practiced, in part, upon the homeopathic method. I quote his remarks upon the subject:—"By the homeopathic curative method, in connection with a properly adapted psychological treatment, I have cured several patients attacked with mania and melancholia. Yet it should be remarked that, with these patients, the insanity had existed less than a year, and, with some of them, was of only a few months' or weeks' duration. In old cases, I have never, by this treatment, effected a cure, but only a transient improvement or a favorable diminution of the intensity of a paroxysm. In such cases I have never cured, except by the allopathic method. Heroic treatment, indeed, often subdues mania, melancholia, &c., but it at the same time plunges the patient into incurable dementia, as I have seen in some of the imbeciles admitted here, who had previously been actively treated by large bleedings, emetics, laxatives, calomel," &c. Again, he thus gives his opinion upon the abstraction of blood: "Venesection, that potent palliative in the orgasmus of the blood, has not, in the management of the insane, that distinguished advantage which we so frequently perceive from it in the diseases of the sane. The maniac is not infrequently more furious after bloodletting, although the frequent, full, hard and strong pulse, the flushed face, the heat of the head, the strong beating of the carotids, and the whole bodily constitution indicated the treatment. These symptoms of orgasmus and plethora are often only signs of the high mental excitement and the physical exertions

of the patient, and, therefore, perhaps more frequently the effect than the cause of this fury. In the insane with pallid face, cool head, lax constitution, and frequent, small and contracted pulse, bloodletting is useless, if not injurious, how great soever may be the exaltation of the patient, or however severe the paroxysm. I hold bloodletting as especially necessary in highly excited insane females, after the cessation of the menses. The blood should be taken from the foot, once or twice annually. Even this rule has its exceptions. By physicians and surgeons inexperienced in the treatment of the insane, venesection is driven to the extent of a lamentable and certainly often injurious abuse. A patient is rarely admitted into this institution who has not already suffered from several profuse bleedings, and taken large doses of emetics and cathartics."

6. SILESIA.

The government of the Province of Silesia imposes an annual tax of one silver groschen, about two and a half cents, upon every inhabitant over fourteen years of age, for the support of the insane poor. This tax, amounting to about fourteen thousand thalers, is divided between the three provincial institutions of Leubus, Brieg and Plagowitz. That of Leubus receives about three-sevenths of the whole.

In 1830, and again in 1832, a census was taken of the insane, the epileptics and the idiots within the province. The principal items of the returns of the latter are subjoined.

	Males.	Fem.	Total.	
Epileptics,.....	157	127	284	
Idiots,.....	497	365	862	
Insane,.....	1,098	930	2,028	2,028
Of the insane there were				
Reported as raving,.....	38	32	70	
" as demented,.....	808	638	1,446	
" of other forms,.....	252	260	512	2,028
Declared imbecile,.....	235	161	396	
Not declared imbecile,.....	863	769	1,632	2,028
Medically treated, with success,...	18	19	37	
" " without success,.....	261	239	500	
Under no medical treatment,.....	666	563	1,229	
At the Provincial Asylums,.....	153	109	262	2,028
Single,.....	895	701	1,596	
Married,.....	169	127	296	
Widowed,.....	34	102	136	2,028
Protestants,.....	640	547	1,187	
Catholics,.....	446	367	813	
Hebrews,.....	12	16	28	2,028
Having some property,.....	88	73	161	
Entirely destitute,.....	1,010	857	1,867	2,028
In cities,.....	237	230	467	
In the country,.....	861	700	1,561	2,028

Besides those at the provincial asylums, there were 105 in city institutions, 74 in parish-houses, 1,553 with their relatives, and the position of five is reported as unknown. There were none in prison.

INSTITUTION AT LEUBUS.

"Travelling," says Madame de Stael, "whatever may be said to the contrary, is one of the most melancholy pleasures of life." When one wanders week after week, among a people whose language he speaks but little and comprehends but imperfectly, going from city to city in search of the works of art, which, when found, must be admired in silence,—a selfish enjoyment—but he is alone; when, among the tens of thousands of faces which meet

his view, he recognizes no one as familiar; when, upon railroads and steamboats, he must chaffer, in broken language, with ticket-masters and stewards who, as he can easily perceive, are taking advantage of his ignorance by attempting to cheat him of a few paltry groschen or kreutzers,—a trick which he might disregard were it not that one does not feel flattered by the consciousness that he is passing for a dupe or a fool,—then the assertion of the French authoress may be correct. But, on the contrary, when among strangers he is received as a friend; when, in a foreign land, he is treated with all the attentions which kindness can suggest or genuine hospitality devise; when, after the strange accents of a language new to him have been the only human voices which he has heard for many days, his ears are greeted with the sweet music of his mother-tongue; then the assertion no longer holds good, and he alone who has experienced these pleasures, can know how greatly it is at fault. Such pleasures have been mine during the last two days.

Leaving Dresden, I came, by the railroad, to Goerlitz, where I lodged. At an early hour on the following morning, I pursued my journey to the station of Maltzsch, about forty miles from Breslau. Thence, as there was no conveyance by carriage, either public or private, I walked about four miles, mostly over a wooded plain in the valley of the Oder, to the Institution for the Insane at Leubus. I had no letter of introduction, but handing my card to the porter, I sat down in the entrance-hall. The man soon re-appeared, and conducted me to the apartments of the superintendent, Dr. Moritz Martini. My reception was so cordial, and my new acquaintance so agreeable that, at a time when I had expected to be in Vienna, I was still lingering at Leubus. I little expect-

ted to find, as I have, here, in the eastern limits of Prussia, and near the borders of Poland, a family in which both French and English are fluently spoken, and the English literature almost as familiar as household words.

The institution at Leubus was opened for the reception of patients in 1830. It is the only provincial hospital in Silesia, intended for patients whose cases present some prospect of successful curative treatment. The superintendent is nominated by the Chief officer of the Bureau of Sanitary Affairs, and appointed by the King of Prussia. The institution is under the general direction of a Board of Commissioners, consisting of three men, one immediately connected with the central government, one a resident of one of the principal cities, and the third from the country. They visit it twice, annually. Dr. Martini has held the office of superintendent, from the time of the foundation of the institution. The assistant-physician and the apothecary are appointed by the principal executive officer of the province.

The building was originally a monastery, founded by Casimir the First. It is situated upon a hill, not lofty, and of easy ascent, and is so much embosomed by groves that the cupola alone is seen, as one approaches from Maltch, until he arrives in its immediate vicinity. It is an enormous structure; the main building being, according to Dr. Martini, six hundred and eighty feet long, by forty-seven wide and seventy-two high, measuring only to the eaves. From one extremity, a wing of the same height and width extends backwards, three hundred and twelve feet. Near the centre of the main building, and connected with it, in the rear, there is a chapel two hundred feet in length, and seventy or eighty in width. There are two other wings, the united length

of which is about three hundred and sixty-five feet. These dimensions are given merely as a matter of curiosity ; but they will aid in giving—if any one wishes such knowledge—an idea of the style of princely magnificence in which some of the monastic associations of the middle ages were wont to live.

The corridors run beside, but within the rear walls. They are from fourteen to eighteen feet in width, and nearly twenty in height. Their floors are of large red tile ; those of the rooms are of wood, and many of them painted. The rooms are generally large ; the smallest being from fifteen to eighteen feet long, by from ten to twelve wide. The windows are eight feet by five, and guarded, on the outside, by iron rods. A large, gothic hall, with vaulted ceilings, and ornamented with fresco paintings, formerly the library of the monks, is now used as a store-room. The whole establishment is in excellent order, so far as cleanliness, system and good discipline are concerned ; but the buildings are too large, both generally and in detail ; and, being old, it appears that they must be cold in winter, unless they can command the fuel of the neighboring groves and forests.

The farm consists of about thirty acres. The extensive grounds to which the patients have access, are highly cultivated and beautifully ornamented with trees, shrubbery and flowers.

The establishment has one hundred and fifty beds for patients. Although intended for curables alone, the incurables of the higher classes are permitted to remain as long as is agreeable to their relatives or guardians. Those of the other classes are subjected to treatment until it is supposed that their curability is tested, and, if found to be incurable, are removed to Brieg or Plagowitz.

Patients who have no property are supported by the fund derived from the provincial tax. Such as have small estates are charged from sixty to two hundred thalers per annum; and those whose pecuniary means are large, pay from four hundred and seventy-five to five hundred and fifty thalers. The latter have well-furnished private apartments and special attendants. The others sleep in associated dormitories, and eat at table in common. The paupers are clothed by the institution, and have a uniform dress. The beds are now all occupied, thirty by pay-patients and one hundred and twenty by the poor. In the departments occupied by the latter, there are two supervisors and sixteen attendants, eight of either sex. The whole number of persons employed in the establishment is fifty-two.

Baths are considered as valuable resources in the medical treatment. The tubs are made of zinc, the outside painted, the inside tinned. The arrangements for introducing and withdrawing the water are like those at Halle, except that the three apertures are in the bottom of the tub. Some of the tubs are provided with copper lids, covering about one half of the top. These may be fastened down to prevent a violent patient from leaving the bath. The water of the shower-bath has a fall of twenty feet; there is an ascending as well as a descending douche.

The camisole, mittens, and the strong chair are the ordinary means of bodily restraint. The first is made of firm sacking-cloth, open behind, and fastened together when on, by straps and buckles. The mattress for patients who are unclean is made in three pieces. The central one may be of straw. Beneath it, there is an aperture in the bottom of the bunk, under which a vessel may be placed. I noticed here a very conve-

nient and useful article for the infirmary, intended for airing or warming the fresh linen for the patients. It is a tin case, the sides and bottom of which are double. When used, the intermediate space is filled with hot water. This idea, as well as several others, was apparently carried from Leubus to Halle.

The moral treatment is systematised, and conducted in accordance with the enlarged and enlightened views of the present day. A large proportion of the patients work upon the land. There are shops for weavers, tailors, shoemakers, cabinet-makers and carpenters. The women assist in the various departments of domestic employment, and work much with the needle.

Billiards, balls, concerts and theatrical performances are among the amusements. The billiard-room is a large hall, with vaulted ceilings and ornaments of stucco, one of the most beautiful apartments in the building. In summer, concerts are given in the garden.

Dr. Martini is preparing a work, historical and descriptive of the institution, for the press. He furnished me with the following statistics which will be embodied in it.

From 1830 to 1846, inclusive, a period of seventeen years, the number of patients admitted was—

	Males.	Fem.	Total.
Discharged, Cured	786	708	1,494
" Improved	344	306	650
" " Not Cured"	54	60	114
" " "	196	193	389
Died	138	99	237
Remaining at the close of 1846.....	54	50	104

Paralysie générale is very common among the patients who resort to this institution. There are many cases at the present time. Here, as generally elsewhere, it is absolutely and entirely incurable. It also preserves its characteristic of prevailing far more extensively among

men than among women. Dr. Hoffman, the second physician, is preparing an essay upon the disease.

The district around Leubus is generally low, and, lying upon the banks of the Oder, is frequently overflowed by the waters of that river. Miasmata are thus generated, which render intermittent fever an endemic disease. Dr. Hoffman says that, although it prevails among the patients at the asylum, he has not, hitherto, seen any cases of insanity restored by it.

In 1843, the Medical Section of the Silesian Society for National Culture published some remarks, by Dr. Martini, upon Insanity caused by hydropathic treatment. In the course of about three years, he had received ten cases of the kind, of which but one was cured. One was discharged, incurable, and eight died. Their disease had the characteristics of paralytic imbecility, and, from the necrological investigations, it was shown that there was unusually "extensive and intensive" softening of the brain and the spinal cord.

The well-organised method of conducting the household economy of this Institution, is truly admirable. I know not that it is superior to other German establishments of the kind. It is a subject towards which my attention has not previously been directed since I came upon the continent. That of Middlesex asylum, at Hanwell, is very similar to it. No supplies, even of a handkerchief, a shoestring, a broom or an ounce of salt can be obtained without an order from the proper officer. If a garment be torn or so worn as to make a new one necessary; or if an article of domestic service has become unfit for use, these must be produced as evidences of the want of substitutes. A regular account of debits and credits is kept between the various departments, and thus unnecessary consumption, carelessness and *sequestration* guarded

against. I know that there are some persons who regard such a system as an evidence of illiberal and contracted views, as parsimonious and niggardly. To my mind it simply carries the conviction of good husbandry; and, in my opinion, no institution can ever attain that perfection of good order which is a chief beauty of a public as well as of a private establishment, without it. Neither can it render strict justice to its founders or to the public. Money devoted to charitable purposes is not given for wastefulness, and that which is demanded for "board and treatment" should be so applied, and not prodigally lavished even upon necessary supplies.

Dr. Martini appears to be admirably qualified for the station which he has so long occupied, with honor to himself and usefulness to his fellow men. His form is portly and dignified, his manners courteous and affable. The genial glow of his countenance, the reflected sunshine of the soul, beams like a halo of light around his presence, and this, with the warm currents of feeling and emotion which flow from the depths of a kind and benevolent heart, carries cheerfulness and gladness, confidence and affection to those with whom he may associate.*

* In the spring of 1850, a young soldier of the Prussian army attempted to shoot the King. He was seized and confined, but declared, by some of his friends, to be insane. Dr. Martini was called to Berlin, as an expert, to investigate the case. After observing the man during a period of four weeks, he arrived at the conclusion that he was affected with homicidal monomania. He presented to the court an elaborate report, containing this decision, which is said to have been a production of great ability. The labor was in vain. The King, in his speech at the next ensuing opening of the Legislative Chambers, set aside the proceedings by declaring the soldier a criminal and a murderer. The young man was, at that time, in an institution for the insane. I have seen no account of his subsequent history.

ALL-SAINTS' HOSPITAL, AT Breslau.

A department of the All-Saints' Hospital, at Breslau, under the care of Dr. Ebers, is devoted to the treatment of mental disorders.

	Males.	Fem.	Total.
Patients, January 1st, 1846	8	20	28
Admitted in course of the year	67	39	106
Whole number	75	59	134
Discharged, Cured	45	16	61
" Improved	1	5	6
" " Not cured "	9	10	19
Died	12	8	20
Remaining, December 31st	8	20	28

Twenty of the patients, of whom two were women, had delirium tremens. Sixteen recovered and four died, three of them within twenty-four hours from the time of admission.

ASYLUM AT BRIEG.

Twenty miles beyond Breslau, the railroad leading to Vienna passes through the suburbs of the city of Brieg, the location of one of the Silesian provincial asylums for the incurable insane. The building, which is within the city walls, about half a mile from the railroad station, was formerly a monastery, and is closely surrounded by dwellings, except in the rear, where there is a garden, three or four acres in extent. The principal edifice is two stories high, the corridors narrow, the windows small, and light and ventilation somewhat deficient.

In the men's department, there are three halls used as day-rooms and dining-rooms, and four dormitories, the two largest of which contain twenty-five and twenty-eight beds, respectively. The windows of these are guarded by strong wooden palisades. There are also some rooms containing but two or three beds each. The bedsteads are iron, the mattresses horsehair, underlaid by

sacks of straw. The women have more small lodging-rooms than the men, but their largest contains forty beds. One of these, for an attendant, is separated from the others by a lattice.

The violent patients and some insane criminals are kept in a new building, in the rear of the principal edifice. It is two stories high, with corridors running longitudinally through the centre. Upon one side, in either story, are twelve strong rooms; on the other, the attendants' room, at one end, then a closet for clothing, the entrance hall and stairs, four strong rooms and a bath-room, following each other in the succession named. The lower story is for men, the upper for women. The floors are asphaltum, which the physician to the asylum thinks preferable to stone. They are not level, but descend towards the corridor. The windows are small and above the reach of the patients. There are no openings over the doors, and ventilation is imperfect. Some of the rooms for suicidal, furious and epileptic patients are padded. I saw no "tranquilizing chairs." The leathern straps and mits are used for confining the hands. The rooms of some of the violent are supplied with straw, and the patient left unrestrained. The bedsteads for the furious are low, plank bunks, with leathern mittens, for confining the hands, attached to the sides, and straps for the ankles at the foot. There is an aperture in the middle of the bottom. In one of the day-rooms of the principal building, I observed a novel arrangement for epileptics. It is a large chest, several feet high, and about six feet long. The sides, internally, are padded, and the bottom covered with a mattress. The top is a lid of coarsely reticulated wire.

Nearly all parts of this establishment bear the evidences of a number of inmates too large in proportion to

the buildings. One of these is the crowded condition of the dormitories. In some of them the beds are arranged around the room in pairs, two standing in contact, and with but a narrow space intervening between the successive pairs. Besides these, there are two rows along the middle alley. In one room, about twenty-four by thirty feet, there are twenty-one beds. Along the middle of one of the dormitories, stand several tubs which are used as common *lavoirs*, the towel of each patient hanging beside his bed. Although thus inconveniently crowded, and, in the latter case, made to subserve a double purpose, these rooms, with all their furniture, were in perfect order.

GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted	184	128	312
Discharged and died.....	137	87	224
Remaining at the close of 1843	89	72	161

Of three hundred and thirty admitted, ten were cured.

There are now in the house, one hundred and seventy, of whom ninety-four are men and seventy-six women. The men have ten attendants, the women seven. A chapel, with an organ, is connected with the asylum, and religious services are performed by two chaplains, a Protestant and a Roman Catholic, who reside in the city.

ASYLUM AT PLAGOWITZ.

The asylum at Plagowitz, like that at Brieg, is for the incurable insane of the province of Silesia. It is reported to have beds for about one hundred and twenty-five patients.

GENERAL STATISTICS,

From 1832 to 1843, both inclusive.

	Males.	Fem.	Total.
Admitted	111	73	184
Discharged and died.....	113	80	193
Remaining at the close of 1843	73	28	101

The number in the asylum at the commencement of the term, is not mentioned. The same is true of the statistics of Brieg. Both institutions were opened, I believe, in 1830. Of two hundred and sixty patients admitted, thirteen were cured.

7. POSEN.

OWINSK.

At the commencement of the year 1838, an institution for the curable insane of the province of Posen, was opened in the old monastery Owinsk, in or near the city of Posen. It was intended for one hundred patients, and was permitted to receive dangerous incurables, till such time as all the apartments should be required for curables. Under the direction of Dr. Beschorner it acquired a reputation such that it is included, by Dr. Julius, in his list of thirteen of the best institutions in Germany. The apartments became fully occupied, and such was the demand for further accommodations that it was proposed, in 1844, to erect another department, for incurables, thus making it a "relatively connected" asylum.

8. EAST PRUSSIA AND LITHUNIA.

Prof. C. B. Heinrich,* of the University at Königsberg, in an article published in Damerow's Journal, states that the population of East Prussia and Lithuania, according to a census taken in 1847, was 1,480,308, and that the number of the insane and idiotic, in 1842, was 882, of whom 481 were males and 401 females. The only establishment for the insane of these provinces, is the

INSTITUTION AT KOENIGSBERG.

During a large part of the eighteenth century, there were two "mad-rooms," under the control of a "mad-father," in the Loeben's Hospital, at Königsberg. A separate building for the insane was at length erected, and opened in 1789. This is the present asylum, and it still forms a department of the hospital mentioned. It stands upon the banks of the river Pregel, and has a yard in front and a large shaded garden in the rear. It receives curable, incurable and epileptic patients. It was not organized, by making a physician its superintendent, until 1816. It is worthy of remark, however, that one of the physicians previously connected with it, Dr.

* Dr. Heinrich was for some time the second physician of the Asylum at Siegburg. In 1848 he was appointed to the Professorship of Special Pathology and Therapeutics in the University at Königsberg, where, according to the conditions of his appointment, he was occasionally to treat upon mental diseases. On the 17th day of April, 1849, the 31st anniversary of the day of his birth, and two days before the homicidal death of Dr. Amelung, of the Hofheim Asylum, he committed suicide, by taking Prussic acid. He was considered as the most promising of the younger laborers in the field of Psychiatrie, in Germany. I several times heard him mentioned with an affectionate remembrance—which was an evidence of his moral worth. Professor Damerow, in an obituary notice, calls him "*our Heinrich*." Among his articles contributed to the Journal for Psychiatrie are the Essay, mentioned in the introduction, a Critical treatise upon that form of disease called, by Prichard, Moral Insanity;—New contributions to the Knowledge of the Secretion of Urine, in Insanity;—and A Memorial upon the Present Condition of the Care of the Insane in the Province of Prussia, with special reference to the Plan of the new Institutions to be erected at Paterswald and Schwetz. The last written words which he left behind him were "Judge not, so shall ye not be judged."

Remer, as early as 1810, proposed to give clinical instruction in mental diseases to the students of the university. Dr. Bernhardt is its present Superintendent.

A large part of the building was destroyed by fire, in April, 1834. Again, in the middle of the night of the 23d February, 1845, a fire broke out "under a stair-case," and burned the whole of the women's department, the offices, and the residence of the Inspector, besides some adjacent buildings not belonging to the institution. Five persons, three of them insane women, were burned to death. The men's department was saved by a strong dead wall (*brandmauer*). The origin of the fire was unknown. A night-watch was kept in each principal division. In 1843, the asylum had not been rebuilt, but in that portion which was saved there were beds for sixty patients.

STATISTICS

From January 1, 1816, to August 31, 1843.

	Men.	Women.	Total.
Patients admitted.....	650	501	1,151
Discharged, Cured.....	218	172	390
" Not cured.....	159	118	277
Died.....	232	170	402
Remaining Aug. 31, 1843.....	41	41	82
Average number of patients.....	40.6	41.3	81.9
" time of the whole in the } Asylum, (months) }	20.7	27.4	23.6
" " of those cured.....	8.5	10.4	9.5
" " of those who died.....	28.2	47.7	36.5
" " of those discharged } } not cured	38.2	64.1	49.2

INSTITUTION AT PATERSWALD.

In 1841, about the time that the census of the insane was ordered, the Provincial Government* resolved to found two public institutions for the insane, and made an annual appropriation of thirty thousand thalers towards a fund for that purpose. After the lapse of several years, a farm for the institution of East Prussia was purchased. It consists of sixty-one aeres of land, upon the banks of the river Aller, at Paterswald, near Wehlau. It is a pleasant plateau, fifty feet above the ordinary level of the river, and a part of it shaded with groves. The building is upon the general model of the Saxon institution at Halle, and, like that, is intended for curables and incurables, in distinct departments. Considerable progress was made towards its construction in the course of the year 1848.

* I believe that East and West Prussia, including Lithuania, are united under one Provincial Government.

9. WEST PRUSSIA.

The population of West Prussia, in 1846, was 1,019,105; and the number of insane and idiotic, in 1842, 383. Of these 201 were males and 182 females. The province has no institution specially for the insane, but, in 1847, there were about fifty patients in the lazaretto at Dantzic, and twenty in the general hospital at Schwetz.

In 1848 it was intended to erect a "relatively connected institution for curables and incurables" in the neighborhood of Schwetz.

A U S T R I A .

“The Lunatic Asylums in Austria,” says Mr. Wilde, “are numerous. With the exception of Dalmatia, Transylvania and the Military Borders, each Austrian province has a special public institution of this description. Up to a very recent period these institutions were no more than gaols for the safe keeping of the insane, without any attempt being made to effect recovery, by moral restraint or medical relief; and it is but a very short time since the government thought fit to appoint physicians to these establishments.

“This table exhibits the number of Asylums, and the insane confined in them, in 1837 :

	No. of Asylums.	Males.	Fem.	Total.
Lower Austria,	2	453	465	918
Upper Austria,	2	57	55	112
Styria,	1	72	105	177
Carynthia and Carniola,	2	28	35	63
Coast Land,	1	27	19	46
Tyrol,	2	72	45	117
Bohemia,	1	264	147	411
Moravia and Silesia,	1	45	29	74
Gallicia,	1	149	127	276
Lombardy,	9	746	676	1,422
Venice and District,	16	611	469	1,080
Total,	38	2,524	2,172	4,696

“There are, besides these, several private institutions with whose statistics I am not acquainted; the public ones all belong to the state, their expenses are defrayed from the *Aerarium*, and the receptions are partly gratuitous. It would appear by reference to the foregoing table,

in which the males exceed the females by 352, that the insane females are fewer in Austria than in other countries : the contrary, however, is the fact : but the female lunatics being more frequently provided for by their own families, the correct number is not seen by the statistical returns.”*

It is not within the scope of my present purpose to treat particularly of the institutions in the Italian provinces mentioned in the table. I have described, from personal observation, one of the most important of them, that at Venice, in a former publication.† In regard to those of the other provinces, something may be said of the largest and best of them ; but of the minor ones I have no specific information.

1. LOWER AUSTRIA.

Kaiserliche koenigliche Irren-Heil-anstalt, at Vienna.

“ “ Irren-Pflegeanstalt, at Ybbs.
Privat Irrenanstalt, near Vienna.

2. BOHEMIA.

Kaiserliche koenigliche Irrenanstalt, at Prague.

3. TYROL.

Kaiserliche koenigliche Provinzial Irren Heilanstalt, at Hall.

4. SALZBURG.

Irrenanstalt, at Salzburg.

* Austria ; its Literary, Scientific and Medical Institutions. By W. R. Wilde, M. R. I. A. Dublin. 1843.

† Visit to Thirteen Asylums for the Insane, in Europe.

1. LOWER AUSTRIA.

THE INSTITUTION AT VIENNA.

At Vienna, as upon the campagna of Rome,

“There is a stern round tower of other days,”

and if the former exceeds the latter in antiquity, it cannot claim a similar pre-eminence in point of utility. The Roman structure commemorates the name but not the virtues of Cecilia Metella ; the Austrian edifice is a monument of the benevolence of the Emperor Joseph the Second ; and whatever may be its architectural defects, and how much soever its management may have been inferior to that of the best institutions of the present day, it has exercised its charitable mission in yielding assistance and relief to thousands of human sufferers.

The *Narrenturm*, as it is popularly called, is in the outer city of Vienna, adjacent to the General Hospital, of which, in its organization and financial management, it is a department. It was built by order of the Emperor above mentioned, who defrayed a portion of the expense from his private purse. It was opened in 1784, and, according to Dr. Viszànik, its present principal physician, “was the first institution in Europe which, from its foundation, was intended exclusively for the treatment of the insane.” Its form is that of a cylinder, or of a truncated cone. It is five stories in height and encloses a central area or court. In each story there is a narrow corridor next to the inner wall, receiving its rather scanty light through small windows opening into the court. The rooms are on the opposite side, next to the external wall.

There are twenty-seven of them in the lower story and twenty-eight in each of the others, making an aggregate of one hundred and thirty-nine. Each room is eleven feet long, ten feet wide, and nine feet high, a liberal size considering the time at which the building was erected. Part of the floors are of wood, part of marl-stone. They descend towards the door. The windows are five and a half feet from the floor, three and a half feet high and one and a half wide, guarded by iron bars. In many of the rooms there are iron rings, fixed, by an imbedded staple, to the floor or the wall, for the purpose of restraining violent patients, through the medium of chains. The bedsteads of the quiet are high, board bunks, those for the violent and the epileptic, low, plank bunks, or, in some instances, a mere plank platform elevated a few inches above the floor. The furious patients sleep upon straw strewed upon the floor. The beds are all of straw, generally superposed by a double, coarse shag blanket.

The floors of the corridors are of brick. The building is warmed by hot-air furnaces. No person can enter the apartments of the patients, and no patient go out of doors, without passing through the room of an attendant—this room being the only one, in each story, which opens upon the landing at the head of the stairs.

The number of patients varies from two hundred to two hundred and fifty. The first, fourth and fifth stories are occupied by men; the other two by women. It is required that in each department, at least one attendant shall, at all times, both day and night, be present, out of bed and dressed, ready to attend to any necessity upon the part of the patients. Such of the inmates as have poor clothing when admitted, those who are suspected of a disposition to escape, and some others, are dressed in

uniform. The grounds are very limited, and there is not sufficient work to keep the patients employed. Some of them work at joining and turning. They have no bathing room, no books, no amusements, no musical instruments and they attend no place of worship. The implements for bodily restraint are the strong jacket, bed-straps, iron manacles and anklets, and chains. The last are now rarely used.

The foregoing facts are chiefly derived from the description of the institution published by Dr. Viszànik, in 1845. It will be perceived that they relate exclusively to the Narrenthurm, which, as will subsequently appear, is but a part of the establishment.

Mr. Wilde, whose work appeared in 1843, visited this tower twice, and records his experience in the following words:—"I regret to say that, as far as my inspection of it was permitted, it remains, to this day, a wretched, filthy prison, close and ill-ventilated, its smell overpowering and the sight of its patients, frantic, chained, and many of them naked—disgusting to the visitor. With the greatest care, and under the kindest treatment, insanity is ever humiliating, even to those accustomed to its horrors; but here it was, and I fear still is, sickening to behold.

"On the first morning that I visited it, a crowd of country folk, many of whom were women, waited for admittance at the massive outer grating. The bars and bolts having been withdrawn, they were conducted through the corridors along with me, as a mere matter of curiosity, or as one would go to see a collection of wild beasts; and, wild as they were, the few who had, by long continued custom, become familiar with, or accustomed to, the public gaze, had their peculiar energies soon lashed to frenzy by the inhuman taunt of some hardened keeper,

who was more than once called up by our conductor to excite the impotent rage of some particular individual, perhaps by allusion to the very cause of his or her insanity. All this was for the gratification of the rustic visitors.

“Further details are, I feel, superfluous; but since I visited Grand Cairo I have not witnessed such a scene. This state of things in a city calling itself civilized, and under the very nose of monarchy, surprised me the more, for that one of the best managed institutions of the kind I have ever seen is that at Prague, under the direction of the intelligent and philanthropic Dr. Riedel; and those of Berlin and other parts of Germany are models for general imitation.”

So far from Mr. Wilde. But Dr. Vizànik, in the work already mentioned, says, “Humanity reigns as the leading spirit at our institution. Every thing is given to our patients which can expedite their cure or meliorate their condition, and every thing which could retard their restoration carefully avoided.”

There are, certainly, very striking contrasts, asserted or implied in these two extracts. “Who shall decide when doctors disagree?” Dr. Koestler,* the predecessor of Dr. Vizànik, is said to have labored hard for the benefit of the patients. I know not at what time he died, nor when his place was supplied by the present incumbent. There was an interval of but two years between the publication of the books from which the extracts are made; but this was probably an important era in the history of the Narrenthurm. During that period Dr. Vizànik had visited the institutions of Prague, Berlin, Hildesheim, Sachsenberg, Marsberg, Siegburg and Illenau,

* Dr. Koestler wrote a work on foreign asylums, entitled “Bemerkungen ueber mehrere Irrenanstalten von England, Frankreich und Belgien.” It was published at Vienna, in 1839.

and associated with such men as Riedel, Ideler, Bergmann, Flemming, Ruer, Jacobi, Roller, Damerow and Heinroth. Whatever might have been his previous qualifications, both natural and acquired, it is not to be presumed that he could return from such a journey without more enlightened and liberal views, or devoid of a determination to use his best endeavors towards bringing the institution under his care into a condition more nearly approximating that of those which he had inspected.

Be that as it may, the tower and its inmates, at the time of my visit, in August, 1849, presented an aspect far superior to that which must necessarily have been anticipated from a perusal of the description by Mr. Wilde. That the general architecture of the Babel-like building is miserably adapted to the purpose for which it was intended; that it is too much compressed, awkwardly arranged internally, deficient in light, and, in many respects, superlatively inconvenient, cannot reasonably be denied. These, however, are defects of construction, arising from an attempt to provide for the largest possible number of persons in the smallest space compatible with any degree of personal comfort. But the apartments were decently clean, most of them commendably so, and the patients were neither ragged, filthy, nor in chains.— In the upper stories, partitions had been removed so as to unite several rooms into one, for associated dormitories. There was a workshop for the manufacture of chair-seats and straw-mats, and another for various kinds of paper or paste-board boxes. The latter bore the evidence of industry, in a large assortment of its productions ready for the market. But the defects in the resources for bathing, exercise out of doors, amusement, recreation and attendance upon religious services, still existed.

I had an evidence of one of the inconveniences of the building, in the manner in which the patients took their dinner. No table was spread, for the very substantial reason that there was none to be spread, and no room for one of sufficient size. The food was brought into the corridor and distributed. Each patient, having received his ration, made himself comfortable as best he could, standing, sitting, or lying, with his dish in his hand, in his lap, or on the floor.

As early as 1803, the tower became so uncomfortably crowded that a neighboring establishment, originally constructed for a Lazaretto, was prepared for the curable and the quiet. Between the two lie a yard, and the botanic garden of the Josephinum Academy. The Lazaretto, as it is still termed, consists of two buildings. The larger is two stories high, and contains, aside from the apartments of some of the officers, twenty-nine rooms, of various dimensions, capable of accommodating about ninety patients. The smaller has four rooms, or wards, generally occupied by from fifty to sixty inmates. A chapel is connected with this department of the institution, but it is so small as to exclude the occupants of the tower. There are, also, yards for the use of the patients. One of them is furnished with a bowling alley.

At a still later period, a department of the buildings of the General Hospital was also devoted to insane patients. This has apartments for fourteen pay-patients. Each room contains a bedstead, closet, bureau, table, an arm-chair, two common chairs, and a night stool, all made of oak. In short, the patients in this department, as well as many of those in the Lazaretto, are made very comfortable.

The subordinate Medical Officers are two Physicians and two Surgeons. The number of attendants, in the

whole establishment, is fifty-eight. At the time of my visit the number of patients was three hundred and sixty. Nearly five hundred had been admitted in the course of the preceding year. The number was said to be increased by the political difficulties. A majority of the patients received soon after the revolution of 1848, and whose disease was attributed to that as the immediate or the remote cause, were melancholiacs; but many were suffering under mania of the most excited form.

The prices paid for patients, are in the

1st class	40 florins	C. M.	per month,	} Payable quarterly in advance.
2d	25	"	30 kreutzers per month,	
3d	9	"	per month,	

Ten florins per month, additional, is required for a special attendant.

The following extract from the work of Dr. Vízszánik, contains the principal information which I have obtained relative to the medical treatment:—

“It was reserved for the present time to show the brilliant results of the cure with cold water in mental disorders. A new epoch has commenced in practical psychiatry, since, at our institution, during the last four years, one-third of the patients have been treated with no medication other than cold water, even in the most difficult and complicated cases, and that with the most glorious results.” The book contains a detailed history of several cases thus treated.

In reference to the general results of the proceedings of the institution, during the whole period of its existence, the doctor says, “We would, by no means, shun a comparison with the most celebrated establishments of other countries.” He gives a large quantity of statistics, of which the following are the most valuable.

From 1784 to 1843, inclusive, a period of sixty years,

	Men.	Women.	Total.
Admitted,.....	7,048	6,228	13,276
Discharged cured,.....	3,242	2,649	5,891
“ not cured,.....	1,742	1,993	3,735
Died,.....	1,911	1,415	3,326
Remaining, Dec. 31st, 1843,	153	171	324

In the department of the buildings of the General Hospital, from 1828 to 1843, inclusive, sixteen years,

	Men.	Women.	Total.
Admitted,.....	749	745	1,485
Discharged cured,.....	555	503	1,058
“ not cured,.....	108	143	251
Died,.....	68	74	142
Remaining,.....	9	25	34
Total of admissions,.....	7,788	6,973	14,761
Total of cures,.....	3,797	3,152	6,949*
Total of deaths,.....	1,979	1,489	3,468

Of the whole number admitted from 1839 to 1843, inclusive, there were

	Men.	Women.	Total!
Single,.....	1,047	986	2,033
Married,.....	642	557	1,199
Widowed,.....	100	258	358
Total,.....	1,789	1,801	3,590

The expenses of the institution, in 1843, exclusive of salaries, was 26,283 florins, 48 kreutzers.

In 1848, a Society of Patronage, for the purpose of assisting poor patients upon their exit from the establishment, was formed in Vienna. Dr. Viszànik is its president.

The Austrian authorities have long been aware of the defects of this institution, but imperial governments move more slowly in the field of benevolence than in that of

* Dr. Flemming asserts that he has been informed that “the great number of cures chiefly arose from the fact that all cases of delirium tremens, and many of febrile delirium, admitted into the General Hospital, were immediately transferred to the Asylum for the Insane.” See *Allgemeine Zeitschrift für Psychiatrie*, vol. iv. p. 320.

war. Armies must be equipped and continually sustained, at all hazards and at any expense, but suffering humanity may die or suffer, still a little longer. Effectual measures have, however, been taken within the last few years, to furnish better accommodations. A beautiful and extensive establishment, in the suburbs of the city, is now nearly completed. Eight hundred thousand florins have been appropriated for its construction.*

ASYLUM AT YBBS.

The city of Ybbs is upon the Danube, at the distance of about two days' journey from Vienna, on the route to Upper Austria. The scenery in its neighborhood—the valley of the largest river of south-eastern Europe,—is diversified and beautiful; and this, together with the salubrity of the air, caused it to be selected as the location of Persenberg, one of the private palaces of the imperial family of Hapsburg. In 1717, a large building was erected upon a hill, about one mile out of the city, and used as barracks for cavalry. During the wars of Napoleon, in 1813, it was made a military hospital, and, in 1814, converted into an alms-house. In 1817, when the tower at Vienna had become inconveniently crowded, part of the quiet, incurable patients were removed to this place, where a department had been prepared for them.

The building is very large and surrounds two courts. The insane are mostly kept in the lower story of the second square. The corridors are broad and airy. The court, and the garden used by the patients—the latter on the outside of the square—are intersected by a double, trellis fence, for the separation of the sexes. The num-

* This institution is now (1852) in operation, under the superintendence of Dr. Riedel, late Director of the Asylum at Prague.

ber of patients varies, from three hundred to three hundred and fifty. The place was devoted exclusively to incurables, and received all its patients from the institution in Vienna, until 1842, when, by order of government, the curable of the province of Lower Austria—excepting the city of Vienna—were, and still continue to be, admitted. At the same time it was furnished with two special medical officers, a physician and his assistant.

Among the patients removed from Vienna, as incurable, there have been many suffering from debility, cachexy, scorbutus and dropsy, who, under the influence of the purer air, and the greater amount of bodily exercise enjoyed at Ybbs, have entirely recovered their mental, as well as their physical health. The recoveries of such as were believed to be incurable, are said to be equal to five per cent.

Dr. Goerg has a private institution, at Doeblingen, near Vienna, but I have no further information in regard to it.

2. BOHEMIA.

INSTITUTION AT PRAGUE.

Prior to 1790, a few of the insane of the city and vicinity of Prague were admitted into the hospital of the Brothers of Charity, but far the greater portion were either kept at home, permitted to wander about the streets and the country, or chained in strong rooms. In the year mentioned, a building adjoining the General Hospital was prepared for the reception of patients of this kind, and, subsequently, a few rooms in the Hospital were devoted to the same purpose.

The edifices of the old convent of St. Catharine were prepared, the smaller, in 1822, and the larger in 1827, for the insane patients, and, until within a year or two, have constituted the principal buildings of the institution. The quiet and the curable of the better classes were kept in the larger edifice. Sometime about the year 1827, Dr. Joseph Gottfried Riedel was made assistant physician, and he has retained his connection with the establishment, but raised to the place of Superintendent, to the present time. With a sagacious and acute perception of the wants of the insane, and a recognition of their capabilities apparently in advance of his time, he soon brought the establishment into an excellent condition, and gained a celebrity which, even to this day, is perhaps hardly second to that of any physician in a similar sphere, throughout the territory in which the German language is spoken. As early as 1830, the institution, so far as we are informed, in its organization, management and moral treatment, would scarcely suffer in comparison with the

best of later times. In that year, Dr. Riedel published a description of it, from which I have quoted some of his remarks upon restraints, in the introductory chapter. In order, as nearly as may be, to impart an accurate idea of the establishment at that time, I shall confine myself, for the present, to information derived from that publication.

The patients are urged to occupy their time, as much as will be beneficial to them, with useful labor, and those who require such an inducement are rewarded. "The disposition to acquire is so radically interwoven with the nature of man, that it does not forsake even the maniac. Hence the weakened energy should be constantly excited by the charm of some small recompense. Most of the insane are like children; a trifle will stimulate them to the greatest exertions, or efforts of skill. The truth of this is sufficiently proved by daily experience."

Two of the four gardens belonging to the institution were laid out and planted by the patients, in 1828. They also assisted in cultivating the rest of the land. Some saw wood, others carry water, and assist in cleaning the floors, and in other household labor. Tailors and glove-makers work at their trade. "Many have an inclination to manufacture a variety of knick-knacks, such, for example, as little baskets from cherry stones; and the skill thus displayed is wonderful. Some make pasteboard toilet, jewels, money, and traveling baskets." The women sew, knit, embroider, and assist in domestic duties. Some also work in the garden. "The educated portion are employed in transcribing, in the study of languages, or in original composition. A few make herbariums and collections of minerals. Those who understand music, perform terzettes and quartettes which they have themselves transcribed. At worship in the house-chapel, they assist so skilfully that even the ear of the connoisseur

would be gratified. A sum of money has been granted for the purchase of musical instruments, and already a violincello, a violin, a viola, a flute and a guitar have been procured." The organ in the chapel is played by one of the patients.

"It is greatly to be desired that every patient should be employed according to his knowledge or predilection. The artisan should again find his shop, the artist his studio, and the learned their museums in the asylum, whereby the world of dreams into which they have fallen would be forgotten, and the power of delusion overcome by that of reality."

Draughts, cards, ninepins and gymnastics, furnish the means of amusement and exercise. A billiard table has been ordered. The patients' library, now containing one hundred and fifty volumes, is very useful. The mechanical means of restraint are the strong jacket, the waist-strap and muffs. Every patient is bathed each week, and the unclean, daily. In every fatal case, a post-mortem examination is made, forty-eight hours after death.

With two hundred and sixty patients, there are forty-four attendants. The house surgeon reads the rules of instruction to each attendant, when taken into the employ of the institution, and to all of them as often as once in every month. On the 1st of January, 1827, the number of patients was 199. During the three years, 1827, '28 and '29 there were admitted 311; discharged, cured, 151; not cured, 32; died 71. Remaining, December 31, 1829, 256.

Thus far from Dr. Riedel, in 1830. Mr. Wilde, whose book, as has already been mentioned, was published in 1843, gives the subjoined account.

"This admirable asylum contains three hundred and thirty beds, and is most humanely and scientifically con-

ducted. It is well worth the inspection of all who visit that ancient and magnificent capital. The system pursued there of engaging the attention and employing the minds of all the patients by moderate labor, household occupations and amusements, is worthy of imitation. The reading, music, and billiard-rooms, though filled with lunatics, were as quiet and well-conducted as many of those used by the so called sane portion of the population. During my visit the band played some excellent music; and dancing, and even balls have been lately introduced, with a happy effect. From fifty to sixty patients are discharged, cured, annually. I am indebted to Dr. Riedel for the following statistical record during the six years—1835 to 1840, inclusive—prior to 1841.

	Men.	Women.	Total.
“ Admitted,	425	326	721
Discharged cured,.....			261
Improved,.....			95
Died,.....			182”

We now approach another authority, that of Dr. Viszànik, who visited the institution in July, 1843. There were then three hundred and forty-one patients, many of whom were imbeciles and epileptics. The latter are in a separate department. The houses are heated by hot-air furnaces. The beds and pillows are of horsehair.—Uniformity of clothing, among the patients, that is, a distinct, peculiar and characteristic dress, is carefully avoided. The establishment is remarkable for its systematic order, and for well-organised labor for the patients. Among the employments are tailoring, shoemaking and weaving. A saving of twenty per cent is made by this home-manufacture of linen. The patients are paid for their work, and the money thus earned, after deducting a small sum for keeping their clothes in repair, is given to them when they leave the institution. The tailors had

seventeen hundred florins due them at this time. Ninety florins belonged to one man. Dr. Riedel says that labor often effects a cure when all other measures, both physical and moral, have failed.

Parties, presents, &c., are given, generally as a reward for, or a stimulant to labor. Music is a daily exercise; in winter, after supper, in the parlor, in summer, before supper, in the garden. There are, also, daily, morning, and evening prayers. At the commencement of 1833, the number of patients in the house was 262; in the course of eleven years, to the close of 1843, 1456 were admitted, making the total of 1718. Of these, 603 were discharged cured, 34 "not cured," and 167 improved; 75 were removed to other asylums, and 517 died.* It is asserted that some of the cases were delirium tremens.

The Prague Quarterly Journal, for 1847, states that Dr. Riedel had a demented epileptic whose fits were severe, and of almost daily recurrence, with symptoms of chorea during the intervals. After being subjected to the influence of ether, by inhalation, the latter entirely ceased, and the former became much more mild. A maniacal epileptic, after inhalation of ether on fourteen (successive?) days, had fits much less frequently. In a melancholy epileptic, also submitted to the influence of ether, the fits, which had been as frequent as from three to eight, daily, entirely stopped.

In 1846, a new building designed by Dr. Riedel, was opened for the reception and treatment of curable patients. The asylum was also disconnected in its government from the general hospital. It is now, therefore, an *independent, relatively-connected institution for curables and*

*Erinerungen aus der Irrenanstalt zu Prag, von Dr. L. Spengler.

incurables, fulfilling the general German ideal of a perfect establishment :—an asylum in its highest grade of development. It can accommodate 400 patients, 150 curables, and 250 incurables. Each department has two assistant-physicians, and the two, a house surgeon in common, Drs. Fischel, Mildner, Merawek, Weber and Keller filled these offices in 1846.

3. TYROL.

INSTITUTION AT HALL.

Few vallies are more picturesque than that of the river Inn, as it runs through the northerly part of Tyrol. It is bounded, on either side, by an almost uninterrupted chain of the Saltzberg Alps, which, in many places, lift their precipitous and barren summits to the height of from six to eight thousand feet above the level of the sea. Its fertile meadows are luxuriant with grass, and grain, and Indian corn, and are interspersed with the dwellings of the peasants, which, from their Swiss-like architecture, add the charm of novelty, with a tincture of romance, to the scene thus spread before the traveller.

The city of Hall is about six miles below Innsbruck, the capital of the province. It stands upon the borders of the valley, immediately at the base of the mountains. Upon its confines, in its upper or more elevated district, are the buildings of an old monastery from which the monks were expelled some sixty years ago. They are now occupied as an "imperial, royal, curative institution for the insane," having been converted to that purpose, in 1830, by order of the Emperor, Francis the First, of Austria.

Dr. John Tschallener has been its superintendent since the year 1834; and its present assistant-physicians

are Drs. Stoltz and Scharting. The salaries of the assistants are 500 and 400 florins, with rooms, wood and lights. The chaplain receives 400, and the steward 600 florins, with similar perquisites. There are two supervisors, or over-attendants. They are required to read the rules of the house to the attendants, every month. They are also responsible for the clothing of the patients and the furniture of the rooms, of all of which they take a monthly inventory.

In reference to price, there are three classes of patients. Those of the first class pay fifteen kreutzers, about ten cents, per diem; those of the second, thirty, and of the third, fifty kreutzers. Some are received gratis. The whole number, at the present time, is one hundred, of whom seventy-six are men, and twenty-four women. Many of them are from South Tyrol, and speak only the Italian language. The principal statistics of the institution, from September, 1830, to December 31st, 1847, are subjoined.

	Men.	Women.	Total.
Admitted,.....	232	115	347
Cured,.....	92	36	128
Died,.....	34	17	51

Rejecting one man, an improper subject, their civil condition was as follows :

	Men.	Women.	Total.
Single,.....	189	85	265
Married,.....	51	30	81

Dr. Tschallener makes a monthly report to the Chief-Officer of the Provincial Bureau of Medical Affairs, at Innsbruck, and that Officer visits the institution annually. This is all the inspection to which it is subject, by authorities superior to the superintendent.

The principal edifice is two stories high, exclusive of the basement, and has the form of a hollow square, the

enclosed area of which is about 150 feet in length, by 45 in width. This area, or court, is planted with flowers, and further ornamented by a fountain. Open corridors surround it upon the level of both the first and the second floor.

The general internal arrangement of the building is this. The patients' rooms are next to the external wall, the windows overlooking the gardens, the city and the country. Next to the internal walls,—their windows and doors opening into the corridors, and, through them, overlooking the enclosed court,—is another series of rooms which are occupied by the attendants. Thus, no patient can enter or leave his apartment, without passing through that of the attendant. The stoves by which the apartments are heated are in the attendants' rooms, the heat passing into those of the patients through an opening over the intercommunicating doors. The stoves stand near the wall, through which they are supplied with fuel from the corridor.

The windows open upon hinges, the sash of each being composed of four distinct divisions. They were formerly protected only by strips of iron attached to them, as at the Charity Hospital in Berlin. This prevented them from being broken, but did not secure the patients from escape, when the windows were open. Hence those to the rooms for violent patients have been guarded, upon the inside, by wooden palissades; and the others, on the outside, by iron bars. Yet a day watch is kept for the purpose of preventing elopements. Another, and perhaps more important reason, exists for this watch, in the defective arrangements for the separation of the sexes. When in the corridors, the men and women patients can converse with each other without hindrance, except from some superior authority.

The bath-rooms and the department for the violent are in the basement. One of the former is small, and heated by a stove, the other is very large and supplied with numerous moveable, wooden tubs. The floor descends from all sides towards the middle, where there is a large, circular cistern, six or seven feet deep, sunk into the earth so that its rim is upon a level with the floor. This is used as a common bath, and can be occupied by from fifteen to twenty persons at the same time. The descent into it is by a ladder. The shower-bath and douche are so arranged that their height may be graduated from six inches to ten feet above the head. The size of the stream of the douche may also be varied. They have here, as at some of the institutions already described, that convenient and useful apparatus, the flexible hose, with moveable douche and shower implements at its extremity, for the purpose of directing the water upon any part of the body.

As a curative agent, the warm bath is much more employed than the cold, even in mania. The douche is but little used. Opium is rarely administered, and never in doses exceeding one grain. Tartar emetic is not unfrequently given as a nauseant.

In cases of acute mania, originating in inflammation and accompanied by high excitement, the patient is placed in a darkened room, his arms confined if necessary. Cold applications are made to the head, the feet are immersed in warm water, and, subsequently, the soles covered with poultices among the ingredients of which are salt and vinegar. The diet is restricted, and acid drinks, such as tamarind water holding in solution gum Arabic and nitrate of potassa, are given. Local bleeding is sometimes practised; venesection rarely.

There are generally some cases of *paralysie gènèrale* among the patients. At the present time there are two. Dr. Stoltz, who has been connected with the institution many years, says he has never known a case of recovery. "Everything," to use his expression, "has been tried here, and the treatment is now only palliative."

Many of the patients have the *goitre*, but are subjected to no treatment for it. Two deaf-mutes have been admitted in former years.

One of the novelties at this establishment is an unique contrivance for the security of persons disposed to suicide. A sack of coarse, strong linen, about ten feet long and fifteen feet in circumference, kept expanded at the top as well as the bottom, by a strong rim, whether of wood or metal I did not observe, is placed upon the floor near the centre of the room. Two ropes attached opposite to each other, to the upper rim, pass over pulleys fixed to the ceiling. The ropes being slacked, the upper rim rests as nearly upon the lower one as the intervening folds of the sack will permit. The patient is placed within this rim, that is, in the mouth of the sack, and the ropes are drawn until the rim is raised nearly to the ceiling, when they are fastened. The patient is within the sack, and cannot easily escape or injure himself.

"Kindness," says Dr. Tschallener, "is the basis of the proper management of the insane. It is my right hand, as earnestness and severity are my left."

"I am careful to mete to the insane such measure as they mete to me. To the good-humored I am good-humored, to the rude unceremonious, to the proud haughty, to the submissive affable, to the peaceable yielding, to the quarrelsome repulsive, and to the well-mannered in-

dulgent ; of the simple I am watchful, and of the crafty, cautious."

Again, quoting from Heinroth, "Obedience is the ground of the physician's management. He who does not obey voluntarily must be made to obey. Even the dignity of the physician requires this. The physician must be a father to his patients, and children must be obedient to their father. If they do not obey, they govern. If they govern, they cannot be properly reared and educated. So is it with the insane."

With the disobedient he is "patient and long suffering," but he appears to assume, as some others have done, that with rare exceptions, the insane can behave properly if they will. Obedience granted, he apparently spares no trouble in ministering to the enjoyment of his patients. He grants them all possible and appropriate privileges ; assists in their instruction, accompanies them to parties in the neighborhood, gives musical soirees for them in his family apartments, and encourages them in their work by occasional pecuniary recompense. Some patients have left the institution with as much as thirty guldens thus acquired.

Many of the men are employed in the garden. Tailors, joiners and shoemakers work at their respective trades. The women sew, knit, spin and assist in the household duties. The linen for the whole establishment is made up by them.

Among the resources for amusement are billiards, nine-pins and a shooting ground. The Tyrolese are celebrated marksmen. The bowling-alley is but about eighteen inches wide, and the balls three inches in diameter. The pins, which are correspondingly small, are set in the form of a lozenge, one of the acute angles

being towards the player, and at the middle of the diameter of the alley.

The institution has a collection of minerals and a library for the use of the patients. A school is taught three days in the week. Religious services are performed twice, daily, in the chapel. Some of the melancholiacs are not permitted to attend.

4. SALZBURG.

ASYLUM AT SALZBURG.

The Asylum at Salzburg was destroyed by fire, in 1818. Since that time the incurable patients have been kept in the Kammerloheschen Hof, and, as this building does not furnish the accommodations necessary to a curative establishment, the curables are mostly treated in the St. John's Hospital. The average number of patients is but nineteen.

GERMANY.

The subjoined list of the Institutions in the German States is supposed to be very nearly complete.

1. KINGDOM OF SAXONY.

Koenigliche Heil-und Verpflegeanstalt, Sonnenstein,
at Pirna.

Landes Irren-Versorgungs-anstalt, at Colditz.

Leipziger Irrenanstalt, at Leipsic.

Irrenanstalt, at Hubertusburg.

Privat Irrenanstalt, Thonberg, near Leipsic.

Privat Irrenanstalt, Lindenhof, near Dresden.

Privat Irrenanstalt, at Pirna.

2. BAVARIA.

Kreis Irren-Heil-und-Pflegeanstalt, at Erlangen.

Irrenanstalt, at Baireuth.

“ at Irrsee.

“ at Bamberg.

“ at Wurtzburg.

Kreis-Armenanstalt, at Frankenthal.

Irrenanstalt, at Giesing.

3. WURTEMBERG.

Koenigliche Heilanstalt, Winnenthal, at Winnenden.

Koenigliche Irren-Pflegeanstalt, at Zwiefalten.

Privat Irrenanstalt, Heimbach, near Esslingen.

4. HANOVER.

Koenigliche Heilanstalt, at Hildesheim.

“ Pflegeanstalt für Männer, at Hildesheim.
“ “ für Frauen, “

5. GRAND DUCHY OF BADEN.

Grossherzogliche Heil-und-Pflegeanstalt Illenau, at
Achern.

6. MECHLENBURG-SCHWERIN.

Grossherzogliche Irren-Heil-und-Pflegeanstalt, Sach-
senberg, at Schwerin.

7. OLDENBURG.

Irrenanstalt, at Blankenburg.

8. HESSE DARMSTADT.

Landes Irrenanstalt Hofheim, at Darmstadt.

9. DUCHY OF SAXE WEIMAR EISENACH.

Irren-Heil-und-Pflegeanstalt, at Jena.

10. BRUNSWICK.

Irrenanstalt, at Brunswick.

11. NASSAU.

Herzogliche Heil-und-Pflegeanstalt, Eberbach, at
Eberbach.

12. SAXE MEININGEN HILDBURGHAUSEN.

Irrenanstalt, at Hildburghausen.

13. ELECTORATE OF HESSE-CASSEL.

Irrenanstalt, at Haina.

“ at Merxhausen.

14. PRINCIPALITY OF LIPPE DETMOLD.

Irren Heil-und-Pflegeanstalt, at Brake.

15. FREE CITIES.

Irrenanstalt, at Frankfort-on-the-Maine.

Privat Irrenanstalt, Oberneuland, near Bremen.

“ “ Rockwinkel, “ “

A department of the General Hospital, at Hamburg.

16. SCHLESWIG HOLSTEIN.

Irren-Heil-und-Pflegeanstalt, at Schleswig.

Privat Irrenanstalt Hornheim, at Kiel.

1. KINGDOM OF SAXONY.

SONNENSTEIN.

Pirna lies upon the southern banks of the Elbe, ten miles above Dresden. A railroad connects the two cities, and as one is passing from the latter to the former, his eye is regaled by a beautiful view up the valley of the river. The romantic district of the "Saxon Switzerland" stretches in fine perspective before him; Koenigstein and Lilienstein lift their precipitous cliffs, each in solitary grandeur from the valley which surrounds them; and the distant mountains of Bohemia lie like clouds, faint, misty and blue, against the far horizon.

At the eastern extremity of Pirna, a rocky promontory, from one hundred and fifty to two hundred feet in height, springs, like an excrescence, from the ridge of hills which limits the valley of the Elbe, and extending to within a few rods of the river, terminates in an abrupt, precipitous declivity. As upon the lofty eminences along the borders of the Rhine, so upon this promontory, the lords of Auld Lang Syne dwelt in their solitary and ferocious grandeur. But when, in the course of time, these chiefs were summoned to repose, with the ashes of their fathers, beneath the soil which they had trodden so proudly, their fortified castle was converted to the purposes of national defense and warfare. This mission completed, another of a far different nature was commenced. The river of blood terminated in the clear, broad sea of benevolence, and Sonnenstein, so long the residence of the destroyer, became the dwelling of those whose duty—whose

labor is, *to save*. For this fortress, at least, the sword was beaten into the ploughshare, the solitary place was made glad, and the desert blossomed as the rose.

“Sonnenstein,” says Damerow, “was the morning sun of a new day in the sphere of insanity in Germany. With the mildly illuminating rays which emanated from this high point, came warmth, light and life into the gloom of institutions for the insane. There, the trembling hope, the wavering faith that a permanent restoration of mental diseases was no longer to be considered among events of rare occurrence, developed itself to the ripe fruit of certain knowledge, which scattered far and wide, over all the realm of insanity, the seeds of humanity and philosophy.”

The Asylum was opened in 1811, and, being the pioneer of the well-organised curative establishments of the kind throughout all the German countries, and its management proving so successful in regard to results, its reputation was widely disseminated, until it became the oracle of its sphere,—the Gamaliel, at whose feet disciples were glad to gather knowledge. In 1819, Dr. Raimann, delegated by the government of Austria; in 1825, Commissioners from Silesia, and also from the Court of France; and, in 1827, a Commissioner from the government of Prussia visited it for the purpose of learning its special merits. It also counts among its visitors, the Russian Empress Maria Frederowna. Some benefit to humanity may have occurred from these proceedings, but far greater through the physicians mentioned in another place, who have been educated here, and are now applying their knowledge as Superintendents of other similar establishments.

Sonnenstein is a national, or, rather a Royal Institution. It is under the general direction of a Board of Commissioners consisting of the Chief Minister of the Govern-

ment, the Counsellor of the Ministry, and the Government Counsellor. They reside in Dresden, and sometimes send a delegate to inspect the Asylum. It has three Medical Officers, the Superintendent, Dr. Pienitz, a Secundar-Physician, Dr. Klotz, and an Assistant, Dr. Lessing. Dr. Pienitz was a pupil of Pinel. With the present number of two hundred and sixty inmates of Sonnenstein, there are thirty-nine attendants, besides supervisors and a night-watch.

Although the institution was originally intended for curables alone, many of its present patients are incurable. A person for whom admission is desired must be visited by the physician of the district, who writes a detailed history and description of the case. This report must be sent, with an application for admission, to the Commissioners in Dresden. If, upon investigation, they believe the person a fit subject for the asylum, they forward to its superintendent a permit for his reception. In cases of the urgent necessity for immediate seclusion, a patient may be received upon the *parere* of a physician; but the customary preliminary proceedings must, in such cases, be subsequently made. The price of board and treatment in the first class is 150 thalers, in the second, 75, and in the third, 50 thalers per annum. In the first class, from twenty to thirty thalers, and in the second and third, from ten to twenty thalers additional is charged for washing, mending, &c. The use of a bed is also an extra item, but one may be brought with the patient. Besides the classes just mentioned, there are some patients, in what is called the Pension-Anstalt, or boarding-department, who pay from six hundred and fifty to seven hundred thalers a year. Each of these has a private apartment, a special attendant, and more expensive food than those in the cheaper classes.

The annual disbursements generally amount to about twenty-eight thousand Prussian thalers. One half of this is paid from the royal treasury, the other by the income from patients. The expenses of the poor are sometimes wholly, sometimes in part defrayed by the communes from which they are sent.

The buildings principally consist in two large edifices, unsymmetrical and differing very considerably in size. The larger is occupied by men, the smaller by women. The internal arrangement, though irregular, is such that the patients are divided into sections of from five to thirty, each section generally having a day-room, dining-room, and dormitory. At the present time, but one patient, and he a convalescent, sleeps in a room alone. "Society," remarked Dr. Klotz, as I accompanied him through the establishment, "society is a medicine." The idea is worthy of a place in the "proverbial philosophy" of all men. Even the violent, unless they be absolutely furious, are not permitted to sleep without another patient or an attendant in the same apartment. An attendant lodges in each of the larger dormitories, his bed being separated from the others by either a curtain or a wooden partition extending but part of the way to the ceiling.

The window-sashes are suspended, in sections, upon hinges. The windows are all guarded on the outside, by upright iron rods, as small as is compatible with security. Dr. Klotz said that this method is generally preferred in Germany, to all others, and has been adopted in the new buildings of the Bohemian Asylum, at Prague. The apartments are heated by earthen stoves or furnaces, most of which, as at several of the institutions already described, open into the corridors alone, and are there supplied with fuel. There are no apertures over the doors of the rooms, and no special contrivances for ventilation.

The bedsteads are of iron, light and moveable. They are generally furnished each with a paillasse and a feather bed, and their principal covering is the light sack of feathers so generally used in some parts of Germany. The household furniture, with few exceptions, is no stronger than that of ordinary dwelling-houses. The high priced boarders have sofas and other articles to correspond, but no carpets.

There are three bathing-rooms, one for convalescents, and one for either sex of those who are still under treatment. The tubs are made of zinc, and painted. They are so short that the occupant must maintain a position either sitting, or but partially reclining. The water, both hot and cold, is received through fassets over the top.—There are no partitions between the tubs. The douche is upon a long, flexible hose.

An apparatus for cooking by steam was introduced about two years since, but its superiority over the former method,—that of fires, in the ordinary German style—is still considered as questionable. Knives and forks are a part of the table furniture; but both are peculiarly made. The blade of the knife is short and sharpened only upon a small space near the rounded end. The fork has three or four tines, but these do not exceed an inch in length.

The purely medical treatment at this institution is restricted, as much as possible, to a few, simple remedies, as rhubarb, senna, and the saline cathartics. Generally, the hope of cure is based upon the hygienic effects of a suitable diet, regularity of hours, the discipline of the establishment, exercise, amusements and the other means of moral treatment. Some use, however, is made of the douche and of baths. In the two free employment of the latter, it is thought there is danger of over-stimulating the skin and thus destroying the healthy balance of vital ac-

tion between the surface and the viscera. In ordinary forms of insanity, venesection is never practised. "There is no indication for it," said Dr. Klotz, "except in apoplexy." Even local bleeding is rarely prescribed.—Opium is sometimes given, with benefit, in melancholia: never, however, in quantities to exceed two grains in the course of the day. It is usual administered in the form of Dover's powder. Tartar-emetic is more frequently used, but only in cases of maniacal excitement. It is occasionally employed as an irritant along the vertebral column. Ether and chloroform have been tried, but without beneficial results.

There have been many cases of *paralysie générale* among the patients. "I have been engaged in the treatment of the insane for twenty-five years," remarked Dr. Klotz, "and I have never seen a case of this disease cured." Here, the abstraction of blood from patients suffering under this malady is never permitted. In case of a delirious access, the patient is placed in bed, a *lavement* and a cathartic administered to him, sinapisms applied to the feet, and, if thought necessary, a blister to the back of the neck.

Several persons who have been under treatment at this asylum, were blind. Some of them were so, before the origin of the mental disorder. In some, the insanity was attributed to grief for the loss of vision. One of the men-patients, now here, has a goitre very nearly as large as his head. It is more nearly upon the median line, or directly superposed upon the anterior surface of the trachea than any which has heretofore come under my observation. Its weight is chiefly supported by a suspension bandage carried around the neck. Dr. K. does not approve of much, if any medical treatment in this disease. He has a child troubled with it, but has resorted to hygi-

enic agents alone in its treatment. He says that iodine, which at one time gained a widely extended reputation, as a specific remedy in the disease, has now fallen into disuse. He thinks it is deleterious to the organs of generation.

The camisole and the "tranquilizing chair," similar to those heretofore described, are used for restraint. I noticed, also, a common armed-chair, with padded straps attached for the purpose of confining a patient within it. If a patient, whose hands are restrained, goes into the airing courts, a cloak is thrown over his shoulders, lest his feelings of self-respect might be wounded. Violent patients are never confined in rooms artificially darkened. It is thought better for them to be able to see the objects by which they are surrounded. If they refuse food, and successfully resist attempts to open the mouth, they are fed by means of a tube passed through the nostril into the œsophagus. The floors of the strong rooms are of brick covered with a thick coat of varnish. Thus they do not absorb the excretions, retain no unpleasant odor, and are easily washed. The walls are painted, and the windows protected by wooden palisades.

It is perhaps superfluous to remark that, at Sonnenstein, a high estimate is placed upon the curative influence of manual labor. Some of the men work upon the grounds connected with the institution; others, accompanied by an attendant, are employed upon the neighboring farms. There are workshops for tailors, shoemakers, and some other artisans. Persons who have previously been unaccustomed to labor, are induced, if possible, to do light work in the garden. Absolute coercion is never resorted to, but the deprivation and the granting of privileges, and, occasionally, pecuniary recompense are employed as induce-

ments. The sum of seventy-five thalers is annually appropriated to this purpose. Smoking is permitted.

The grounds to which the patients have access are several acres in extent, well cultivated and ornamentally planted. In those which are attached to the men's department there are various means of gymnastic exercise, a bowling alley and a shooting ground. Among the amusements within doors, are cards, draughts, backgammon, chess and billiards. Music is much practised, the asylum being furnished with no less than six piano-fortes, besides other instruments. Balls are sometimes given, and a general *fiesta* annually. There is a library for the patients, and a school is kept part of the time. Religious services are performed in a chapel connected with the largest building. A majority of the patients attend upon these occasions. Since 1834, the Chaplain has resided out of the Asylum. Many of the patients are permitted to attend the funerals of those whose disease has terminated fatally.

Dr. Klotz resides in a new building, near the base of the hill, upon its western side. This house is large, and contains apartments for patients. The high-priced boarders are removed to it, from the other buildings, as soon as they have become convalescent. The rooms of the men are at one extremity, those of the women at the other; and, between the two, there is a large saloon for social and festive parties. The pleasure grounds of these patients are upon the declivity of the hill. The first two hundred and twelve patients received into the Asylum, were chiefly brought from the old receptacles of Torgau and Waldheim, and were nearly all incurable. From 1811 to 1839, a period of twenty-eight years, 1,255 patients were admitted, 264 discharged cured, and 391

removed to other asylums, incurable: 340 died, and, at the close of 1839, 48 were at home, upon trial, but not discharged, a large part of them supposed to be cured.

	Men.	Women.	Total.
Patients, January 1, 1840.....	134	78	212
Admitted in six years, to the close of 1845,....	377	278	655
Whole number,.....	511	356	867
Discharged,.....	138	120	258
Removed to other asylums,.....	121	112	233
Died,.....	89	50	139
Remaining, December 31, 1845,.....	163	74	237

Of the 258 discharged, it is stated that "twelve-nineteenths were absolutely, cured and six-nineteenths relatively cured and materially improved." That this method of reporting may be better understood, we add the remarks in regard to the discharges in 1842.

Of those discharged as *cured*, it is stated that thirty-seven were *perfectly* restored, and twenty-one *relatively* so. "That is, the prospect of complete restoration had disappeared, and some fixed idea, some mental weakness or eccentricity remained; but they were so far improved that the probability of their living out of the institution without danger to themselves or others, and, in most cases, their return to former spheres of labor might be expected." It should be stated that cases of delirium tremens have never been received at this Asylum.

I have rarely passed four hours more agreeably and usefully than those during which I accompanied Dr. Klotz upon his morning walk through the establishment. Every thing was in good order, bearing the unmistakable evidences of industry, system, discipline, and an ever-watchful eye of supervision. The patients, if seated, rose as we entered their rooms. They were all well dressed. It is no trifling testimony in favor of the German

institutions that, hitherto, and this is the ninth which I have visited, I have not seen, according to my recollection, even one patient whose clothes were either ragged or patched.

ASYLUM AT COLDITZ.

The incurable insane of Saxony were kept in a department of the prison at Waldheim, until 1829, when they were removed to Colditz.

The buildings of this institution were originally a fortified palace, but subsequently occupied as a Workhouse until converted to their present purpose. They are on the banks of the river Mulda, and, as might be inferred from the object for which, and the time at which they were erected, are on an elevated site, irregular and not prepossessing in their external appearance: Dr. Hayner, the first Superintendent of the Asylum, performed the duties of his office with distinguished ability. Dr. Zeller, of the institution at Winnenden, speaks of his career as unsurpassable (*unuebertrefflich.*) After his death he was succeeded by Dr. Weiss, the present incumbent.

The Officers are as follows. Superintendent, with a salary of seven hundred thalers; Steward, eight hundred; Secundar-Physician, two hundred; Surgeon, one hundred and ninety-two; Chaplain, three hundred; Accountant, five hundred; Assistant-Accountant, three hundred thalers, all with the addition of lodgings and fuel. The Surgeon does not lodge in the house.

A large proportion of the patients have been brought, as incurables, from Sonnenstein; but some, whose cases presented no prospect of restoration, were admitted directly from their homes. In July, 1843, the number at the Asylum was four hundred and eleven. These were under the immediate care of four Supervisors and fifty

Attendants. Most of the patients lodge in dormitories, some of which contain from thirty to fifty beds. Attendants, also, sleep in each, as many as seven being in the largest. Some of the bedsteads are iron ; others, wood. Some of the patients have horse hair mattresses. Nearly all are clothed by the institution, but uniformity of dress is avoided. The epileptics have a distinct department, in the day-room of which a blackboard is used by the attendants to record the time of each paroxysm, or fit, and any peculiar symptoms or circumstances attending it. There is, also, in the same room, a straw sack, upon which, to prevent injury, the patient is placed during the paroxysm.

Perhaps the greatest deficiency in the establishment is that of sufficient facilities for bathing. In regular routine, each patient can be bathed only once in five weeks.—When isolation does not answer the purpose, restraint is effected by the jacket or the “tranquilizing chair.”

I have seen no account of the extent to which labor has been introduced ; but from the rank which the Asylum holds among the institutions for incurables, it may be inferred that this important branch, even of hygienic treatment, has not been disregarded.

ASYLUM AT LEIPSIC.

A large establishment at Leipsic is devoted to the custody, care or treatment of prisoners, paupers, orphans and the insane. Each of these classes has its special department, of which that for the insane can accommodate fifty patients. The place is celebrated less for its perfection, than as part of the sphere of action, during a long series of years, of the distinguished leader of the Psychological School, Dr. Heinroth. Professor Radius is the present incumbent.

ASYLUM AT HUBERTUSBURG.

A department of the State Charitable Institutions at Hubertusburg is still occupied by incurable insane patients. Dr. Weigel is the House-Physician.

PRIVATE ESTABLISHMENT, THONBERG.

The Thonberg Asylum, about one mile from Leipsic, belongs to Dr. E. W. Guentz. It is said to be pleasantly situated, and, judging from the accounts of it, I should suppose that it holds a high rank among the cotemporary private asylums. It has apartments for sixty patients, but, in 1844, the number present was but twenty-five. The doctor, with his family, resides in the house, and all the quiet patients take their meals at his table. The excited and violent have a separate department and dining hall.

The patients are encouraged to work, and they have access to a parlor and a pleasant garden. The latter is ornamented with two ponds, of which Dr. Guentz, in answer to a published assertion that he used them as a means of detecting a propensity to suicide, writes as follows :

“In the garden of the institution are two small ponds which serve for fishing, sliding, and watering the grounds. Both are made *ex professo*, hardly two feet deep, filled with water and graveled. These ponds have several times incidentally revealed to us the secret tendency to suicide of our patients. To their question whether the water is deep, we answer ‘yes,’ and warn them against walking on the shore. Now, if the patient spring from the arm of the attendant into the pond—a perfectly dangerless venture—we not only learn the disposition of his mind, but, in two cases, we have enjoyed the pleasure of knowing that the fruitless leap entirely cured the patient’s

weariness of life. Whether it was mortification—for it was a *delictum flagrans*—or the letting loose of a long secreted propensity, or the surprise-bath and the after-cure, or, finally, several combined causes which assisted in this result, who can decide? Enough. The reporter has not yet had cause to disturb the ponds.”

LINDENHOF.

Dr. Braunlich formerly had an excellent private establishment at Wackerbartsruhe. Two or three years ago he removed to another situation, near Dresden. I have seen no description of it, nor of that of Dr. Pienitz, at Pirna.

2. BAVARIA.

In the year 1822, the attention of the people and of the government of Bavaria was called to the necessities of the insane, and to the wretched condition of the public receptacles in which some of them were detained; but nothing was done for the relief of the former or the improvement of the latter. In 1835, another appeal was made to the legislative powers, but to this also there was no response. At length, in 1842,* when institutions combining the advantages of modern experience were springing up in all directions around it, and the evil within its own borders had become too glaring and too generally recognized to be lightly disregarded, a proposition was made, and approved by the King, to erect three district curative insane hospitals, one at Indersdorf, one at Erlangen, and one at Wurtzburg, together with four district asylums for the incurable, at Irrsee, Regensburg, St.

* One authority says in 1832.

George's, near Baireuth, or Bamberg, and at Frankenthal. After long delays, and suspensions of proceedings, the Hospital at Erlangen was finally completed in 1846.— This, so far as appears, is all that has been done in accordance with the approved proposition. The existing receptacles, hereafter mentioned, at Irrsee, Bamberg, Wurtzburg and Frankenthal, are as I suppose, old establishments. Year after year has passed away and effective action has not been taken. Meanwhile, the asylums generally remain *in statu quo erant*; serving, as Lord Brougham said to Arago, of an hereditary peerage, “as fixed points from which to measure the progress of the world.” The power which created Lola Montes a Countess, and bestowed upon her the extensive estates of Landsfeldt, has no funds with which to elevate the wretched insane from the slough of misery in which they have waded to us, from the grey deserts of the olden time. Treasures untold can be lavished upon monuments of bronze and stone, or upon the marbles and frescoes of churches; the stream of gold may run, with an endless current, to inlay the floors and decorate the walls of royal palaces; museums of paintings and sculpture—pinakotheks and glyptotheks may be erected in a style of imperial magnificence; and all these make a delightfully attractive city for the traveller, provided he look carelessly on, and do not lift that sombre veil the shadow of which rests upon poor, degraded, despairing and alienated humanity.

INSTITUTION AT ERLANGEN.

The new district institution for curables and incurables, at Erlangen, was opened on the 1st of August, 1846. Dr. Solbrig is its superintendent, and Dr. F. W. Hagen, formerly of the asylum at Irrsee, assistant-physician.

Under the direction of the latter, forty-one patients were transported from a receptacle at Schwabach to Erlangen. On the 1st of June, 1847, the number of patients was 134; the whole number admitted, 196. Dr. Hagen has written some for the *Journal for Psychiatrie*, and has published a work on physiological psychology.*

INSTITUTION AT BAIREUTH.

The substance of our information in regard to the institution at Baireuth, is embodied in the extract from the writings of Dr. Langermann † quoted in the introductory chapter.

ASYLUM AT IRRSEE.

This receptacle is for such insane persons as are dangerous to themselves or others, disturbers of their neighbors, the filthy, those affected with satyriasis or nymphomania, and religious, moral or political fanatics.

THE ASYLUMS OF BAMBERG, WURTZBURG, AND FRANKENTHAL.

I have met with no description of these receptacles. That of Frankenthal is, I believe, a section of the district almshouse.

ASYLUM AT GIESING.

At Giesing, two miles from the city walls of Munich, there is a small asylum for the Insane. It includes two buildings, neither of which was originally intended for the purpose, and both comparatively small. They are,

* *Psychologische Untersuchungen. Studien im Gebiet der physiologischen Psychologie.* Braunschweig, 1847.

† Dr. Langermann died in 1832. Damerow says, "The name of Langermann is inseparable from the history of the development of the institutions for the insane in Prussia and Germany. He is the personified idea,—the representative of the absolute separation of the institutions for incurables and curables."

however, sufficiently extensive for the present number of patients, there being but twenty-four men and sixteen women. The largest is old, irregular, and but two low stories in height. The rooms are upon both sides of very narrow corridors. Those for violent patients have double doors, the outer one close, thick and strong, the inner of wooden palissades. The former open into the corridor and, when closed, are fastened, each by a lock and two bolts, to "make assurance doubly sure." There are apertures, guarded by iron sashes, over all the doors. The windows open upon hinges, each in four sections. They are protected, externally, by iron sashes. In the rooms for the violent, they are small and near the ceiling. The bedsteads are wooden; those for the quiet are of the French model, but perfectly plain; those for the violent, low, plank bunks. Large stoves in the corridors are the only means by which the apartments are heated. One of the largest rooms answers the double purpose of dining-room and chapel. Religious services are held on Sundays and Wednesdays, by a clergyman who resides in Munich.

The implements of restraint are the jacket and the —— I was about to write the "*tranquilizing chair*," but my pen stopped as if it trembled at the apparent sacrilege of language. Rocks and shoals to be shunned, as well as channels to pursue, are described for the benefit of navigators. Upon this principle, a few words in regard to the chair used in this asylum may be justifiable. Its general construction, like those already described, is of strong plank, put together in the simplest possible form. The sides project farther forwards than the body of the patient when he is seated; and from the height of the knees, downwards, they extend beyond the feet. The patient being seated, a door is closed in front

of the feet and legs, a lid closed over the whole extent of the thighs, and a board, fitted into grooves in the sides, is slipped down in front of the head and body. The occupant may well consider himself, in more than one signification of the phrase, "in a box." His head alone is visible to the by-stander. But to complete the sum of his felicity, two blocks of strong wood, perhaps eight inches in length by from one to two in thickness, project over his shoulders, and effectually render futile any attempts to rise. They are connected with a mechanical arrangement at the back of the chair, so that, by turning a screw, they can be adapted to persons of different statures.

It will be perceived that this article of furniture is a near relative of the Tyrolese chair mentioned in the introductory chapter. It is, at least, its *cousin-German*. Though belonging to the same family, class, order and genus, it is not of the same species, and hence, also, it was esteemed worthy of description. There are but few things which cannot be devoted to some useful purpose. This chair even might be made, to some extent, a "tranquilizer," in the legitimate signification of the word, to the patients. Ashes are excellent nutriment for growing vegetables; and a plenty of vegetables, qualified by a due proportion of meat, are, as a general rule, the most potent agents hitherto discovered for the promotion of tranquillity in an asylum for the insane.

I do not wish to treat this subject lightly. If any of the words here written would appear as evidence to the contrary, they are but as the small bubbles—the evanescent foam upon the rippling surface of the deep, deep sea. Let it be passed to the credit of the Germans that they call this chair, of whatever specific construction, and wherever used, by its appropriate name, the *zwang-stuhl*,

the forcing or coercion chair. They have not attempted to gloss over its hideous deformities, or conceal its manifold horrors, by a most ingeniously sophistical use of the beautiful epithet "tranquilizing." "Tranquilizing" indeed! there are tales of wretchedness, of suffering, of torture connected with that same "tranquilizing-chair," which, if they could be accurately written, would obviate the necessity for further proofs that "truth is strange—stranger than fiction." Tranquilizing? Why use the term specifically for this chair? There are many implements to which it is equally applicable. The sword, the [gibbet, the guillotine, the sack which sinks with its living occupant beneath the blue waters of the Bosphorus—are *they* not "tranquilizing?" Marino Faliero and Antonio Lopez were "tranquilized;" so were Anna Boleyn and Lady Jane Grey, Cranmer, Latimer, Ridley, and John Rogers. I have seen the insane of the Timarhanè at Constantinople, in chains, and I have seen patients in various countries, confined in the "tranquilizing-chair," and I write with all the earnestness of sincere conviction when I here assert that, so far as the restraint, or the means of effecting that restraint is concerned, the condition of the Turks was the most comfortable, or, rather, the least uncomfortable, the least fearful, the most desirable. It appears to me that no impartial observer, after fully investigating the subject, could possibly arrive at a different conclusion.*

But, to return to Giesing, whence I have wandered widely, but not with premeditation. The smaller building of the asylum is devoted to the convalescent. It is an ordinary dwelling-house, in which they have very comfortable accommodations. A garden, several acres

* The original model of the confining chair generally used in Germany, was carried from England, by Dr. Jacobi.

in extent, adjoins the buildings, and is cultivated, in part, by the patients. At the time of my visit, the men were mostly out of doors. Two of the patients, one of either sex, are blind, having lost their sight prior to the invasion of the mental disorder. The use of tobacco and snuff is permitted.

This asylum belongs to the city of Munich. It has no resident medical officer, the treatment of the patients being entrusted to a visiting physician. I did not see him, and therefore cannot speak of his system of medication. The asylum has a bath-room furnished with three metallic baths and a douche. The water of the latter may be made to fall fifteen feet. The patients are under the immediate care of four attendants.

3. WURTEMBERG.*

WINNENTHAL.

The town of Winnenden is about fifteen miles from Stuttgard, the capital of the kingdom of Wurtemberg, and may be reached, from that place, by a *stellwagen*

* According to a census made by Dr. Roesch, in 1846, there were, at that time, within the limits of the kingdom of Wurtemberg, about five hundred cretins. I have seen no statement of the number of other idiots. In 1835, the institution for this unfortunate class of the population of the kingdom, was established at Wildebred. It was founded by private subscriptions, but was subsequently assisted by the royal government. It was under the direction of an ecclesiastic named Haldenwhang. In 1847, it had twenty-four pupils, some of whom, it is said, were "cured." In May of the year last-mentioned, this institution was merged into that of Mariaberg, then just opened.

The school of Mariaberg is in the buildings of a suppressed monastery, situated in a salubrious region, two thousand two hundred feet above the level of the sea. It has accommodations for one hundred and fifty pupils. One year after it was opened, that is, in 1848, the number was forty-two, of whom twenty-five were boys and seventeen girls. Dr. Muller is at the head of another similar, though much smaller establishment, which has been founded at Kieoh, in the district of Vachsingen. In 1848 it had twelve pupils, two of whom are supported by the king. Mr. Helderich, a pupil of Dr. Gugenbuhl, at his celebrated establishment upon the Abendberg, in Switzerland, and subsequently a teacher at the institution of Mariaberg, has opened a private school near Stuttgard. Soon after it was commenced he had nine pupils. It will thus be perceived that the noble example set by Gugenbuhl, by Saeger of Berlin, and by Seguin and Voisin of Paris, has been so far followed, in Wurtemberg, as to give promise of extensive and beneficial results in the future.

which runs regularly between the two. It is a pretty compact settlement, and in its immediate outskirts stands the Winnenthal Royal Hospital for the Insane. It was intended for curables alone, but many are admitted in whose cases the prospect of restoration are very slight. The superintendent, (now Dr. Zeller,) is appointed by the king. The assistant-physician, and the steward, who acts as surgeon, receive their places from the same authority, but are nominated by the superintendent. An annual appropriation of eight thousand five hundred florins towards defraying the expenses of the establishment, is received from the royal treasury. The poor are maintained by the communes whence they are brought. A commissioner of the government sometimes inspects the hospital, but no such visit has occurred during the last five years. I remarked to Dr. Zeller that great confidence must be placed in him, if he was permitted to pursue his course independently, and without examination, for so long a period.

“What need is there of inspection?” said he; “every thing that occurs here is known in Stuttgart.”

“And perhaps much which does *not* occur,” I suggested.

“A great deal,” he rejoined; and I consequently arrived at the very sage conclusion that human nature, in Wurtemberg, bears a striking resemblance to itself in some other countries.

The building at Winnenthal was originally a monastery. After the expulsion of the monks it was converted into a royal palace, and finally given up for its present purpose. Its site is low, a circumstance to be the more regretted, as there are many others, much more beautiful, on the neighboring hills. It is three stories in height, and forms three sides of a rectangle, of which the longest,

the front, is about three hundred feet, and the others—the receding wings—apparently of half that length. In some parts, the rooms are upon both sides of the corridor, in others, upon but one. The floors in some of the corridors are stone. Stoves, some earthen, others iron, are used for heating. The windows are guarded externally, some by a coarse reticulum of wire, others by iron bars. The sashes of each are in four divisions, and open upon hinges. Doors and windows, and, in some of the wards, apertures over the doors, are the channels of ventilation. The bedsteads are generally similar to the French pattern, but quite plain in construction. In the apartments of some of the “boarders,” however, they are more ornamental, and are accompanied by sofas, wardrobes and other convenient furniture.

In the department for the violent the rooms are each twenty-two feet long, eleven feet wide, and twelve feet high. In the ceiling, there is a pretty large aperture opening directly into the attic, and serving the double purpose of ventilation and secret observation of the patient. The windows are high and protected by a wire reticulum. The walls are wainscoted. The floors are wood, saturated with a decoction of nutshells and varnished. They descend towards the corridor. The bedstead, a low, plank bunk, is in the middle of the room, with a strong table and seat between it and the door. They are fastened to the floor. In the receding wings, the dormitories are upon the west side and the day-rooms on the east. This arrangement not only affords the best economy of sunlight, but prevents the patients from communicating with each other, by voice or sign, across the intervening court. The general disposition of the patients is as follows:—Those of the first class are in the third story, those of the second in the second story,

and those of the third, upon the ground floor. Each patient in the first class has a sitting-room and an adjoining dormitory. In the second and third classes, they are associated, during the day, in groups of from two to eight, and, at night, of from two to five, in some instances accompanied by an attendant. The present number of patients is one hundred and ten. Nearly two-thirds of the admissions are of men. The proportion of attendants to patients is about as one to six. They are furnished with two small books* of rules, one relating to the general house-regulations, the other specifically to their own duties. These were published in 1834, the year in which the institution was opened.

Dr. Zeller has already been mentioned as the leader of the Psycho-Somatic School. Whatever be the opinions of others who are attached to this section, or in what manner soever his general doctrine may be modified in its details, it is evident that he believes the origin of insanity to be physiological rather than psychological, since, in his writings, he frequently uses the expression, "The bodily lesion which lies at the ground of the mental disorder." But, to whatsoever school he may belong, theoretically, his practical career has been distinguished for ability and success. Some writer, Morel, I believe, asserts that, under his direction, Winnenthal soon acquired such celebrity that patients among the wealthier classes of society, in all the German States, were brought to it for treatment; and, in his report published at the close of 1846, Dr. Zeller remarks that, during the past year, he had been obliged to reject nearly a hundred applications for admission from foreigners. At the time of my arrival at Winnenthal I knew nothing of him but his name, and

* Haus-Ordnung für die königliche Heil-Anstalt, Winnenthal, 1834. Dienst-anweisung für die Waerter und Waerterinnen der Koeniglichen Heil-Anstalt Winnenthal, 1834.

the mere fact that he was the Superintendent of that Institution. I was but a few hours in his company; yet this was sufficient to awaken for him the sentiment of profound and abiding respect, a high and enduring admiration of his mental and moral characteristics. His rather light frame, nervous bilious in constitution, appears, to an extent which I have rarely observed, the mere receptacle or nucleus of the all-pervading and predominating spirit; the transparent medium, which, like the shade of glass around a solar lamp, partially tempers and subdues the effulgence of the luminary within, and thus renders it the more useful. I apprehend that he bears within him the permanent and ever-salient conviction of the importance, the dignity, the seriousness, the solemnity even of his calling, as dealing with beings "but little lower than the angels." With this conviction, and in the calmness and serenity of a pure religious faith, not with bigotry, cant, or the ostentation of a questionable piety, he goes steadily and unswervingly onward in the accomplishment of his mission.

In acute mania, accompanied by high excitement, the patient at Winnenthal is generally subjected to the prolonged bath, warm, or tepid, with cold affusions, by means of a moveable shower, upon the head, at short intervals. General bleeding, in these cases, is now never practised. The following allusions to this subject are found in the Reports by the Superintendent.

"As, in decidedly the greater part of cases, the hyperemia of the brain is of a passive nature, arising from debility of the cerebral energy, it is clear that monstrous mistakes are made by treating the insane by venesection. We have recently had evidence of this, in several cases, in which general blood-letting quickly converted melancholia into violent mania or imbecility.

“In later days, the idea of irritation has taken place of that of inflammation, because the delusion of seeking the cause of all mental disorders in the blood and bloodvessels has been perceived. This has at least, and for the first time, effected thus much; it has checked the insane *bloodshedding* of earlier times.”

The plunge-baths and the douche are used only in cases of torpor of the brain. Opium is never given in mania. It has been found useful in some cases of melancholia, in quantities of from one to three grains daily, in divided doses. Antimony is more frequently employed, generally as a nauseant for highly excited patients. It is not used externally. Arnica is sometimes used as an excitant, and the extractum gratiolæ in cases of obstinate constipation. Digitalis is frequently given in the following combination.

“R. — Herb : Digital., grs. xx.
Fol : Sennæ, grs. lxxx.
Sem : Fœnic., grs. xxx.

“Infunde aqua fervida : adde,—
Magnes : Sulph., grs. lx.
Ant : et Potass : Tart. grs ii..

The formula is highly recommended in the “*Annales Psychologiques*,” but we are not informed of the nature of the cases in which it is useful. From its composition, it is evidently intended to be used in mania. In amenorrhœa, Dr. Zeller employs an infusion of from one to two drachms each, of senna-leaves and balm, in six ounces of water, to which is added from two to four drachms of borax. This medicine is called the *mistura Zelleri*. It is apparent that, as a general rule, the medical treatment is considered, at this institution, as of secondary importance. In the Report of 1837, it is stated that the medicines employed are few and simple, and that much success has followed the use of mineral waters and herb in-

fusions. Again, in the Report of 1840, we find the following remarks.

“During the past year not a few of the patients have recovered without any medical treatment, but merely entering within the judicious, (*vernunftig*) earnest and affectionate circle of the house.”

Dr. Zeller's remarks, in 1838, upon the use of restraining apparatus, have already been quoted. Restraining chairs, are sometimes, though rarely, used. It may be remarked, without infringement of the spirit of the rule which I have adopted in regard to the subject, that, in no other German Asylum through which I have passed, were the patients, at the time of my visit, more exempt from restraining appliances than at Win-nenthal.

An idea of the importance given to employment, as an element of the moral treatment, may be derived from the subjoined extract taken from the “House-regulations” already mentioned.

“Some regular occupation is an indispensable law of the house, for every one of its occupants. This will be designated, by the Superintendent, according to the circumstances and necessities of the patient. It forms a material part of the curative method, from the observance and fulfillment of which no patient can excuse himself.”

The report of 1837 says, “A rational activity is the most general and most potent means in the management of our patients, as it has been proved to be, a thousand times, by experience in other places. Only a small portion of our patients are unemployed, and repeated attempts to induce these to work are made whenever a favorable moment occurs.”

In the *employment* referred to in these extracts, intellectual as well as manual occupation is included.

The gardens and fields belonging to the institution comprise an extent of land equal to perhaps twelve or fifteen acres. They are highly cultivated and planted with trees, many of which are now heavily laden with apples, pears and plums. The plum which, when dried, is known to us by the term "prune," grows here in great perfection.—Bowers and summer-houses have been constructed in various places upon the grounds, affording, in suitable weather, agreeable retreats.

The Report of 1837 contains a detailed exposition of the moral treatment, from which the following extracts, in some instances abbreviated, are made.

"The women make charpie, pick silk, wind yarn, sew, spin, carry wood and water, prepare vegetables, wash dishes and clothes, and keep the apartments in order.—As far as possible, that which they have soiled or injured is given them to cleanse or repair. They do light work in the garden, clean the paths, pick fruit, and water plants. By degrees, they are brought to work at household duties which require more attention, particularly that of the laundry. But few can be permitted to wash—as it is an unhealthy and corrupting occupation—but a greater number can iron, mangle, and mend the clothes. Keeping the linen and bed furniture of the institution, as well as the clothes of the patients, in order, is one of the principal occupations. Some women who desire it are permitted to have small garden-beds, and although the laying-out and planting of them often exhibits a burlesque composition, still, the patients work is not interfered with, unless the beginning is entirely absurd.

"In the better seasons, the women, with their work, are in the garden nearly all the day, unless they take a walk in the neighborhood, or,—what employs many

agreeably—are commissioned to collect medicinal herbs. Delicate work, such as embroidering, flower-making, and painting, is not wanting. It is diversified as much as it can be and keep usefulness in view. A merely frivolous, trifling occupation is never permitted. With the object of awakening or fostering the sentiment of benevolence, it is understood that these articles of taste made by the patients shall be given to their relatives and friends, or to each other. So far as is compatible with the service of the house, they are allowed considerable freedom in the choice of work, and it is attempted to keep them employed from choice, since coercion, in every thing, is to be avoided. Patients of all classes work, as it is desirable to awaken in them a domestic and frugal disposition; but attention is paid to their station in society, and it is endeavored to restore them to that sphere for which they were by nature designed, but to which education, destiny, inclination or disinclination may have made them strangers. Secular and spiritual songs are sung by them while at work, or in their intervals of leisure.

“Few women take pleasure in games, but they find much enjoyment in hearing agreeable, instructive and consoling recitations, and in committing to memory good poetry; while oral intercourse ever remains to them a primary object. A few read French books, and exercise themselves in speaking that language. With us, the primary object, in regard to all, is to give a proper direction to the mind; to obtain and preserve its calmness and equanimity.

“For the men, the various employments of the household and agricultural economy—in good weather, that of the garden, and in bad, sawing and cutting wood, present desirable opportunities for labor, which most of them willingly seize, not only for example’s sake, but for the agree-

able sensation of physical comfort which such labor produces. Some work in the shop of the gate-keeper, who is a cabinet-maker, and others at the lathe. We have no shops for tailors and shoemakers, as these and similar handicrafts are peculiarly liable to cause insanity; and the garden, with the tilling of the soil, the gathering of hay, collecting and pressing fruit, cleaning the numerous walks, laying out new parterres, and nursing the flowers, and supplying the house with wood, furnish healthy employment throughout the year. Even here, the leading principle is, that the organ of the mind must be brought into a vigorous condition before it can re-assume its former more difficult labor.

“More manual labor is given to such as are accustomed to it than to those who have been educated to intellectual occupations; yet to the former, reading, writing, arithmetic and singing are appropriate. With the educated, much time is devoted to the study and the practical use of the ancient and modern languages, to history, natural history, geography, the writing of essays, and epistolary correspondence with their friends. When it can be done, one patient is used for the encouragement and advancement of the others. If the necessary mental strength be regained, professional studies are resumed. To clergymen, theological, to jurists, legal, to physicians, medical, and to merchants, mercantile works are given; so that, if possible, they may leave the institution not only with their former knowledge, but with even more extensive acquirements. It is true that, with many, we must be satisfied if they be brought to understand and to read the easiest works. In many, no mental vitality has ever sprung up. Their bowels have been their only god,—a single leaf of the tree of life, their world. Yet the great majority show that, beneath their burden of disease, they

have a heart replete with moral qualities ; and that, in many instances, they have sacrificed themselves in their devotion to the welfare of their fellow men.

“ The skill and knowledge of individuals is turned, as much as possible, to the advantage of the whole. For example, we have frequently had an exhibition of fireworks, and once, a balloon, manufactured by the patients. Ninepins, billiards, cards, chess, draughts and dominoes afford much entertainment to the men. Many of those who are educated attend, with great enjoyment, the geographical lectures given by the chaplain. The Suabian Mercury and the National Messenger are read by a majority with much satisfaction, and are useful in keeping their ideas in constant remembrance of the outer and rational world. Exercises in singing, for a small portion of the men, take place twice in the week ; and on Saturday, the general practice of the songs for the ensuing Sabbath. Every four or five weeks we have a musical party, at which the instruments are accompanied by voices, in quartette. Not only patients, but some of the employés, and friends and acquaintances from the neighborhood are invited to them.

“ The social intercourse of the patients, among themselves, has great influence in effecting a cure. In the parties among the females, which are given more particularly in winter, hours will frequently pass without the exhibition of an irrational action, or the utterance of an irrational word. Hence, how entirely groundless is the fear which, unfortunately, is still often expressed, even by the most judicious, that the thought of knowing himself to be associated with the insane must destroy the last traces of reason which remained while the patient continued with his family. As a general rule, the person entering the hospital comes among persons much more

healthy and rational than himself; and it is they, rather than he, who have grounds for complaint in this respect.

“Long excursions, on foot or in carriage, are made, sometimes extending even to the Alps; and the groups of pleasant hills and mountains which, in diversified forms, border this beautiful valley, invite to useful exercise by ascending to their summits.”

Soon after the publication of the report from which the foregoing extracts are taken, a gymnasium was constructed, in which the variety of implements is greater than I have heretofore seen at any institution for the insane.— One of them, since I know not its name and have never seen it in America, may be described. A log, perhaps thirty feet long and one foot in average diameter, is fixed to the ground at one extremity. At a few feet from this point, a block is placed beneath it, so that the opposite extremity is elevated two or three feet, and without further support. Its elasticity, from its great length, gives it considerable motion under a heavy weight. A person may attempt to walk its length, turn around, gesticulate or dance upon it; or two may stand upon it, each endeavoring to maintain his position while using his best endeavors to oust his companion.

Maps and pictures ornament many of the apartments and corridors. In our walk through the department for females, we entered a large room in which twelve or fifteen patients were sewing. A piano constituted part of the furniture. We seated ourselves and Dr. Zeller joined them in singing a variety of songs, accompanied by the piano, from the selection compiled at Siegburg. “The last rose of Summer,” translated into German and adapted to its native, English air, was the most familiar, if not the most pleasing.

Among the musical instruments with which the institution is furnished, is the zithern, or Tyrolese guitar.

As at many other German Asylums, so at Winnenthal an annual festival is given to the patients. All whose condition renders it justifiable, assemble upon some suitable and pleasant portion of the grounds, and, with music, dancing, refreshments and social intercourse, pass an afternoon of general enjoyment. In one of his later reports, Dr. Zeller informs us that a course of chemical lectures had been given by one of the patients, and that they were attended by some of the residents of Winnenden.

I must again recur to the Report of 1837, for the exposition of another branch of the moral treatment, that of religious worship.

“Through the instrumentality of the two Chaplains, the Superintendent finds his restorative efforts greatly assisted. The religious sentiment, in the mass of the population of Würtemberg, is so profound, and it is so much fostered by all our educational institutions that, if its necessities were not satisfied here, all faith and confidence in the Hospital would be lost. Even with those in whom the deeper consciousness appears to be entirely extinguished, a failure of the religious observance of the Sabbath, and of the fast and feast-days, would cause a painful void, not to be filled by any other means. The satisfaction of this necessity is the basis of the judicious, systematic order which is the life of the institution.—Wherein could the disordered, wandering reason of man see its way more clearly, than in the unerring path of godliness in which, alone, the talents of the healthy can be educated in a truly rational manner? ***** As, often, with the insane, when all attention to what is passing around them appears to be destroyed, it is afterwards

proved that nothing, however insignificant, escaped their notice, so, the religious power of the soul not unfrequently continues to work in secret, finds its nourishment in the correspondent emotions of others, and prepares for its earlier or later re-awakening.

“In many instances insanity arises from the loss of some real or imaginary good, as property, honor, love, friendship, innocence, a quiet conscience; or from the fear of losing it; or perhaps from the despair of its acquisition; or from the doubt of assistance in the event of misfortune. This ground-tone of most mental maladies, this anxious condition of the mind, with the uncomfortable, painful bodily susceptibility, leads to a general moral depression and a clouding of the spiritual clearness, and is then re-echoed in all the blissful intoxication of insanity. The soul, in its innate tendency to be happy, oversprings its true, eternal felicity into the *delusion* of unending happiness. If, then, we would effect a radical cure, not only, as a general rule, must all the bodily disease which accompanies or is a condition of the mental disturbance, be removed, but this painful internal discordance must be destroyed. Some inalienable good must be substituted for that which has been lost. Assistance must be rendered to these unfortunate beings, and nothing can render more than religion.

“Even the outward circumstances, the act of assembling, the quietude, the order and especially the singing must have a favorable effect upon many patients. Hitherto, not one of our religious gatherings has been disturbed; nay, the quiet and composure of most of the patients exceeds that of the many religious assemblies of the sane. No patient is any way compelled to attend the services, and yet more than two-thirds of them are generally present.”

STATISTICS,

From 1834 to 1846, both inclusive.

	Men.	Women.	Total.
Admitted,.....	541	333	874
Discharged, cured.....	158	118	276
Improved,.....	137	176	213
Unimproved,.....	111	62	173
Unsuitable,.....	2	3	5
Died,.....	70	34	104
Remaining in the Hospital,.....	63	40	103
Total,.....	541	333	874

In the subjoined table, the patients admitted in the three years ending in 1843, are not included.

	Men.	Women.	Total.
Single,.....	229	119	348
Married,.....	133	84	217
Widowed,.....	10	27	37
Divorced,.....	7	7	14
Total,.....	379	237	616

One man was blind before the origin of his mental disorder. Three of the patients were deaf and dumb, and one of them recovered from the insanity. There are, at nearly all times, some cases of paralysie générale in the hospital. No one has ever recovered.

ASYLUM AT ZWIEFALTEN.

The Zwiefalten Asylum for incurables, said to be the best establishment of the kind in Germany, was first organised, by placing a physician at its head, about the year 1839. It has apartments for one hundred and fifty patients. It is under the inspection of the Minister of the Interior, through a Royal Commission of Inspection. Dr. Schæffer, Aulic Counsellor, is its present superintendent. According to the statute, he is permitted to practice in Zwiefalten and its vicinity. The steward is the second officer. An assistant physician is permitted, if necessary. A Protestant and a Catholic chaplain are connected with the institution, but are not residents in the house. The supervisor of the men's department performs the duties of house-surgeon. Patients are admitted according to their pecuniary ability, at 365, 250, or 150 florins per annum. If, however, they are wholly or principally dependent upon public charity, the charge is but 100 florins. Board always to be paid quarterly, in advance. In his report for 1846, Dr Zeller remarks that as Zwiefalten Asylum was full, he had been obliged to receive incurables at Winnenthal. He consequently recommends the foundation of a third institution.

HEIMBACH.

Drs. Adolph and Frederick Stimmel are the proprietors of a private establishment in the valley of Heimbach, two or three English miles from Esslingen. The building was formerly occupied as a hydropathic Hospital, and is well supplied with spring water and convenient arrange-

ments for bathing. It is eighty feet above the general level of the valley, in the midst of a region of vineyards, and immediately surrounded by a tasteful garden, six acres in extent, belonging to the proprietors of the Asylum. Esslingen is connected with Stuttgart by a railroad.

HEIMBACH

Dr. Adolph and Frederick Bömmel are the proprietors of a private establishment in the valley of Heimbach, two or three English miles from Esslingen. The building was formerly occupied as a hydrophobic Hospital, and is well supplied with spring water and convenient arrange-

4. HANOVER.

INSTITUTION AT HILDESHEIM.

The Royal Asylum for the Insane in the Kingdom of Hanover, is at Hildesheim, a few miles from the city of Hanover, whence it may be reached by railroad. The institution includes three distinct establishments, one for curables of both sexes, and one for the incurables of either sex.

The hospital for curables is the monastery of St Michael, which was granted to the Benedictines, in A.D. 1001, by Bishop Bernward, the Chancellor of the Emperor Otto the Third. It stands upon an elevation, within, but adjacent to the city walls, and from its windows commands an extensive and diversified prospect including the distant towers of Hanover. The dwellings of citizens are in its immediate neighborhood, but, upon one side, it has gardens several acres in extent. The high priced boarders occupy special apartments. All others are associated in sections of from four to twenty persons, there being a day-room and a dormitory for each section. The rooms are generally large, and upon both sides of the corridors. They are heated by earthen stoves or furnaces. The windows are guarded externally by iron bars. Some of the patients have feather beds, others have mattresses of horse-hair or wool.

This establishment can accommodate two hundred patients, and is now nearly full. Foreigners are not admitted. The prices are 90, 150, and 200 thalers per annum, clothing inclusive in the first two classes. Payment, six months in advance, is required.

The superintendent, Dr Bergmann, receives a salary of two thousand thalers, with the perquisite of rooms for

some pay patients. He is a prominent advocate of the doctrines of the Somatics. The following extract from his writings will give an idea of his views respecting the treatment of Insanity.

“The management of the Insane should be generally conducted upon the principles of education. The work is truly onerous, and requires patience and perseverance, not to force, but attempt to lead them to the moral law and to order, by continual habit and example, by mildness and love, admonition and exhortation, praise and condemnation, reward and restriction. The awakening of their sense of honor and confidence in their own strength, the shewing to them, by example, the value of self-control, of moral power and religious confidence; the exciting of fear and hope; endeavors to direct and fix their attention upon particular subjects; variety of occupation, intercourse and amusements;—these are the general principles upon which such an education should be prosecuted.”

Much reliance is placed upon baths. They are used in all their forms, both simple and medicated. Cold water is employed in the neuroses, as head-ache, tic-douloureux, sciatica, sleeplessness, hypochondria, hysteria and general atony. Here, for the first time in an institution of the kind, I saw an apparatus for the vapor-bath. The flexible hose is also used, as at Berlin, Illenau and other places, for applying the douche, or the shower affusions upon the head, when the patient is in the warm or tepid bath. Venesection is rarely practised, but cups are sometimes applied to the back of the neck. Very little opium or other narcotic is given. Antimony is employed as a nauseant in cases of high excitement, and externally to produce ulcers upon the scalp. Aconite and senega are prescribed in paralysie générale. Upon being asked if he had ever suc-

ceeded in effecting a cure in this disease, Dr. Bergmann answered, "I think I have. But," he added, "if mental disorder accompany the disease, cures are very rare." Beer is the daily drink of some classes of the patients, and the use of tobacco is permitted.

The high cloister, upon one side of the courts, has been converted into a dark, or rather a very dimly lighted room, for the isolation of violent patients. The jacket and chair are used for restraint. The latter is of the usual German form, but its back may be inclined, permitting the occupant to repose; and a shelf slides in, over the knees, answering the double purpose of a table and additional security. The patient is also fastened in his place by a belt passing around his waist.

Employment is an important part of the moral treatment; and there are shops for shoemakers, tailors, and cabinet makers, for the weaving of linen and the manufacture of straw mats and chairs. This straw work has great reputation and a ready market. The women sew, knit, spin, embroider, and assist in the domestic labors. Draughts, dominoes, cards, ninepins, billiards, theatrical performances and concerts furnish amusement and entertainment. The educated patients are furnished with books; and, to some extent, instruction is given in reading, writing, arithmetic, drawing and music. There are several pianoes, and other stringed as well as wind-instruments. The chapel is supplied with an organ, and religious services are regularly performed. This apartment is remarkable for its sculptures in alto relievo of Scriptural scenes. They were made in the fourteenth century.

The patients are supplied with pamphlets, compiled by the officers and printed by the inmates of the institution, and containing "rules for a happy life" and "words of consolation" adapted to their condition. The follow-

ing extracts give a correct impression of their general character.

“Be not too rapid ; the race-horse is overthrown, but the patient camel arrives, by steps, at the goal.”

“To do no evil is well; to think no evil is better.”

“That which is born must die; that which dies will be born again.”

“Our sufferings must often appear to us as warnings from Heaven.”

“Among the most beautiful things of this world, are the starry heavens above us and the sense of duty within us.”

“Man, enjoy thy life as if thou must leave it to-morrow ; be prudent of it, as if thou shouldst remain here forever.”

“Be moderate in the enjoyment of all pleasures.— Make not to thyself many necessities.”

“Strive, as much as possible, after moral contentment and a quiet conscience.”

“Let truthfulness and probity accompany thee to thy grave, and deviate not a finger’s breadth from the path of godliness.”

“Arouse, O, my soul! when the stars are hidden, when the howling tempest and the darkness of night are around thee, learn to be a light unto thyself.”

In 1841, 92 patients were admitted, 37 cured, 16 removed to the Asylum for incurables, and 12 died.

STATISTICS,

From January 1st, 1842, to December 31st, 1845.

	Men.	Women.	Total.
Patients, on the 1st of January 1842,....	140	91	231
Admitted, in four years,.....	180	129	309
Whole number,.....	320	220	540
Discharged cured,.....	73	68	141
“ Improved,.....	5	1	6
Transferred to incurables,.....	72	38	110
Died,.....	32	19	51
Remaining, December 31, 1845,.....	138	94	232

These statistics are combined from four reports. In that for 1842, a distinction is made between the cured and the improved, but in the other three, all who left the institution, excepting those who were transferred to the incurables, are included under the head “discharged.” As, undoubtedly most of them were “cured,” I have so placed them; but the method of reporting alluded to is inconsistent with Dr. Bergmann’s character for minuteness and accuracy of investigation and observation.

Of six hundred and sixteen cases, admitted in the course of ten years, seventy-eight—in seventy-two men and six women—were caused by the intemperate use of intoxicating liquors. Some of them were delirium tremens. One case of this kind is reported as cured in 1842.

Not the least entertaining or useful part of my time in Hildesheim was that which I passed with Dr. Bergmann, in his studio. The Doctor is a good specimen of the German professional savant,—one who did not think himself emancipated from books—and particularly the broad volume of nature—the moment he received his diploma, but who studies onward and onward, through life’s seasons of flowers and of fruit, into the hoary frosts of its later

autumn, as if the terrors of the "green-box" were continually before him; one who appears to have read every thing and whose retentive memory preserves all that is valuable, so arranged in the great storehouse of the mind, that any item may be brought forth immediately, how sudden or unexpected soever the exigency. He was at his table, writing, when I entered; with his books, in various languages around him. He showed me some of the results of his labors, in a vast accumulation of manuscripts bound into perhaps seventy ample volumes. Many of the subjects discussed in them are illustrated by numerous well-executed drawings, also by his hand. Among these are diagrams of the forms, upon horizontal section, of the crania of a large number of persons, both sane and insane, which he has measured. He exhibited specimens of the concretions in the pineal gland and the choroid plexus. He considers the presence of the latter essential to a normal mental condition, in adults; having never failed of finding it excepting in the brains of imbeciles. I examined these concretions in some dried specimens of the plexus. Under an ordinary magnifying glass they appeared like sand in extremely minute globules, but with a microscope of higher power they assumed the exact similitude of pearls, of about one-eighth of an inch in diameter. Those of the pineal gland bore a striking resemblance to the brown, crystalized, "rock" candy.

Dr. Bergmann has contributed various articles to the *Journal for Psychiatrie*. Among them are, "Report of a case of Homicide caused by hallucinations," and a "Case of mania metastatica"—proceeding from the heart—in volume first; "Remarks upon Insanity caused by disappointed love"—an interesting essay, including several cases—in volume third, and "Autobiography of the Insane" in volume fifth.

ASYLUM FOR INCURABLE MEN.

The St. Magdalen Convent of the Sisters of Penitence was converted into an Asylum for the Insane, and opened at the commencement of the year 1833. Patients were transferred to it from the prison at Celle. It is within, but adjacent to the walls of the city, perhaps one hundred rods from the institution for curables. It is now occupied by incurable men, but has a Secundar-Physician. There are accommodations for two hundred patients. The present number is one hundred and eighty-three, and that of attendants fifteen. They sleep, with the exceptions hereafter mentioned, in associated dormitories, and each section has a common day-room. Part of the bedsteads are iron, part low, plank bunks. In the rooms for the violent they are placed each over a stone with a concave surface, and an aperture in the centre which leads into a sewer. The aperture may be stopped by an iron ball attached to a chain which, at its opposite extremity, is fixed to the floor or the wall. The beds are mostly of straw. The windows are guarded on the outside by iron bars. There are no special arrangements for ventilation, as was but too evident in some parts of the establishment. In the upper story there is a suite of rooms, very comfortably furnished, for pay-patients.

Many of the inmates work. They assist in the domestic duties, and manufacture straw mats and chairs. They are permitted to smoke, and are furnished with beer, at dinner, on the Sabbath. Music and card playing are their chief amusements. They attend no religious services. About twenty of the patients are epileptics.

STATISTICS,

From January 1st, 1843, to December 31st, 1845.

	Men.	Women.	Total.
Patients, on the first of January 1843,..	128	102	230
Admitted in three years,.....	7	3	10
Received from the curative hospital,....	60	30	90
Whole number,.....	195	135	330
Discharged,.....	2	3	5
Died,.....	61	31	92
Remaining, December 31, 1845,.....	132	101	233

Of thirty-three who died in 1842, ten were epileptics.

ASYLUM FOR INCURABLE WOMEN.

The establishment for incurable women is without the city walls, near the rail-road station. It is of recent origin, having been opened on the first of January of the present year, (1849.) It was intended for one hundred and eighty patients. The present number is one hundred and sixty. They are under the immediate care of twelve attendants. It stands upon low, level, marshy ground, and is surrounded, excepting in front, by a moat or ditch filled with stagnant water, the surface of which is ornamented with a thick, slimy, green scum. If the Kingdom of Hanover is to have many more institutions for the insane, it is to be hoped that such sites are scarce within its limits.

The building is of the H form, two stories in height, without basement rooms, and it might almost be added, without basement. The two parallel portions have corridors extending lengthwise upon the inner side, and are occupied by patients—excepting that, in the front extremity of one of them is the residence of the steward. The kitchen and storerooms are in the lower story of the connecting wing. Above them are handsomely furnished apartments for pay-patients. The space back of this

wing, limited by a wall running between the rear extremities of the parallel buildings, is the only airing-court for the patients. The floors of the corridors are of cement, those of some of the rooms, asphaltum, of others, wood. The window sashes are wooden, each in four compartments, opening on hinges, and fastened, when closed, by a turn-latch moved by a tube-key which is kept by the attendant. None of the windows are protected internally. Those of the second story are guarded on the outside, by light iron grates corresponding with the sash. Earthen stoves are used for heating the apartments. Doors and windows are the only channels for ventilation, except in the water-closets. A large pipe ascending from each of these communicates with the external air. The corridors are lighted, at night, by handsome suspension lamps.

The two parallel edifices are divided into small wards, or departments for from eight to fifteen patients. Each department has a day-room, used also as a dining-room, in the middle, a dormitory upon one side, and a wash-room and a water-closet on the other. The bedsteads are iron. Table furniture and clothes are kept in wooden cupboards and closets standing in the rooms and the corridors. The ordinary means of restraint for the arms is a garment hybrid between the camisole and the strait-jacket. Three straps surround the body,—one immediately beneath the shoulders, one at the waist, and the third at the hips. To these the sleeves are firmly attached, being connected, at the shoulder, to a strap which surrounds the neck. A brace passes obliquely, on either side, from near the middle of the neck-strap, in front, to the sleeve. Some of these jackets are made of leather, others of cloth. The wearer's arms, as it will be perceived, are fixed perpendicularly against his sides. The

coercion-chairs are made of plank, and the patient is confined in them by two leathern straps for each leg, below the knee, one for each arm, above the elbow, and a wide one around the waist.

Many of the patients were knitting, sewing and spinning. The whole establishment was in excellent order. It is a great pity, however, that its founder was not blessed by a vision similar to that of St. Bernard de Clairvaux, at Eberbach,—but the animals should have run *up* hill—it would have been impossible for them to run *down*.

5. GRAND DUCHY OF BADEN.

Such of the insane of the Grand Duchy of Baden as it was necessary to isolate in some public receptacle, were for many years kept in a department of the almshouse at Pforzheim. As the numbers increased, and the necessity of providing them with better accommodations and greater facilities for restorative treatment became acknowledged, they were transferred, in 1826, to the buildings of the Jesuiten-konvikt, in Heidelberg. The architectural arrangement of this old establishment was such that a suitable classification was impossible. The grounds were limited, and the house soon became uncomfortably crowded. Hence in 1829 and 1830, sixty of the incurables were carried back to Pforzheim. Even in 1827, the dissatisfaction with the building at Heidelberg was such that measures were taken for procuring another. As no suitable edifice already constructed could be procured, the government decided in 1829, to erect one. For several years no active measures were taken for the prosecution of the enterprise, other than the appointment of Commissioners to select a site. In 1835, they reported in favor of a place near the town of Achern. Hereupon, the Medical Faculties of the Universities at Heidelberg and Freiburg memorialized the Legislative Chambers, opposing the plan of the Commissioners and advocating the establishment of two institutions, one at each of the cities mentioned, in order that the medical students might enjoy the benefits of clinical instruction in mental diseases. This proposition did not prevail. The Chambers voted the necessary funds, and the site proposed was purchased in 1836. The design

of the buildings was made by Dr. Roller, of the Asylum at Heidelberg, assisted by an architect. Some of the disconnected dwellings for employèes were commenced in 1836. In 1839, the corner-stone of the principal edifice was laid, and the whole was completed and opened for patients in 1842. Its cost was nearly five hundred thousand guldens. The institution received the appellation *Illenau*.

The government authorities of Baden, the Duke and the Chambers, appear to have taken some interest in the subject of insanity ; which is more than can be said of all the sovereign powers of central Europe. A very beneficent statute has been enacted for the purpose of hastening the removal of the insane poor to the Asylum. The expenses of this class are, as a general rule, divided between the Ducal government and the communes. By the provisions of this Act, the former assumes the whole expense during a period of six months, provided the patient be removed to Illenau within six months from the time of the first appearance of the mental disorder.

One of the Supervisors in the department for the men, at Illenau, has received from the Duke a silver medal as a testimony of the appreciation, on the part of the latter, of long-continued and faithful services. The Supervisor had been engaged in the business of guarding the insane, at Pforzheim, Heidelberg and Illenau, during an uninterupted period of twenty years.

Another wise and humane act of the government is that of having provided for the support, partially or wholly, by pensions, of such attendants as shall have faithfully performed their duties for a certain number of years.

ILLENAU.

Achern, a village of two thousand inhabitants, is in the valley of the Rhine, on the route by rail-road from Baden-Baden to Strasbourg. The country around it is an extensive plain, limited, on the east, by the Schwarzwald Mountains. Upon this plain, half a mile from the village, stands the Illenau Hospital for curable and incurable Insane. It is so extensive, and its roof so broken by the numerous pavilions which rise one story higher than the rest of the building, that a stranger approaching it without a knowledge of its destination, might easily mistake it for a village. Its general plan is that of two linear buildings between seven and eight hundred feet in length, one of them interrupted in the middle by an open space of about one hundred feet. They are parallel to each other, about two hundred and fifty feet asunder, and joined by four intervening wings, two on the right and two on the left hand of the middle. There are some minor additions to this, not easily described.

Internally, the architectural construction is such as to make ten distinct departments for each sex; thus furnishing ample scope for an appropriate classification. Each department, with a single exception for either sex, has a garden or airing court for its occupants. The whole establishment was intended for four hundred patients, but its present number is four hundred and thirty. Excepting the high-priced boarders, they lodge in dormitories of from eight to twenty beds, and always accompanied by an attendant. Some of the dormitories are heated; in which case the stove and the bed of the attendant are within a latticed enclosure. The Russian air-tight stove is used in nearly all parts of the building. These are supplied with fuel from the corridors. The beds are of

horse-hair. Part of the upper sash of some of the windows is so arranged as to be let forward at the top, leaving a space for the admission of air. The apartments of each high-priced "boarder" is furnished with a bed, four chairs, a sofa, a pier table, a wash-stand, window-hangings, and, for the men, a writing-table and bookshelves, for the women, a work-table. Pictures are suspended on the walls in nearly all the departments.

Illenau has four Medical Officers, the Superintendent Dr. Roller; Second Physician, Dr. Hergt; Third Physician, Dr. Fischer, and Assistant-Physician, Dr. Zandt. The salary of the Superintendent is 2,200 florins, that of the Second Physician 1,400, and of the Third Physician 1,000 florins, without dwelling, fuel or lights. According to the Statutes relating to the institution, "A Commissioner of the Minister of the Interior and a member of the Health Commission must make at least one visit of inspection (to it) annually." This provision is hardly followed to the letter, since, as I was informed, no such visit has been made for several years. Dr. Roller, however, reports its condition to the government. Although intended for incurables as well as curables, yet cretins, idiots, cases of abject imbecility, persons in whom the epilepsy preceded the mental disorder, and the insane who have cancer or secondary syphilis are rejected. If isolation become necessary for these, they are sent to Pforzheim. In fact, no incurable person is received at Illenau, unless he be dangerous or devoid of the means of support.

The "boarders," so called, pay six hundred florins per annum, if natives of the Duchy; seven hundred and fifty if foreigners. Patients of the first class pay four hundred and five hundred florins, according as they are natives or foreigners; in the second class two hundred and forty,

and in the third one hundred and sixty florins. The paupers are clothed by the Institution but are not dressed in uniform.

There are now nearly eighty attendants, exclusive of the supervisors. They receive three hundred florins each, annually, but are charged one hundred and thirty florins for board and washing. They are always taken, at first, upon trial, and at lower wages, and permanently hired only when they have proved themselves properly qualified for the performance of their peculiar duties. Some of them are married, their families living in dwellings erected for the purpose upon the premises. They, as well as the supervisors, are punishable, in some cases of delinquency or mal-conduct, by pecuniary fines.

The printed rules for general observance, and those which are specially applicable to the supervisors and the attendants, form the most complete *code* of the kind with which I am acquainted. They fill upwards of a hundred duodecimo pages, and contain detailed instructions in regard to baths, poultices, blisters, leeching, cupping,—in short every branch of the curative treatment the duties of which belong, in whole or in part, to the attendant

Ample provision is made for bathing, which performs an important rôle in the restorative treatment. The *douche* is but little used, as it is thought, in some cases, to increase the excitement. In acute mania, the patient is kept in the tepid bath three, four, six and sometimes even eight consecutive hours, his head being wet, from time to time, with cold water applied by a showering apparatus upon the extremity of a flexible tube. There is an artificial pond upon the farm, in which the men are permitted to bathe during the warm season. Venesection is never practised unless there be congestion, or some acute inflammation, as pleuritis or pneumonia. In mania, Dr.

Roller thinks that bleeding is likely to increase rather than to diminish excitability. Opiates in large doses have been used with benefit, in both mania and melancholia. Antimony and digitalis are employed to some extent. Convalescents are not removed to a separate department. It is thought to be better for them to remain with the other patients.

Many of the patients admitted were suffering under *paralysie générale*. They are treated with nitric acid and other tonics. Some benefit has also been derived from aconite. Dr. Roller has never known an instance of recovery where, upon admission, the patient exhibited the decidedly characteristic symptoms of the malady. Some cases supposed, at first, to be this form of paralysis, have been cured.

The camisole and the "coercion-chair," with attached straps for confining the limbs, are employed in effecting bodily restraint.

Dr. Roller belongs to the Somatic School, believing that the mental disturbance, in insanity, originates from, and is merely a symptom of, some lesion of the encephalon. Yet he gives to moral treatment the pre-eminence, on the ground that, from the reciprocal action of the mind and body, wholesome action upon the former is transferred, with curative influence, to the latter. I quote some of his remarks upon labor.

"Employment of the patients, when ordered by the physician, is an important curative means;—only a means, never an object. The institution must never be made a work-house. Its usefulness must not be measured by the quantity of labor performed. Among the various kinds of work, that of the garden and field, applicable to both sexes, is the most evidently useful. It is a pleasure to see the patients of Illenau going in numerous par-

ties to the fields, where they hoe, weed or harvest, according to the season. The exercise in the fresh air, the distraction from their delusions, the consciousness that they are working together for their mutual good, the pleasure of resuming a former agreeable employment, or the interest awakened in those who have never before learned to till the soil, the companionship permitted by the nature of the work, its simplicity, whence it may be performed without minute attention,—all contribute to place it in the first rank for these patients.”

There are, however, work-shops for tailors, shoemakers, saddlers, book-binders, turners, joiners, waggon-makers, coopers, locksmiths and blacksmiths. The preparation of vegetables and the work of the laundry furnish employment to a large number. They are not, however, permitted to go into the kitchen. Some of the women prepare horsehair for mattresses, braid straw, spin and weave; and the knitting and sewing for so large an establishment gives occupation to many.

Schools have been established, but they are not continued throughout the year. They are under the charge of the chaplains and one of the female supervisors. The elementary branches, reading, writing, arithmetic and geography are taught. Some of the patients study botany under the instruction of the Assistant Physician. There is a commodious chapel supplied with an organ, in the buildings. Religious services, both protestant and catholic, are regularly performed.

Music, as in most of the German Asylums, is one of the principal sources of entertainment. The patients have the use of at least six piano-fortes, and a teacher of music is constantly employed. Concerts and festive parties are

given in a large saloon constructed for the purpose. This looked, on the morning of my visit, like

“Some banquet hall deserted,
Whose lights are fled,
Whose garlands ——”

no, they were not “dead,” but still hung in gay festoons, and wreaths of flowers, and leaves, and branchlets, as fresh as if just from their homes in the garden and the grove. It was unnecessary that I should be informed that the preceding day had been a holiday at Illenau. It was the natal anniversary of the Grand Duke, and I had seen, at Carlsruhe, and Baden-Baden, and even around Radstadt, rebellious and but recently fallen Radstadt, the apparently joyous outpourings of loyalty.

Christmas is annually observed at Illenau, by giving a general festa for the inmates. A “Christmas tree” honors the occasion by its presence, laden with a present for each and every person, whether employer, employed or patient, throughout the establishment. Bagatelle and other games are sources of amusement within doors; and in the gardens there are two bowling alleys and various implements for gymnastic exercise. The patients, suitably attended, are permitted to walk in the neighborhood, and sometimes to make long excursions.

STATISTICS

From the time of opening, in 1842, to the close of 1845.

	Men.	Women.	Total.
Transferred—			
From Heidelberg and Pforzheim, in 1842, } 169	122	291	
Admitted, in the course of the period,..... 213	192	405	
Whole number,.....	382	314	696
Discharged cured,.....	69	42	111
“ Improved,.....	54	31	85
“ Unimproved,.....	10	12	22
Died,.....	40	37	77
Remaining, Dec. 31, 1845,.....	209	192	401

A large proportion of the patients from Heidelberg and Pforzheim, as well as of those subsequently admitted, were incurable. Some of those discharged improved, are said to have recovered, afterwards.

I have neglected to mention that the farm belonging to the institution contains about forty-three acres. In 1847, the current expenses of the whole establishment were about one hundred and twenty thousand florins.

Dr. Roller is the author of a work upon the Principles for the Construction of new Institutions for the Insane.* An interesting case of Melancholia is reported in detail, by Dr. Hergt, in the third volume of the Journal for Psychiatrie. Dr. Fischer has contributed several valuable essays to the same publication. Among them is one upon "The ear-bloodswelling, (erysipelas auriculæ,) or Otitis of the Insane," in the fifth volume. It is illustrated by colored plates.

* Grundsätze für Einrichtung neuer Irrenanstalten, insbesondere der Heil- und Pflegeanstalt bei Achern im Grossherzogthume Baden. Von C. F. W. Roller. Carlsruhe, 1838.

6. MECHLENBURG-SCHWERIN.

SACHSENBERG.

The insane of Mechlenburg-Schwerin were formerly kept in a department of the prison at Doemitz. About the year 1820, the Grand Duke became so much interested in one of the patients that his attention was led to the general condition of the insane within his dominions. He commissioned Dr. Kloss to investigate and report upon the subject, and this resulted in the foundation of the institution of Sachsenberg. The building, designed by the superintendent, Dr. Flemming, was opened for the reception of patients at the commencement of the year 1830, and fifty incurables were immediately transferred to it from Doemitz. It is upon a small hill, a mile or more from the city of Schwerin, and is immediately surrounded by its farm of seventy-five acres of productive land. Although much larger than the Asylum at Frankford, Pennsylvania, its model is almost identical with that. It is of the linear form, and consists of a central building three stories in height, and two symmetrical wings of two stories, each terminating in a pavilion of three stories, all exclusive of the basement.

The officers, the high-priced boarders and some of the convalescents occupy the central edifice. In this department each patient has two well furnished rooms, a parlor and a dormitory,—and a special attendant. The medium classes are in the wings, where the rooms contain from two to twenty beds each. In each wing there is also an infirmary consisting of two rooms and a small adjacent kitchen. The corridors are next to the outer wall. Most of the bedsteads are iron. The patient may

bring his own bed. The tables of all excepting the violent patients are supplied with knives and forks.

In 1843, when there were about two hundred patients, the number of attendants was eighteen. Each one is furnished with a printed series, in twenty sections, of rules and regulations by which their conduct and the management of the patients are to be governed. Some delinquencies, on their part, are punishable by pecuniary forfeits. The money accumulated from this source is expended in the remuneration of faithful attendants whose clothes or other property may have been destroyed or impaired by the patients. If, through want of watchfulness, a patient should escape or destroy property, the expense of retaking the patient or of replacing the property is deducted from the wages of the attendant.

Dr. Flemming espouses the doctrines of the Somatic school, believing that the primary seat of insanity is not in the mind, or the soul; in short, that the moral being, in its intimate nature and essence, is but little if any more affected in this than in other physical diseases. He considers restraint of the body or limbs as but a transient palliative, and resorts to it as little as he believes to be compatible with the best interests of the patients. The means employed for this object are the jacket, muffs and the strong chair. The chaplain to the institution formerly resided in the building, but as he did not esteem his regular services useful, he requested and received permission to live in Schwerin.

STATISTICS,

From January 1st, 1841, to December 31st, 1845.

	Men.	Women.	Total.
Patients Jan. 1, 1841	99	80	179
Admitted in 5 years,	122	112	234
Whole number,	221	192	413
Discharged, cured.....	37	50	87
“ not cured,.....	25	28	53
Died,	44	19	63
Remaining Dec. 31, 1845	115	95	210

STATISTICS,

From January 1st, 1847, to December 31st, 1848.

	Men.	Women.	Total.
Patients Jan. 1, 1847	126	94	220
Admitted in two years,	71	64	135
Whole number,	197	158	355
Discharged, cured,.....	28	22	50
“ not cured,	10	10	20
Died,	15	13	28
Remaining, Dec. 31, 1848,	144	113	257

The subjoined calculations refer to the first series of cases, those of the term ending with the year 1845.

Of cases—

Under 3 mos. duration	66,	of which	44 or 66.7	per cent	were cured.
From 3 to 6 “	50,	“	20 or 40	“	“
“ 6 to 9 “	16,	“	7 or 43.7	“	“
“ 9 to 12 “	12,	“	4 or 33.3	“	“
“ 12 to 18 “	9,	“	1 or 11.1	“	“
Over 18 “	57,	“	3 or 5.3	“	“

It is intended that the Asylum shall be, as nearly as possible, an independent, self-sustaining establishment, performing its own labor and producing its articles of consumption. Hence it has a brewery, bake-house, butcher's-stall, barn, &c. In the laundry there is an apparatus for washing by steam and soda. The work is said to be performed much better than by the ordinary method, and with a very great saving of labor and time.

A department for incurables, making Sachsenberg a “relatively connected” institution, was commenced about the year 1846.

Dr. Flemming is one of the associate Editors of the Journal for Psychiatrie. One of his most valuable contributions to its pages, is an essay, in the first volume, "On the classification of the insane, and a new attempt at the same, with particular reference to juridical psychology." He has published a work descriptive of Sachsenberg.*

* Die Irrenheilanstalt Sachsenberg, bei Schwerin, im Grossherzogthume Mecklenburg. Nachrichten ueber ihre Entstehung, Einrichtung, Verwaltung und bisherige Wirksamkeit. Schwerin, 1833.

7. OLDENBURG.

The population of the Grand Duchy of Oldenburg, in 1843, was 222,956.* In 1845 the whole number of insane and idiotic persons was 636, and that of epileptics 59. They were classified as follows; mania 44, melancholia 53, "verrucktheit" 158, imbecility 146, congenitally idiotic 227, epileptic 59, not stated 8. The numbers of each sex, as well as the condition in regard to marriage of the insane and the idiots, is shown by the subjoined table.

	Men.	Women.	Total.
Unmarried,	258	202	470
Married,	50	58	108
Widowed,	12	41	53
Not stated,	4	1	5
	334	302	636

Proportion of the insane and idiots to the whole population	} is as	1 to 351
Proportion of the insane alone to do.	"	1 to 545
" idiots "	"	1 to 982
Proportion of insane and idiotic males to the population of males,	} is as	1 to 332
Proportion of insane and idiotic fe- males to the population of females,	} is as	1 to 371
Proportion of congenital idiots to the whole insane and idiotic,	} is as	35 to 100

BLANKENBURG ASYLUM.

Subsequently to the suppression of the ecclesiastical establishments, the monastery of Blankenburg, founded as long ago as the year 1284, was used as an asylum for orphans and the poor, and at length converted into a receptacle for the insane. There are, however, a few blind persons, deaf-mutes and paupers among its inmates. It contains eighty rooms, of which it is said

* Dr. Kelp, in Journal for Psychiatrie, vol. iv.

that but fifty-eight can, with the present facilities, be heated. Number of inmates, eighty-five; of whom forty-five are men and forty women. The insane are all incurable. Curable patients are taken only in urgent cases. Annual average of deaths, five. The asylum is under the direction of a steward, but is visited twice in each month by a physician. The patients work on the land and in the house, and tobacco is given them as a reward. In 1848 there were eighty-five patients and three attendants.

the present state of knowledge, although it is not
 rank among the most generally practiced institutions. The
 number of patients on the 1st of January, 1844, was
 331, and 69 were received in the course of the year,
 making the whole amount 400. Of these, 19 were dis-
 charged cured, 13 not cured, and 31 died, leaving in the
 asylum—

Year	Admitted	Discharged	Died	Remaining
1844	69	19	13	331
1845	57	17	10	361
1846	41	10	8	384
1847	30	8	5	400
1848	19	5	3	400
1849	17	4	2	400
1850	17	4	2	400
1851	17	4	2	400
1852	17	4	2	400
1853	17	4	2	400
1854	17	4	2	400
1855	17	4	2	400
1856	17	4	2	400
1857	17	4	2	400
1858	17	4	2	400
1859	17	4	2	400
1860	17	4	2	400

With five exceptions, these persons were from the
 Kingdom of Brandenburg, Upper Silesia and Silesian
 Prussia.
 The year of 1810 was marked at this institution
 by a violent scourge which resulted in the death of
 its superintendent, Dr. Amalung. The doctor, who
 under a pulmonary disease, was lying upon a sofa when
 a man with homicidal propensity, who had already kill-
 ed one person, was admitted. He examined the case
 without rising, and while in the act of feeling the pulse,
 the patient drew a concealed knife and stabbed him.
 He expired four days, and died on the 10th of April.

8. HESSE DARMSTADT.

HOFHEIM,

This is an old establishment for the treatment and custody of both curable and incurable insane, and a few chronic cases of other diseases. It is said that its organisation and management are such as is required by the present state of knowledge, although it does not rank among the most nearly perfect institutions. The number of patients on the first of January, 1844, was 351, and 69 were received in the course of the year, making the whole amount 420. Of these, 19 were discharged cured, 13 not cured, and 31 died, leaving in the asylum,—

	Men.	Women.	Total.
Dec, 31st. 1844.	200	157	357
Of these, there were insane,.....	107	88	195
Idiots,	56	41	97
Epileptics,	18	16	34
Paralytics and other infirm,.....	13	4	17
Blind,	2	6	8
In senile debility,	3	2	5
Drunkard,	1	0	1

With five exceptions, these persons were from the Provinces of Starkenberg, Upper Hesse and Rhenish Hesse.

The spring of 1849 was marked, at this institution, by a tragical occurrence which resulted in the death of its superintendent, Dr Amelung. The doctor, suffering under a pulmonary disease, was lying upon a sofa when a man with homicidal propensity, who had already killed one person, was admitted. He examined the case without rising, and while in the act of feeling the pulse, the patient drew a concealed knife and stabbed him. He lingered four days, and died on the 19th of April.

He had been an active laborer in the field of Psychiatric. Among his writings in Damerow's Journal, is an article upon "the *consensus* between the brain and the abdominal organs, particularly in mental diseases." It is in the first volume.

9. DUCHY OF SAXE-WEIMAR EISENACH.

INSTITUTION AT JENA.

The institution at Jena is for both curable and incurable patients. I have seen no history of its origin, nor date of its opening, but a Statute respecting it was issued in 1821. This was abolished, and a new one enacted in May, 1847. According to the latter, every patient for whom admission is desired, must be visited and examined by a physician and a clergyman, who give their opinions in regard to the case, separately, and in writing, to the civil officers, through whom the application is made. This new law permits the application or expenditure of the earnings of the patients to be left at the discretion of the executive officers of the institution;—a permission which is greatly and justly lauded by Professor Damerow.

In 1844, it was stated in the *Journal for Psychiatrie*, that preparations were making for a new Asylum at Jena, but nothing further is subsequently published in regard to it.

10. BRUNSWICK.

According to an article by Dr. Mansfield, in the *Openheim Journal of the Medical Society*, for January, 1844, the number of insane, idiots, and epileptics in the Duchy of Brunswick, was as follows:—

	Men.	Women.	Total.
Insane,	254	234	488
Idiots, congenital or from childhood, .	124	92	216
Epileptics,	25	29	54
Total,	403	355	798

Of the insane, there were—

	Men.	Women.	Total.
Married,	39	35	74
Single,	216	178	394
Widowed,	8	19	27
Divorced,	2	1	3
Total, showing a discrepancy of ten, .	265	233	498

The population of the Duchy was 262,948. Therefore, the proportion of the insane to the whole number of inhabitants was as 1 to 539: that of the insane and idiotic, as 1 to 373.6.

ASYLUM AT BRUNSWICK.

The only institution for the insane in the Duchy, so far as I have learned, is that at Brunswick. I have seen no description of it. The number of patients at the close of the year 1841, was, of men 38, women 32, total 70. The physician, Dr. Mansfield, has contributed many valuable articles to the *Journal for Psychiatric*.

11. DUCHY OF NASSAU.

EBERBACH.

As the maiden in her rambles plucks here and there the choicest flowers in her path, until she possesses a bouquet redolent of beauty and rich in aromatic odor, so memory, along the broad field of existence, gathers its clusters of marked and precious days, preserving them with an ever-watchful care. The rose and the tubèrose, the heliotrope and the jessamine, prodigal of their sweets, soon exhaust the fragrance of their delicious nectaries; but the bouquet of memory is a perpetual pleasure, imparting its grateful incense through all the after-years of life. The day whose glory has just gone down behind the Rhenish mountains is one which will thus be garnered.

Early in the morning I went on board a steamboat bound from Mayence to Cologne, and landed, a few miles below the former city, at the town of Eلفeld. A walk of half an hour along the banks of the river, brought me to Erbach. Thence, going northwardly the distance of about two English miles, and passing the vineyards of Johannisberg and Steinberg, I arrived at the old monastery of Eberbach. Here, in the days of the misty past, dwelt one of the wealthiest associations of any of the monastic orders of the olden time. The institution was founded in A. D. 1131, by St. Bernard de Clairvaux, one of the preachers of the Crusades. The buildings, unlike those of Siegburg, are in a narrow valley, surrounded by lofty hills, and embosomed in hedges and fruit and ornamental trees. According to the legends of the Rhinegau, the establishment was first commenced upon one of the

neighboring hills; but before the building was completed the worthy St. Bernard had a vision in his sleep, in which he beheld it removed from its foundations, borne away upon the back of a wild-boar and deposited in the valley. The indications of the vision were not to be misinterpreted nor disregarded. The building was demolished, and those now in existence erected. The dream of the "father" is commemorated in sculptured oak. A moveable closet, formerly used by the monks and still to be seen in the establishment, bears upon its door a figure in bas-relief of a wild-boar running at full speed, and bearing the burden—no small one, it is true, of a monastery upon its back.

But as passes all the other glory of the world, so has vanished that of the monks of Eberbach. These vast edifices, upon which money was lavished as the rivers yield their waters to the sea, are crumbling under the heavy footsteps of the Years. The shadow of the index upon the dial is an unsubstantial thing, and its motion along the graven hours is slow, but marble and the quarried rock become as sand before its pressure. The pendulum is but a small weapon, and it swingeth lightly, yet what, of all created things, can stand before it? Where the sandal of the secluded ecclesiastic fell noiselessly in his spacious halls, the prisoner's tramp is now heavy with its iron chains. The cowl has departed and given place to the camisole. The hall of convocation for the dedicated "fathers" has become a depository for fuel, their dormitory the lodging-place of men who have infringed the laws of God and man, and their refectory a sewing-room for a band of female maniacs. A part of one of their magnificent chapels gives shelter to hay and stabling for horses, and the other is occupied by numerous presses from which flow the delicately-flavored Steinberg and

other wines that replenish the cellars of the Duke of Nassau.

The traveller in search of curiosities visits many places of less interest than the monastery--now the State's prison and hospital for the Insane—of Eberbach. Some idea of the general scale upon which it was constructed may be derived from the facts that the smaller chapel, now occupied by wine-presses, is one hundred feet long by fifty wide, and although one-third part of the larger one has been partitioned off for a barn, the remainder is two-hundred feet in length, and of proportionate width. This is still used as a place of worship for the inmates of the institution. It is partially surrounded, internally, by mural monuments of the deceased "fathers" each bearing in basso relievo, the effigy of him whom it was designed to commemorate. One of them is in alto relievo, and profusely ornamented. It is the most nearly perfect, that is, the least mutilated, as well as the most beautiful specimen of monumental architecture of the middle ages that I have ever seen.

In 1810, the Abbey of Schaenau was prepared as a receptacle for such of the insane of the Duchy of Nassau, as it became necessary to confine in some public establishment. In 1812, the inmates were removed to Eberbach which, for some years, took no higher rank than a place of detention and custody for persons who were considered dangerous to be at large. From 1815 to 1820, considerable improvements were made, and other classes of the insane began to be received. Even at that early period, the physicians recognised the injurious effects of venesection, and complained that their patients were not sent to them until they had been exhausted by bleeding. In 1817 the physician demanded earlier admissions as necessary for a curative hospital, better histories of the

cases, a bathroom, and a dissecting room, better food and more attendants. In 1821, the patients were partially classified, instruction and religious services were introduced, and a system of manual labor among the patients adopted.

In 1826, small fêtes were established. The rotary swing, one of the now almost forgotten inventions which, like evil genii, assuming the form of Philanthropy, or the Minister of health, have gloated over their own barbaric tortures of the lunatic, was procured, but soon abandoned. In 1829, a Society of Patronage was originated by Mr. Lindpaintner, who became distinguished for the energy and ability with which, as Director, he managed the institution.* This society was the first of the kind, so far as I am informed. To the poor who are cured, it extends its care and assistance during a period of two years after they leave the Hospital. Up to the year 1844 it had assisted eighty-one persons, at an expense of 1,348 florins. In 1830, two young physicians, intended as officers of the institution, were sent abroad to visit the best hospitals of the kind, and thus more adequately prepare them for the fulfillment of their future duties.

In 1840, the population of Nassau was 386,221. The number of the insane and of epileptics was, at the same time, 916. They were reported as follows :

* Lindpaintner died in 1848, aged fifty-five years. "The history of the Eberbach institutions,—their development to their present height is inseparably connected with the name of Lindpaintner." Such is the testimony of Dr. Damerow, and he adds—"perhaps the last non-medical superintendent of a German institution for the insane." Lindpaintner published a work descriptive of Eberbach, under the following title: "Nachrichten ueber die herzogliche nassauische Irrenheilanstalt zu Eberbach, im Rheingau, von ihrer Begründung an bis zum Schlusse des Jahres 1842. Verfasst von dem Geheimen Hofrath Lindpaintner. Wiesbaden, 1844."

	Men.	Women.	Total.
Insane,.....	379	164	543
Insane epileptics,.....	37	36	73
Epileptics not insane,.....	169	131	300
Total,.....	585	331	916

Eberbach is the only institution of the kind within the Ducal territory. The Superintendent is appointed by the Ministry, subject to the approbation of the Duke; and to them he is responsible. He forwards to them a report, annually, but it is not published. They rarely visit the institution, and commission no delegate to perform that service. The present number of patients is one hundred and fifty-one, of whom eighty-one are men, and seventy women. The prices paid by them are, in the first class, 500 florins per annum; in the second, 320 florins by natives, and 450 by foreigners; in the third, 220 by natives and 320 by foreigners; and in the fourth, 90 florins by men, and 77 by women. Those of the fourth class alone are paupers, and, for them, clothing is included in the price of entertainment. Their expenses are defrayed by the Communes of which they were residents. The food, varying in quality in the several classes, is furnished by a *traiteur*, as in a restaurant, at a stipulated price per dish.

I carried to the Asylum a note of introduction from Dr. Focke to Dr. Ludwig Snell. Although I arrived at an early hour, the Doctor devoted the remainder of the day, and that most successfully, to the object of making my visit both useful and agreeable. As I had thus far neglected to mention his name,—haunted as I was, at the beginning, with the ghosts of the departed monks—I have done it here, at the sacrifice of proper arrangement. But I do not pretend to be logical. I am indebted to Dr. Snell for the largest portion of my information in regard to the institution with which he is connected. In his the-

cry of the intimate nature of insanity, the Doctor is psycho-somatic, though, as he says, more nearly somatic than psychic. "Man," he observed, "is a compound; a union of mind and matter, of soul and body; and it is impossible, in the endeavor to investigate or explain such a disease, entirely to separate his being." This argument, or assumption appears, at first view, exceedingly plausible, but, in my opinion, it is not unanswerable.

In the medical treatment of the patients, bathing is esteemed of great importance. The warm bath is preferred in mania, the cold in melancholia. The shower bath and the douche are used to some extent, the latter, however, more frequently along the dorsal column than upon the head. Venesection is never practised in any of the usual forms of mental disorder, but leeches are sometimes applied to the temples or behind the ears. The physicians of the country use the lancet in cases of mania, and thus often render it less curable by converting it into dementia. Opium has been frequently prescribed, in latter years, sometimes in doses of three and a half grains, morning and evening. It is believed to be useful in some cases of both mania and melancholia. It allays the unpleasant sensation of the precordial region which is often experienced in the latter. Sulphate of quinine has also been administered, in doses of ten grains, morning and evening, sometimes alone and sometimes in connection with opium. It is more useful in mania than in melancholia. Even in cases where there is no symptom of a physical lesion, either organic or functional, other than the mental disturbance, opium, quinine, antimony and digitalis are more or less employed. Chloroform has been tried, but with no permanent advantage. Maniacs resist its soporific influence much longer than persons in mental health. Some benefit has been derived from setons.

Paralyse générale is comparatively rare at this institution. Dr. Snell attributes this exemption to the fact that the patients are kept as much as possible out of doors, where they have exercise and uncontaminated air. To my mind, this is not a satisfactory explanation. So far as my personal observation of the disease is concerned, its origin is of a date anterior to the admission of its victims into hospitals,—though, in many instances, the most prominent symptoms are not developed until a subsequent period. If the inhabitants of Nassau are really less afflicted with this ruthless scourge than the people of some other countries, the cause, as I apprehend, must be sought in their habits of life.

The jacket and the strong-chair are used for restraining the violent patients. The latter is similar to those at Siegburg. Among the amusements there is one which I have never seen elsewhere. It is a combination of billiards and nine-pins. A channel surrounds the table, with the exception of the right-hand half of the end at which the player stands. The ball being placed in this, at the edge on the right of the player, and then struck with the cue, makes the circuit, and, having arrived at the middle of the front, issues upon the table in the direction of the pins, of which there are nine, placed in the form of a lozenge, at the opposite extremity.

The patients have the use of a library, and maps are suspended upon the walls of some of the rooms. They have evening parties thrice a week, and some are instructed on winter evenings. Two chaplains, a catholic and a protestant, are connected with the institution. The latter resides in the house and is subordinate to the Superintendent. Services in the chapel are performed only on the Sabbath. The duties of the chaplains extend to the prisoners as well as to the insane.

It appears to me as if "Industry" is the watch-word of this hospital. At some parts of the day the house was nearly vacated by the men, and most of them were at work in the garden or upon the grounds of the new buildings, presently to be described. Tailoring, and some other trades are pursued. A large number of the women were sewing and spinning, as has already been hinted, in a large hall with vaulted and ornamented ceiling, formerly used as a refectory. Others, and some of these belonging to the higher classes of pay-patients, were in a beautiful garden upon the declivity of one of the adjacent hills, engaged, with light hoes and rakes, in weeding the beds of flowers and shrubbery, cleaning the walks and collecting the leaves which had fallen from the trees. Blessed will be the day when, in *our* "fatherland," the unfortunate subjects of mental alienation in the corresponding classes of society, can be induced to render this important aid towards the accomplishment of their restoration to health and to home, to their firesides and their friends.

Tobacco and snuff are given to such patients as are in the habit of using them; and these induce some to exertions which they would otherwise refuse to make. But, so high an estimate is placed upon manual employment, as a curative agent, that, in some cases, even among the pay-patients, it is required, compulsorily if that be necessary. I know not that any whom I saw at work were acting under coercive measures, but they appeared contented and I heard no murmur of complaint. Dr. Snell said that the friends of the patients *always* wished them to labor, if it be thought best by the medical officers.

From 1815, to 1842, inclusive, the number of patients received was:

	Men.	Women.	Total.
Discharged cured,	379	164	543
Harmless,	150	62	212
Died,	57	27	84
Remaining, Dec. 31, 1842,	92	33	125
	80	42	122

Of the deaths 45 were from apoplexy: 49 marasmus, and 19 dropsy. Of the whole number, 19 were epileptics, and 22 congenital idiots.

Condition in regard to marriage of 503 patients :—

Single,	229	75	304
Married,	107	53	160
Widowed,	16	23	39
Total,	352	151	503

The shell of the crysalis breaks, and that which was once but a creeping worm, expands its pinions of gold, and green, and ebony, and revels in the delights of a higher state of existence. A similar change is about to occur in the institution at Eberbach. At the distance of half a mile from its present location, there is an eminence studded with oaks and hence known by the name of Eichberg. It commands a beautiful view of a long reach of the valley of the Rhine, the river flowing in its midst, the towns with which it is studded, and the vineyards for which it is celebrated. Here a new establishment is nearly completed, and in the course of a few months the inmates of Eberbach will be transferred to it. The institution will thereafter be known by the specific designation of the hill upon which it stands. As the traveler ascends the Rhine, some communicative fellow-passenger will not fail to direct his attention to Johannesberg, famous not only for its wines, but as one of the country-seats of Metternich. A little to the eastward of this he will

observe a long pile of yellow buildings, conspicuous upon a back-ground of forest-covered hills. This is the Hospital of Eichberg.

The buildings are constructed of stone, rough-cast.— They present an imposing, though interrupted front, apparently six hundred feet in length. They are arranged for the accommodation of about two hundred patients.— The residence of the Superintendent is in the middle, but disconnected from the other edifices, and that of the Steward, at the distance of a few rods behind it. The men are to occupy the western, the women the eastern half of the establishment. The departments for the tranquil, three stories in height, are in front; those for the unquiet, also three stories, forming receding wings from the inner ends of the former, are a little more withdrawn from publicity, while those for the violent are still more secluded, at the rear, but some distance, from the residence of the Steward. The departments last mentioned contain thirty rooms, fifteen for either sex. The patients in the other divisions, excepting a few high priced boarders, are to lodge in dormitories, each containing from eight to ten beds. The corridors are next to the external wall.— They are nine feet in width and thirteen in height. The floors are of wood. The window-sashes, also wooden open in compartments upon hinges, and are fastened, when closed, by a screw. In the departments for the tranquil, none of them are guarded either within or without. Stoves will stand in the rooms, but open into the corridors. There are no special arrangements for ventilation.

The buildings for the violent present some exceptions to the foregoing description. In these, each room is ten feet square. The windows have iron sashes and are protected by a moveable iron network. The doors open

into the corridors, and when closed, are fastened in three places,—in the middle by a lock, above and below by a turn latch like that used upon the doors of carriages. In each door there is a small *guichet* through which the room may be overlooked. These rooms will be heated by hot air furnaces. The registers are in the walls, at the height of seven feet, and near the floors there are apertures for the escape of foul air.

The bathrooms are of ample dimensions, and have dressing rooms adjoining. The laundry is provided with most of the modern improvements. Black walnut sofas, chairs and bureaus have already been placed in the apartments of the higher classes. A bowling alley has been made for the men, and a beautiful summer-house for the women. The latter is an octagonal building, two stories in height, standing in the midst of a cluster of oaks. A conservatory is connected with the dwelling house now occupied by the gardener. The patients, after being transferred to Eichberg, will continue to attend worship in the chapel at Eberbach.

Whatever may be the conveniences of these new edifices, there is one important and glaring defect. The number of women at Eberbach has always been much less than that of men. Anticipating a continuation of this discrepancy, the kitchen has been placed in the principal building for females. The consequence is, that the food for the men must be carried across the intervening court. A small railway has been constructed, in the rear of the Steward's dwelling, for its transportation. This arrangement is awkward to an absurdity.

At a late hour in the afternoon I bade adieu to Dr. Snell, with many regrets that I could not accept his polite

invitation to remain a few days and accompany him upon an excursion to the Niederwald.*

12. SAXE MEININGEN HILDBURGHAUSEN.

There is an Asylum at Hildburghausen, an old establishment, a department, as I suppose, of some mixed institution.

* A few years ago the Privy Counsellor and Medical Director, Dr. Von Ruehl, of St. Petersburg, offered a prize for the best essay upon the question: "How can humane attendants and supervisors be obtained for institutions for the insane?" Dr. Basting, the assistant physician at Eberbach, was the successful competitor, and his essay is published in the second volume of the *Journal for Psychiatrie*. In the fourth volume of the same publication, Dr. B. discusses the question: "Does the Pennsylvania system of punishment produce insanity?"

13. ELECTORATE OF HESSE CASSEL.

ASYLUM AT HAINA.

This is an old establishment, for men, reported, a few years ago, to have two hundred and seventy-nine patients.

ASYLUM AT MERXHAUSEN.

This, also, is an old institution, for women, of whom, at the time of the report from Haina, there were two hundred. Professor Damerow mentions these two Asylums as "the hundred years old, obsolete Detention Houses at Haina and Merxhausen."

Dr. Hermann Gross, formerly Physician to the Asylum at Haina, wrote a work* in the hope of promoting the establishment of a new institution which might more nearly correspond with the modern idea of a curative hospital for the insane. Dr. Schrieber has also written upon "The leading Principles in the selection of a Site for the Institution for the Insane to be erected in the Landgrave of Hesse."† He estimates the number of insane persons in the Landgrave at between seven and eight hundred, and proposes that the new Asylum shall be sufficiently extensive to accommodate six hundred. Dr. Damerow, in regard to this proposition, remarks that from all analogy and experience, an institution for four hundred would be large enough. No active measures, so far as I know, have hitherto been taken for the foundation of the proposed Asylum.

*Die Irrenanstalten als Heilanstalten betrachtet. Mit dem Bildnisse Philipps des Grossmuthigen, Landgrafen von Hesse-Kassel, 1832.

† Hesse Cassel or Hesse Homburg ?

14. PRINCIPALITY OF LIPPE DETMOLD.

INSTITUTION AT BRAKE.

The establishment at Brake is intended for patients who are considered curable, and for those "who, upon grounds of policy, and particularly in reference to the public security, or in regard to humanity, ought to have proper care, oversight and treatment." Patients are received at three different prices, 150, 48, and 24 thalers per annum.

The laws relating to this institution are drawn up with such an evident knowledge of the subject, and with so unwonted a tincture of philanthropy, that it would hardly be justifiable to omit the exposition of some of them to American readers.

When a person becomes insane, his physician is required to give notice of the case to the magistrate of the district. If no physician has been called, the magistrate, if he hear of the case, must send a physician to examine it. The physician's report must be presented to the Physicus, or official physician of the district, that he may give his opinion thereupon. If the case be doubtful, he must visit the patient personally. The Physicus makes a report to the magistrate, which, with the representations of the latter in regard to the name, age, condition and residence of the patient, the nature of his disease, his pecuniary ability, and the opinion of his relatives in regard to his removal, is sent to the Government. If the patient be admitted, his physician is required to write a detailed history of the case, which is transmitted through the hands of the magistrate and the Government officers,

to the physician of the Asylum. If there be circumstances the general knowledge of which might be detrimental to the patient, they may be omitted, and it is left to the discretion of the patient's physician to communicate them, privately, to the physician of the asylum.

The two subjoined sections, translated in full, are particularly worthy of notice. In regard to the responsibilities of the physician, mentioned in the first, the law does not state *in what way* he shall be answerable, in case of neglect, or by what means he shall make amends or be punished therefor.

"Should the physician neglect to make application for admission, and thereby cause a delay which would postpone or entirely destroy the curability of the patient, he shall be answerable therefor. In doubtful cases, he is required to consult with a colleague, or with the physician of the asylum. Should the magistrate fail to forward the application for admission, the physician must give notice of the fact to the government.

"The transport of the patient to the asylum shall, as a general rule, be made in such way that the patient shall know the object of the journey. He must not be deceived in regard to it. When possible, he must be accompanied and delivered by one of his relatives."

15. FREE CITIES.

ASYLUM AT FRANKFORT ON THE MAINE.

But few cities are so well supplied with public institutions of benevolence, particularly for the treatment of disease, as Frankfort on the Maine. With a population of but about fifty thousand, it has no less than eleven hospitals. They are under the general direction of a board of commissioners consisting of five burghers, one of whom is a physician. They are also subject to the inspection of the board of health.

The hospital for the insane, which is included with those above mentioned, is of comparatively ancient origin. In a work by Wilhelm Stricker, published in 1847, it is stated that so long ago as the year 1728, subscriptions were raised for the *improvement* of it. Since that time, funds for the same purpose have been obtained at several periods, in a similar manner.

The resident executive officers are a steward and matron. Dr. Varrentrapp, sen., is the visiting physician. The hospital is upon a narrow street in a compact portion of the city. Its façade, partly two and partly three stories in height, is continuous with those of the adjacent dwelling houses. It has one receding wing, making the whole of the form of the letter L. The square is completed by enclosures, and the included space used as airing courts for the patients. The corridors are narrow, with stone and tile floors, and rooms upon both sides. The patients' apartments have wooden floors. The windows are large and low, as in ordinary dwellings, and guarded on the outside by upright iron bars, three or four inches asunder. Some are protected on the inside; part of them by

wire gauze and part by a lattice of sheet iron. The building is heated by both hot air furnaces and stoves. The doors and windows are the only avenues for a change of air. The doors of the rooms for violent patients open into the corridor. Some are fastened each by a lock and two bolts; others have a lock inserted in the casement, and by turning the key, two bolts, several inches apart, are slipped into the edge of the door. This contrivance is novel to me, and may, in some cases, have its advantages. The bedsteads are plank bunks. There are no carpets, but some of the rooms are otherwise comfortably furnished. All the quiet patients sleep from two to five in a room. Some of the dormitories have an attendant's room adjoining, the door between the two being made of iron rods.

The epileptics have special departments. One of their rooms is padded upon the sides, and the floor covered with a thick cushion, like a mattress. It contains two beds, which lie upon this common cushion. It would appear impossible for the occupant of this apartment to be injured during a paroxysm.

Restraint, by mechanical appliances, is resorted to as rarely as is thought to be compatible with the general welfare. The camisole is used in all ordinary cases. A modification of this, first made at this institution, has been introduced into some of the other German asylums. It is a single garment covering the whole body excepting the head. It is whole in front, and buttoned and laced behind. Its sleeves and leglets are longer than the limbs of the patient, and sewed up and furnished with strings at the extremities. When on, the strings of the two sleeves, and of the two leglets may, if necessary, be tied together, thus more effectually preventing the free use of the limbs.

Dr. Varrentrapp, junior, who accompanied me through the establishment, said that the usual treatment of mania is by tartar emetic as a nauseant, and the shower bath. Venesection, cupping and blisters are sometimes prescribed. He also asserted that some cases of epilepsy have been cured. The medicines chiefly employed in its treatment are indigo, cuprum ammoniatum, flores zinci and the nitrate of silver. The two last mentioned are thought to be the most efficacious. A large part of the epileptics die of pulmonary phthisis, and when this disease is fully established, or running its course with vigor, the epileptic paroxysms disappear.

Prayers are read daily in the departments of both men and women. There is a small chapel in which religious services are performed on the sabbath. The chaplain does not visit the hospital at other times, unless specially called. The patients are employed to some extent. Aside from the assistance rendered in the work of the house, the women sew and the men make mats and prepare materials for mattresses. In the year 1848, more than six hundred garments were made, and 16,525 pounds of horsehair, 3,640 of heather hair grass, 7,313 of sea grass, and 115 of wool were prepared. Pecuniary rewards to the amount of 321 florins 5 kreutzers were allowed. Snuff is given to such as use it, and smoking is permitted. Some of the patients eat at the steward's table, and they are occasionally treated with a social party. Those whose condition will admit, walk with attendants in the city and its suburbs, or visit the public gardens. There are two airing courts, one for each sex. They are separated only by a light open fence, and are planted with flowers, shrubs and trees. The men have a billiard table.

There are some pay patients, but nearly all are paupers supported by the municipal government. The present number is eighty-three, forty-five men and thirty-eight women. Eight of the former and six of the latter are epileptics. There are ten attendants.

OBERNEULAND.

Dr. Frederick Engelken is the proprietor of the private asylum, Oberneuland, near Brémen. The buildings are surrounded by a park. "Within them," says Dr. Roller, "reigns the spirit of kindness and of order, and the visitor carries away with him an agreeable impression, similar to that with which he lays down the book which he has just finished reading." Dr. Engelken read an essay upon the use of opium, before the section for Anthropology and Psychiatrie, of the association of naturalists and physicians, at the meeting for 1847. He has found opium very useful, "almost a specific," in cases which he designates as *melancholia hypochondriaca*, and recommends its administration in chorea, two cases of which he had cured by it. He would restrict the dose to a maximum of four grains, morning and evening.

The private establishment, Rockwinkel, belongs to Dr. Hermann Engelken.

In the section for Anthropology and Psychiatrie, at Kiel, in 1846, Dr. H. Engelken recommended opium as the best agent for the control of that specific form of irritation which is the basis of insanity. He would give it in doses not to exceed five grains, morning and evening, but never when there is fever or gastritis. The two doctors Engelken are cousins.

HOSPITAL AT HAMBURG.

The only asylum at Hamburg is a department of the general hospital. It is under the medical direction of Dr. Buelau, physician in chief to the hospital. The number of patients, at or near the close of 1844, was five hundred and thirty-nine. Thirty of them were epileptics. The subject of erecting an establishment for four hundred patients had been for some time in agitation, when further proceedings were suspended by the great fire which a few years ago devastated a large part of the city. They were renewed, however, in 1845. Plans were drawn, and a site was purchased in the neighborhood of the city ; but the buildings have not been commenced.

16. SCHLESWIG HOLSTEIN.

Although Schleswig and Holstein do not strictly belong to Germany, yet the *esprit* of their inhabitants is so essentially Germanic, that it may not be amiss to mention their asylums in this connection.

INSTITUTION AT SCHLESWIG.

The Schleswig asylum for curables and incurables, was opened in the year 1820, under the superintendence of Dr. Jessen. Through his skill, judgment, industry and perseverance it acquired a high and widely extended reputation. He resigned his situation in 1845, and was succeeded by the second physician, Dr. Rueppell. A large addition to the buildings was commenced in 1846. Dr. Rueppell is the author of a work of some value in the jurisprudence of insanity, entitled "Medical Contribution to the criminal process of the murderer J. H. Ramcke, of Halstenbeck." It contains 308 pages, and was published at Schleswig, in 1845.

HORNHEIM.

Soon after Professor Jessen left the Schleswig asylum, he purchased about twenty acres of land situated upon an elevation in the vicinity of Kiel and overlooking that city and its harbor. There he had three buildings erected, one as a dwelling house for himself, and the other two for male and female patients respectively. To this establishment he gave the name of Hornheim, a word composed of the combined names of two distinguished physicians. It has apartments for fifty patients, a ball

room, reading room and workshops, and is connected with a beautiful garden. The rooms for patients are each twelve by eighteen feet, and the ceiling twelve feet high.

In his public notification of the proposed opening of the institution, Dr. Jessen says: "Hornheim shall be an asylum in the true sense of the word; a refuge for the sick and suffering who require a removal of longer or shorter duration from the accustomed relations of life, for the purpose of obtaining restoration, rest and peace. The patients received will form, with me and mine, one large family, and will be considered as members of the same. To heal the sick, to console and re-establish the suffering, and to prepare for them a quiet life, in a pleasant residence, will be the object of our common endeavors. With this exalted and christian view, and with the fixed determination to devote the whole of our future life to the sick and the suffering, we shall open the asylum on the first of October, 1845."

Dr. Jessen is professor of psychology and psychiatric in the university of Kiel. He was the first president of the Psychiatrial Association, and he has made some valuable contributions to Damerow's Journal; among them, one entitled "Opinions upon a doubtful condition of the mind," in the volume for 1844. He is also the author of a valuable work on the knowledge of the Psychological Life in health and disease."*

* *Beitraege zur Erkenntniss des psychischen Lebens im gesunden und kranken Zustande.* Schleswig, 1831.

STEPHANSFELD.

Although the Stephansfeld institution is within the jurisdiction of the French government, it is near the boundaries of Germany, and more of its inmates speak the German than the French language. Its rank is such that, inasmuch as but little is known of it in this country, I have no hesitation in giving a description of it in this place.

The Stephansfeld Hospital for the Insane is upon an extensive plain, eight miles north of Strasbourg, and near the village and forest of Brumath. The original edifices were erected, and long occupied, for a foundling hospital. New buildings have been added, and others are in contemplation, to complete a plan for the conversion of irregularity into order and symmetry.

The institution was opened in 1835. It was intended particularly for patients from the Department of the Lower Rhine, but receives some from those of the Upper Rhine and the Moselle. Its Director is Mr. David Richard, its principal Physician, Dr. J. Roederer. Mr. Richard has conducted it with such distinguished ability and success that he has been decorated with the insignia of Chevalier of the Legion of Honor.

The residences and offices of the Director and the Physician stand immediately by the road-side. These buildings form the outer boundary of airing courts, or gardens, limited at the opposite extremity by a long edifice

containing the kitchen, and the apartments of pay patients and the curable paupers. Behind this, still receding from the road, are other airing-courts, bounded, at their remote extremity, by the buildings for the incurable and the violent. Finally, in the rear of these are the airing-courts for the patients occupying them. Workshops are to be erected upon the lateral limits of the second airing-courts, which will then be surrounded by buildings.

In the departments for the most highly excited the suite of rooms is surrounded by a corridor. The window of each room is beside the door, low enough for the patient to look out, and guarded by upright, neatly wrought wooden bars. There are but seven of these rooms for each sex, and, excepting those who occupy them, all the patients sleep in associated dormitories. The present number of patients is, of men one hundred and seventy-four, women two hundred and three; making an aggregate of three hundred and seventy-seven. Some of the dormitories contain as many as thirty beds, at least one of which is for an attendant. This is not separated from the others, even by a curtain. Most of the bedsteads are iron; the mattresses, horsehair. For such persons as are liable to soil their beds, the mattress is made in three parts, as at Leubus.

One of the most remarkable features of this establishment is, that none of the windows, except in the small department for the furious, and there they are not glazed, are in any way protected, either internally or externally. The only respects in which they differ from the ordinary French window are, that the turn-latch which fastens the sections of the sash together, when closed, is moved by a tube-key, kept by the attendant, and that, in a few of them, the sashes are iron. Of the upwards of fifty public institutions for the insane which I have visited, no other

is, in this respect, so exempt from what is generally considered a necessary means of security.

Part of the buildings are warmed by stoves, the rest by hot-air furnaces. Ventilation is effected only by the ordinary avenues for air. No part of the establishment, however, at the time when I passed through it, furnished the usual evidences of any deficiency in this respect.

There is an infirmary, the nurses of which are Sisters of Charity. Bathing, chiefly tepid and prolonged, is an important and frequently prescribed agent in the medical treatment. The bathroom is neat and convenient. The tubs are metallic. The water is admitted through two openings at the bottom, near the head, and drawn off at a third. The fassets are in the floor beyond the reach of the patient. For pediluvia, which are also much employed, the arrangements are admirable. A fixed seat extends nearly half the distance around the room, and before it there is a series of perhaps a dozen small metallic tubs. They are fixed in their places, and all supplied with water from two pipes, which run beneath them.—Patients are not bled for insanity. Opium is given in small doses, but only in mania. Chloroform has been tried in all forms of the disorder, but with no permanent benefit. It will suspend the paroxysms of epilepsy, but they generally return as soon as the soporific effect has passed.

Many cases of *paralysie générale* have been treated here, but Dr. Roederer has never known one to be cured. Intermittent fever has frequently prevailed among the patients, but the Doctor says it exercises no curative influence upon their mental disorder.

The peculiar affection *Hemeralopia*, or nocturnal blindness, appears annually among the patients, at the approach of spring. It seems to be connected with inter-

mittent fever, as it is developed simultaneously with that disease, and is cured by sulphate of quinine.

One patient was blind before he became insane. In 1841, of a family of seven children, three, two sisters and a brother, were at this institution, and three of the others had previously died either insane or idiotic. Twin sisters were once admitted at the same time. After reporting the cure of two patients, one of whom had been four, and the other seven years insane, prior to admission, Dr. Roederer says, "such examples shew not only the little value, but the danger of classifying the insane into curables and incurables. Strictly speaking, absolute incurability cannot be admitted, excepting in cases of evident dementia accompanied by symptoms of general paralysis."*

"Therapeutic treatment alone," says the Report already quoted, "will rarely effect a cure in insanity.—Moral treatment must be associated with it." Manual labor and intellectual and religious instruction are the principal elements of this treatment. "The administration has given to manual labor a developement surpassing anything of the kind within our knowledge. Besides the numerous workshops where the patients can be useful according to their tastes and aptitudes, and exercise the trades of cabinet-making, shoemaking, weaving, painting, trough making, coopering, bookbinding, &c., a remarkable extension has been given to farming, by bringing under cultivation a hundred acres of land. Our Asylum, in the centre of this farm, bears the aspect rather of an agricultural colony than of a hospital. **** Our patients willingly leave all other employments to go out armed

* Notice sur le Service Medicale de l'Asile public d'Aliénés de Stephansfeld. (Bas-Rhin) pendant les Années 1842, 1843, 1844, Par G. Roederer, Medicin en Chef de cette Etablissement. Strasbourg, 1845.

with the spade and the hoe. The women are employed in the diverse occupations of their sex, such as the spinning of hemp, sewing, knitting, making clothes and stockings, the weeding of the fields and the service of the laundry, the kitchen and the wards.

“It is with lively satisfaction that we see labor become a habit and a necessity for a majority of the patients, and that, on the other hand, we have the means of satisfying, in this respect, their tastes and their often imperious desires. The number of patients employed generally amounts to from one hundred and eighty to one hundred and ninety daily. In 1844 the number of day’s work, industrial and agricultural, was forty-one thousand nine hundred and sixteen. Such a result is not due to restraint or violence. The work is either entirely voluntary, or obtained by persuasion, alimentary and pecuniary recompense, and the distribution of tobacco.”

The rewards are not casual, nor are they subject to the prejudices, partialities or caprices of any person. A daily record of the labor performed is constantly kept, and the laborers classified, according to their industry, or the vigor with which they work, under the following heads.

1. A.	Assez bien.	Pretty well.
2. B.	Bien.	Well.
3. C.	Courageusement.	Courageously.
4. D.	Distingué.	Remarkably well.
5. d’.	Extra.	Extra.

Those of the first division (A) have coffee or milk at breakfast; of the second, the same, with the addition of meat and wine; the third, five centimes, the fourth, ten centimes, and the fifth, fifteen centimes, per day, together with the extra aliment of the second.

“The amount of recompense, of all kinds, in 1844,

was nearly eight thousand francs. The pecuniary rewards are distributed at the end of each month, in the presence of the Director, the Physician, and other persons employed in the Asylum. A portion of it is placed at the disposal of the patients, the rest reserved until they recover, or leave the institution."

In 1842, "two schools were established, one for men, directed by an instructor attached for this purpose to the administration of the asylum; the other, for women, placed under the care of a highly educated sister of charity. Their success has far exceeded the general expectations. . . . The number of patients in attendance has more than once been nearly one hundred. Their tranquility, good demeanor and assiduity are astonishing. The gardens and the refectories, formerly thronged with idle and noisy patients, are now silent and deserted during a great part of the day. The instruction offered to the patients comprehends all the subjects of elementary education, reading, writing, arithmetic, geography, dictation, translations, history, drawing and other intellectual exercises adapted to the acquisitions and to the capacity of each. Singing is particularly attractive to the insane. They have made sufficient progress in it to enable them to assist, on the Sabbath, at divine worship, by the performance of sacred songs the music of which is sometimes quite complicated.

"Stephansfeld has a catholic chapel and a protestant oratory, both provided with organs. Two chaplains, assisted by two organists, officiate regularly at the asylum on Sundays and feast days, and for the catholics, who constitute three quarters of our population, several times in the course of the week. The religious sentiment, developed from infancy in the serious inhabitants of Alsatia, is far from being effaced in the great majority of

the insane, is easily revived in their hearts, and notwithstanding the mental disturbance, becomes a source of consolation and of secret joy."

The forenoons of feast days are devoted to religious exercises, the afternoons to games and promenades, followed by refreshments. "On the 1st of May, 1844, two hundred and twenty patients, or more than two-thirds of our population, the sexes in separate divisions, made an excursion of more than three hours in the forest of Bru-math. Although the number was so great, they maintained perfect order and quietude. They departed and returned singing, marching in couples like the students of a college.*

"Various recreations, such as the resources of an asylum will permit, musical soireés and concerts in which patients and persons employed participate, complete the general moral means employed at Stephansfeld. If the means of restraint can not be entirely excluded from the treatment of insanity, we ought to assert that they are here used only with the greatest circumspection and parsimony. They are limited to the temporary seclusion, in their rooms, of the dangerous patients, and the transient employment of the coercion jacket. Now, our new strong rooms, well lighted, aired and heated, even elegant, present nothing sad or repulsive; and as to the coercion jacket, it is used very rarely, to prevent the patients from injuring themselves or others while they are permitted to circulate freely in the gardens."

* It is the custom in France for the students of boarding schools and colleges to walk in procession when they are permitted to take a promenade—a rigidity of discipline hardly consonant with the ideas of "Young America."

On the 31st of December, 1841, the number of patients in the asylum was 295.

	Men.	Women.	Total.
Admitted in 1842, '43 and '44.....	161	132	293
Discharged cured,.....	47	52	99
“ not cured,.....			67
Died,.....	74	51	125
Remaining Dec. 31st, 1844,.....	158	145	303

Of the admissions, only 113 were cases of less than one year in duration. Of the cures, fourteen were cases of relapse. Several who were not discharged as cured, were so far improved that they afterwards recovered. No less than twenty-six of the deaths were in cases of paralyse générale. The mortality was much increased by the admission of nearly one hundred old cases, transferred from the asylum at Maréville.

Dr. Roederer gave me a leaf from the daily register of the institution. It bears the date of November 21st, 1848. From its various records, I extract the following items :

	Men.	Women.	Total.
In the house, Jany. 1st, 1848,.....	164	164	328
New admissions,.....	55	64	119
Re-admissions,.....	10	12	22
Whole number,.....	229	240	469
Discharged cured,.....	16	22	38
“ improved,.....	21	13	34
“ unimproved,.....	8	9	17
Died,.....	18	12	30
Remaining, this day,.....	166	184	350
	229	240	469
Speak German alone,.....	53	77	130
Speak both German and French,.....	88	88	176
Speak French alone,.....	18	17	35
Idiots and deaf-mutes,.....	7	2	9
	166	184	350

	Men.	Women.	Total.
Can read German alone,.....	27	54	81
Can read German and French,.....	56	63	129
Can read French alone,.....	14	10	24
Cannot read,.....	59	57	116
	-----	-----	-----
	166	184	350
Can write German,.....	24	51	75
“ “ German and French,.....	56	62	118
“ “ French,.....	12	6	18
Cannot write,.....	74	65	139
	-----	-----	-----
	166	184	350
Single,.....	128	123	251
Married,.....	34	38	72
Widowed,.....	4	23	27
	-----	-----	-----
	166	184	350
Catholics,.....	112	126	238
Protestants,.....	46	49	95
Hebrews,.....	8	9	17
	-----	-----	-----
Employed in agricultural and industrial } labor,.....	71	99	170
In intellectual labor,.....	27	21	48
	-----	-----	-----
Total employed,.....	98	120	218

The proportion of attendants to patients is about as one to ten.

Through the exertions of Mr. Richard, a Society of Patronage has been formed for the purpose of exercising a watchful care over poor persons who have been discharged from the Asylum cured, to aid them in procuring employment, and, if necessary, to render pecuniary assistance. Dr. Roederer thinks that by the influence of this association the number of relapses will be diminished.

As an act of justice towards the institution, although perhaps at the hazard of a little repetition, I believe it necessary to add the following notes made immediately after I left it, and before I had examined the Report of Dr. Roederer.

Walking in the neighborhood, accompanied by attendants, is permitted on the Sabbath and on fête-days. This recreation is often participated in by a large majority of the patients. I use the word "recreation" because it appeared to me that no such means was necessary merely for exercise. The spirit of industry which seemed to reign in all departments of the establishment would apparently preclude the necessity of any physical exertion, other than that which is devoted to useful occupations.—The women perform much of the household labor; spin, pick hair, and work with the needle. After I had already seen so many employed that it appeared as if there could be but few more in the Asylum, we entered a large hall in which about fifty were at work, mostly sewing. Many men were also busy in the house, picking hair, making the beds in their dormitories, &c., &c. A large proportion, however, work upon the farm. The extensive gardens and fields are well cultivated and in beautiful order. They supply all the vegetables consumed in the establishment. The agricultural department of the institution, so far as systematic and extensive employment of the patients is concerned, probably has no superior.

In closing this brief notice of Stephansfeld, an institution which I ever remember with sentiments of high admiration, it may be remarked that it affords a standing and striking example not only of the advantage and the beauty of a well-organised and detailed moral management, but also of the extent to which employment may be substituted for bars and bolts, and the equivocal "tranquility" of the "tranquilizing chair."

Stephansfeld has brought us out of the Germanic countries into the limits of France. Here, my reader, *patient* reader indeed, if we have been constant companions over this somewhat protracted journey of detail, here in Alsatia, beautiful Alsatia, surrounded by plains of golden grain, breathing the air which is wafted to us over widely extending vineyards, and our eyes regaled by orchards where the purple prune bends the branches of the prolific trees beneath its weight; with the matchless spire of the Strasbourg cathedral resting against the sky behind us, and before us, shrouded in the azure mists of the far horizon, the Alsatian mountains over which I must wander to the completion of my now solitary rambles,—here must we part. If thou be an American psychiatrist, it may be, perchance, that while we have gleaned much that is new to both of us, we have occasionally discovered something which will aid thee in thy responsible duties of surveillance and treatment of thy afflicted brethren; something justifying thy present mode of practice, or suggestive of modifications and improvements. If thou be a German psychiatrist, to whose kindness I am indebted for a portion of the material of these sketches, and of whose hospitality I have partaken, allow me to say that while making these records there has been a sincere endeavor to do thee, thy countrymen and thy fatherland, no injustice. And should thou cross the Atlantic with a wish to investigate the condition of *psychiatrie* in America, be assured that our institutions connected with that science will be thrown freely open to thy inspection; that into any of the principal ones thou would be cordially received as a guest; that the officers would enable thee to obtain a complete

understanding, not only of the buildings in all their departments, but also of their whole system of management, custodial, disciplinary, medical, and moral. And should thy sojourn at any one of them be for a day, a week, or a month, it will be based upon a generous hospitality springing from a community in science and philanthropy, a hospitality which accepts of no reward from a colleague other than the pleasure and advantage of an interchange of opinions. Finally, if thou be a German critic, remember that thy *mutter-sprache* and mine are not the same, and make all due allowances therefor. Remember that my sources of information, wherever I was not personally an observer, have, with rare exceptions, been the publications of thy countrymen, and that where errors have crept into some of those publications and subsequently been corrected, the corrections and not the original assertions are here inserted. Remembering these, thy judgment will be such that it may be awaited without anxiety, and we shall part as we met, good friends.

ADDENDA TO THE ARTICLES ON "INSTITUTIONS FOR THE INSANE IN PRUSSIA, AUSTRIA, AND GERMANY." By PLINY EARLE, M. D.

Immediately after the last pages of the sketches of German Institutions for the Insane had come from the press, I received a copy of a work* by Dr. Heinrich Laehr, Second Physician to the Hospital at Halle, which contains a *complete* list of the Institutions in question, in Germany, Prussia, and Germanic Austria. The notices of them are very brief, but, as there is no very important establishment which I have not already mentioned, they are sufficient to perfect that general knowledge of the subject, which alone can be desired by most of the readers on this side of the Atlantic. The institutions not heretofore described, will be named below, following the general arrangement of the preceding articles.

PRUSSIA.

RHENISH PROVINCES. At Cologne, a department of the City Hospital is devoted to the Insane, of whom, in December 1851, there were 126, fifty-nine males and sixty-seven females. Curable patients, if admitted, must be immediately sent to Siegburg. Dr. Raekkel is the Physician in Chief to the Hospital.

* Ueber Irresein und Irrenanstalten. Fur Aerzte und Laien. Von Dr. Heinrich Laehr, Zweitem Arzte der Provinzial-Irrenanstalt bei Halle. Halle, 1852.

At the Monastery of Alexian Brothers, in Cologne, insane men have been received, ever since the foundation of the establishment, A. D. 560. None but incurables are now admitted. In December, 1851, the number of patients was nine. Dr. Raeckel, Physician.

In Kaiserswerth, an establishment for curable and incurable females, founded by Pastor Fliedner, and consisting of two buildings, one old, the other new, was opened in 1852. "In certain respects it is a private institution; but, still, it was erected for the public benefit." Patients are charged from 250 to 600 thalers per annum,—Dr. Hintze, Physician.

The Alexian Monastery at Neuss has been an Asylum for insane men for more than a century. Seven "Brothers" have the charge of the patients, of whom there were 25 incurables in December, 1851. Physician, Dr. Hellersburg.

WESTPHALIA. A department of the Clemens Hospital, at Munster, is occupied by insane patients, of whom, at the close of 1850, there were four, one man and three women. Dr. Pellengahr, Physician to the Hospital.

SAXONY. There is a City Asylum, for incurables, at Magdeburg, under the medical care of Dr. Neide. Number of inmates, in December, 1851, nineteen, of whom 7 were men and 12 women. It is about to be discontinued, and the patients removed to Halle.

BRANDENBURG. The Asylum of Wittstock, for the paupers and poor invalids of the government district Potsdam, has a department for idiots, and harmless incurable insane. Dr. Schultze, Physician. In December, 1851, there were 101 patients, 40 men and 61 women.

POSEN. Insane persons of either sex are received at the Asylum in the Franciscan Monastery, at Posen; but such as appear to be curable are transferred to Owinsk.

WEST PRUSSIA. Some insane patients are received at the Provincial General Hospital, at Schwetz, but there is no separate department for them. At the end of 1851 there were 10 men and 6 women. Dr. Butzke, Physician.

AUSTRIA.

UPPER AUSTRIA. In 1788 an Asylum for the insane was opened at Lintz, in connection with a Lying-in and Foundling Hospital. In 1834 it was made an independent institution, for curables and incurables. Dr. Knoerlein is the present Physician in Chief, and Dr. Schasching House Physician. At the close of 1850 there were 114 patients, 77 men and 37 women.

MORAVIA. A department of the Hospital for general diseases, lying-in women, and foundlings, at Bruenn, is devoted to the insane. Dr. Olexik, Physician in Chief to the Hospital. The number of patients at the end of 1851 was 118, of whom 61 were men, and 57 women.

AUSTRIAN SILESIA. Six rooms in the General Hospital at Troppau are set apart for insane patients. If, at the termination of six months from the time of admission, they remain uncured, they are sent to the Hospital at Bruenn. Dr. Rokita, Physician.

STEYERMARK. Insane persons have been received at the Styrian General Hospital, at Graetz, since the year 1796. They now occupy a large department. At the close of 1851 there were 77 men and 95 women; total 172. Dr. Koestel, Physician. Plans for a new edifice were designed in 1846, but no measures for its construction have been adopted.

CARYNTHIA. In the General Hospital at Klagenfurt, a section consisting of 21 rooms in the first story, for women,

and 16 in the second, for men, is devoted to the insane. Dr. Kumpf, Physician. There were 32 patients at the close of 1851.

CARNIOLA. There is a small Asylum for curables and incurables, at Laibach. It is connected with a General Hospital, but the building is disconnected from the others. "On the right hand are eleven rooms for men, and on the left, eleven for women." Dr. Zhuber is the Physician. The number of patients, at the end of 1851, was 24.

TYROL. At the General Hospital of Trient, in the Italian portion of Tyrol, there were 40 insane patients, in 1849.

COASTLANDS. An Asylum connected with the General Hospital at Trieste, but in a separate building, receives patients from that city, the Counties of Goertz and Gradiska, and the Margravine of Istria. Dr. de Dreer is the Physician in Chief to the Hospital. The number of patients in December, 1851, was, of men 40, women 26, total 66.

GERMANY.

BAVARIA. An institution for curables and incurables, in the District of Oberpfaltz, was opened at Regensburg on the 1st of January, 1852. Dr. Kiderle, Physician.

A building at Klingenmunster, in the Rhine-pfaltz, near the borders of France, has been purchased for the purpose of establishing an institution for the curable insane of that district. The incurables will be sent to Frankenthal. The sum already appropriated is 215,000 florins. It is intended to make apartments for from 350 to 400 patients.

BADEN. The old receptacle at Pforzheim is still occupied by a part of the incurable insane, idiots and epilep-

tics of the Grand Duchy of Baden. At the commencement of 1850, the inmates numbered 177, whereof 85 were men, and 92 women.

MECHLENBURG-SCHWERIN. Doemitz was re-opened in August, 1851, for patients proved to be incurable at the Sachsenberg institution. Dr. Fiedler, Physician. Number of patients, 65.

MECHLENBURG-STRELITZ. There is an Asylum, in a disjoined building, but, in its government, connected with the Prison and Workhouse, at Strelitz. Both curables and incurables are received. In December, 1851, there were 50 patients, 27 men and 23 women. Dr. Berlin, Physician.

LUXEMBURG AND LIMBURG. An Ursuline Convent "in the free-city Pfaffenthal (Luxemburg)" is now used as an institution for curable and incurable insane. It is under the same direction as the Burger-Hospital. Drs. Wirth and Pondrom, Physicians. At the close of 1851 there were 29 patients, 15 men and 14 women.

ANHALT. There is an independent institution, for curables and incurables, at Dessau. It receives patients from the Duchies of Gotha and Dessau. Eight acres of land belong to it. Physician, Dr. Bobbe. Number of patients at the close of 1851, men 29, women 19, total 48.

SAXE-COBURG. At Gotha, there is an independent institution, for curables and incurables. It has accommodations for 50 patients, but, in Sept. 1851, the number was but 18. Dr. Ortley, Physician.

SAXE-ALTENBURG. An Asylum for curables and incurables, connected with the General Hospital at Roda, but in a separate building, was opened in 1848. It is ten miles from Jena. In November, 1851, it had 78 patients, 45 men and 33 women. Dr. Richter, Physician.

SCHWARZBURG. At Arnstadt, in the Principality Schwarzburg Sondershausen, an Asylum was opened in 1820. The building formerly belonged to the Orphan Asylum. The institution is independent of others, and receives both curables and incurables. Dr. Nicolai, Physician. The number of patients at the end of 1851, was 12; men 8, women 4.

The Principality Schwarzburg-Rudolstadt also has an independent, mixed institution, at Rudolstadt. Dr. Otto, Director. In December, 1851, there were 29 patients, 15 men and 14 women.

REUSS. The fourth story of the prison at Gera, is used as a receptacle for curable and incurable insane. Each patient is confined in a cell. The number, at the end of 1851, was 13.

FREE CITIES. In Bremen some insane persons were formerly kept in the General Hospital. An independent institution, with new buildings, intended for sixty patients, was opened in August, 1851. It has a department for private, or pay-patients. At the end of 1851 the number of inmates was 26, of whom 19 were men, and 7 women. Dr. Meier, Physician.

Lubeck has an independent, mixed institution, under the medical care of Dr. Eschenburg. Most of the patients, of whom there were 24 men and 7 women at the close of 1851, are paupers. "This institution remains far behind the demands, but there is a prospect of reform."

From the data now at hand, I have compiled the following tabular schedules, in which are embodied some additional information in regard to the institutions mentioned in the preceding papers. We have now a far more nearly perfect general knowledge of the German establishments and receptacles for the insane than we have of those in the United States of America. Dr. Laehr, in a

note, page 231, alludes to the insufficiency of our provision for the insane, since as he asserts with 24,000 of them, we had, in 1849, only 30 institutions, in which but 4,711 could be accommodated. Our first-class Asylums are rapidly multiplying, and hundreds, nay, thousands of our insane are in the numerous receptacles connected with general hospitals, almshouses, and county prisons. But our deficiencies are not so great as would be implied by this statement.

These receptacles, although some of them have decent accommodations, and from fifty to seventy-five patients, have never been classed among our "Institutions" for the insane.

State	Year	No. of Patients	No. of Institutions	Total Capacity
Alabama	1847	187	1	187
Arkansas	1847	100	1	100
California	1847	102	1	102
Florida	1847	154	1	154
Georgia	1847	136	1	136
Illinois	1847	20	1	20
Indiana	1847	60	1	60
Iowa	1847	21	1	21
Mississippi	1847	19	1	19
Michigan	1847	52	1	52
Minnesota	1847	4	1	4
Missouri	1847	26	1	26
Ohio	1847	22	1	22
South Carolina	1847	11	1	11
Texas	1847	22	1	22
Vermont	1847	10	1	10
Virginia	1847	108	1	108
Washington	1847	0	0	0
Wisconsin	1847	0	0	0
West Virginia	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0
Yucatan Peninsula	1847	0	0	0

PUBLIC INSTITUTIONS FOR THE INSANE

PUBLIC INSTITUTIONS FOR THE INSANE IN PRUSSIA.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
RHINE PROVINCES.				
Alexian Brothers,	Incurables,	Dr. Raekkel,	9 Dec. 1851,	487 square miles; population 2,830,936.
Alexian Brothers,	"	Dr. Schunmacher,	50 Dec. 1851,	At Cologne.
Annonciaten,	"	Dr. Raekkel,	95 End 1851,	"
Cologne,	"	Dr. Hartung,	126 Dec. 1851,	"
Dusseldorf,	Mixed,	Dr. Bournye,	111 Dec. 1851,	Takes incurables from Siegburg.
Kaiserswerth.	Incurables,	Dr. Hintze,	for forty females.	Pastor Fiedner, director.
Neuss,	Curables,	Dr. Hellersberg,	25 End 1851,	For men, opened more than 100 years ago.
Siegburg,	Incurables,	Dr. Jacobi,	228 Nov. 1851,	Dr. Foete, Second Physician.
St. Thomas,	"	Dr. Lux,	117 Dec. 1851,	Andernach. Incurables from Siegburg.
Treves,	"	Dr. Tobias,	98 Dec. 1851,	638 square miles. Population 1,468,998.
WESTPHALIA.				
Gesecke,	Incurables,	Dr. Schupmann,	28 End 1851,	Dr. Schwartz, Second Physician.
Marsberg,	Rel' United	Dr. Knabbe,	344 Dec. 1851,	460 square miles. Population 1,790,240.
Munster,	Mixed,	Dr. Felleugahr,	4 End 1850,	Dr. H. Laehr, Second Physician.
SAXONY.				
Halle,	Rel' United	Dr. Damerow,	313 Dec. 1851,	576 square miles. Population 1,197,701.
Magdeburg,	Incurables,	Dr. Neide,	19 Dec. 1851,	
POMERANIA.				
Greifswald,	Curables,	Dr. Berndt,	21 Dec. 1851,	
Ruegenwald,	Incurables,	Dr. Steinhauer,	69 Dec. 1850,	
Strausund,	"	Dr. Von Wulff-Crona	27 End 1851,	
BRANDENBURG.				
Arbeitshaus,	Incurables,	Dr. Lenbuscher,	176 End 1851,	734 square miles. Population 2,200,000.
Charite,	Mixed,	Dr. Ideler,	128 End 1851,	Berlin.
New Ruppini,	"	Dr. Wallis,	148 End 1850,	Berlin, Dr. Goecke, 2d Physician.
Sorau,	"	Dr. Schneiber,	160 Nov. 1851,	
Wittstock,	Inc.&Idiots	Dr. Schultze,	101 Dec. 1851,	
SILESIA.				
Breslau,	Mixed,	Dr. Ebers,	41 Dec. 1851,	741 square miles. Population 3,065,800.

Brieg, Leubus, Plegwitz, POSEN.	Incurables, Curables, Incurables,	1820 1830 1836	Dr. Ehrlich, Dr. Martini, Dr. Pohl,	170 144 110	End 1851, Dec. 1851, Dec. 1851,	Dr. Hoffman, 2d physician. 536.51 square miles. Population 1,364,000.
Owinsk, POSEN, PRUSSIA.	Mixed, Incurables,	1838	Dr. Bcschorner,	94 18	1850, 1852,	1178 square miles. Population 2,499,400. Patients to be removed to Schwetz.
Dantzic, Koenigsberg, Schwetz, Wehlau,	Mixed, " " Rel. United "	16 cent'y 18 cent'y 1832	Dr. Goetz, Dr. Bernhardt, Dr. Butzke,	69 71 16	Dec. 1851, Nov. 1851, End 1851, for 200, for 200,	To be abolished when Wehlau is opened. General hospital, patients not separated. Expected to open in 1852.

The Hohenzollern Lands, with 214 square miles, and 66,000 inhabitants have from 10 to 12 insane in the general Hospital.

INSTITUTIONS FOR THE INSANE IN GERMANIC AUSTRIA.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
UPPER AUSTRIA.				
Linz,	1788	Dr. Knerlein,	114 End 1850,	208 square miles. Population 720,000. Dr. Schassing, house physician.
LOWER AUSTRIA.				
Vienna Gen. Hospital,	1784	Dr. Vizamik,	427 July 1851,	359½ square miles. Population 1,538,047.
" " "	1852	Dr. Riedel,	for 400.	
" " New	1817	Dr. Spurzheim,	278 End 1851,	
Ybbs, SALZBURG.				
Salzburg,		Dr. Ozlberger,	16 Dec. 1851,	Dr. Horning, 2d physician. 130 square miles. Population 152,000.
MORAVIA.				
Bruenn,		Dr. Alexik,	118 End 1851,	Dr. Zellner, acting physician. 404½ square miles. Population 1,833,200.
SILESIA.				
Troppau,		Dr. Rokita,		93½ square miles. Population 476,800. Has but 6 rooms.
STEYERMARK.				
Graetz,	1796	Dr. Kestel,	172 End 1851,	408 square miles. Population 1,000,000.
BOHEMIA.				
Prague,	1846	Dr. Fischel,	594 Nov. 1851,	943½ square miles. Population 4,600,000. Drs. Ezernek and Spielman, assistants, opened in 1790 as department of hospital.
CARYNTHIA.				
Klagenfurt,		Dr. Kumpf,	32 End 1851,	188½ square miles. Population 340,000.
CARNIOLA.				
Laibach,		Dr. Zhuber,	24 End 1851,	181½ square miles. Population 500,000.
TYROL.				
Hall,	1830	Dr. Tschallener,	102 Dec. 1851,	523 square miles. Population 900,000.
Trient,		" "	40 Feb. 1849,	Dr. Stoltz, second physician.
COASTLANDS.				
Trieste,		Dr. de Dreer,	66 Dec. 1851,	138.3 square miles. Population 505,831.

The Duchies Auschwitz and Zator, with 70 square miles and 365,000 inhabitants, have no institutions for the insane.

INSTITUTIONS FOR THE INSANE IN GERMANY.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
KINGDOM OF SAXONY.				
Colditz,	1829	Dr. Weiss,	376	272 square miles. Population 1,894,636.
Habernsburg,		Dr. Weigel,	about 100.	For men. Dr. Voppel, 2d physician.
Leipzig,	1701	Dr. Radies,	35	Females; mostly idiots.
Sonnenstein,	1811	Dr. Lessing,	241	Formerly for curables.
K' M BAVARIA.				
Baireuth,		Dr. Marc,	54	At Pirna, Dr. Klotz, house physician.
Bamberg,		Dr Schwappach,	39	1304 square miles. Population 4,526,650.
Erlangen,	1846	Dr. Solbrig,	148	
Frankenthal,		Dr. Bettinger,	230	
Giesing,	1803	Dr. Christmuller,	45	
Irsee,	1849	Dr. Hagen,	118	Near and for Munich.
Klingmunster,				Dr. Engelman, assistant physician.
Regensburg,	1852	Dr. Kiderle,		Not opened. For 350 to 400.
Wurtzburg,	1743	Dr. Marcus,	80	
K' M WURTEMBERG.				
Winntalhal,	1834	Dr. Zeller,	103	Dr. Gegenbaner, assistant physicians.
Ziviatthalen,	1812	Dr. Schaeffer,	160	354½ square miles. Population 1,803,558.
Mariaberg,	1841	Dr. Zimmer,	52	
Reith,	1848	Dr. Muller,	12	At Winterbach.
K' M HANOVER.				
Hildesheim,	1827	Dr. Bergmann and	190	Population 1,790'000.
	1827	three assistants.	212	
			160	First Relative-United Institution in Germany.
GRAND DUCHY BADEN.				
Ullenan,	1842	Dr. Roller,	414	278½ square miles. Population 1,379,000.
Pforzheim,	14th cent	Dr. Muller,	177	Near Achern, Drs. Hergt and Fischer, assistants.
G. D. MECHLENBURG SCHWERIN.				
Doernitz,	1851	Dr. Fiedler,	65	228 square miles. Population 536,724.
			in 1850,	Takes incurables from Sachsenberg.

INSTITUTIONS FOR THE INSANE IN GERMANY.—(Continued.)

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
Sachsenberg, G. D. OLDENBURG.	1830	Dr. Flemming,	201 Jan. 1851,	Near Schwerin. Dr. Lechler, 2d physicians. 113 square miles. Population 278,030.
Blankenburg, G. D. HESSE.	1786	Dr. Kindt,	85 in 1848,	152 square miles. Population 62,917.
Hofheim, G. D. MECHLENBURGH		Dr. Hohenschild,	367 End 1851,	Near Darmstadt. 52 square miles. Population 524,000.
STRELITZ.				
STRELITZ.				
G. D. WEIMAR.	1821	Dr. Berlin, Dr. Kieser,	50 Dec. 1851, 61 Jan. 1851,	67 square miles. Population 261,370.
Jena, G. D. LUXEMBURG & D. LIMBURG.				
Luxemburg, DUCHY BRUNSWICK.		Dr. Wirth,	29 End 1851,	65½ square miles. Population 282,060. Dr. Pondrom, associate physician.
Brunswick, D. NASSAU.	1829	Dr. Mansfield,	61 Jan. 1851,	72 square miles. Population 270,100.
Eichberg, D. SAXE-MEININGEN.	1849	Dr. Snell,	153 End 1850,	84 square miles. Population 427,915. Dr. Basting, 2d phys. Eberbach opened 1812.
Hildburghausen, D. SCHLESWIG & HOL- STEIN.	1830	Dr. Harnisch,	32 Jan. 1852,	45½ square miles. Population 163,323.
Schleswig, D. ANHALT.	1820	Dr. Raepell,	469 Dec. 1851,	163½ square miles. Population 163,000. 157½ " " 525,050.
Dessau, D. SAXE-COBURG.		Dr. Bobbe,	43 End 1851,	Dr. Gage, 2d physician. 48 square miles. Population 158,000.
Gotha, D. SAXE-ALTENBURG.		Dr. Ortley,	13 Sept. 1851,	37 square miles. Population 149,753.
Roda, Elec & HESSE CASSEL.	1848	Dr. Richter,	73 Nov. 1851,	24½ square miles. Population 131,789. 2 geographical miles from Jena. 208,9 square miles. Population 754,590.

Hainai.	Incu., men,	154	Dr. Amelung,	20 cretins.	School to be opened for them.
Merxhausen,	Incu., w'n,	111	Dr. Hildebrand,	21 square miles.	Population 108,000.
Prinly LIPPE DETMOLD	Mixed,	74	Dr. Meyer,	New buildings to be erected.	
Brake.	Mixed,	12	Dr. Nicolai,	31 square miles.	Population 129,652.
Pr. SCHWARZBURG.	Mixed,	29	Dr. Otto,	27.9 square miles.	Population 112,175.
Arnstadt,	Mixed,	13	Dr. Buelau,	7 square miles.	Population 188,054.
Rudolstadt,	"	495	Dr. Meier,	"	76,000.
Pr. REUSS.	"	26	Dr. Eschenburg,	"	42,683.
Gera,	"	31	Dr. Hoffmann.	"	
Free City Hamburg,	"	67		1 4-5	71,678.
" Bremen,	"				
" Lubeck,	"				
" Frankfort on	Mixed,				
Main,					

The Principality WALDECK, with 21½ square miles and 62,000 inhabitants, has a few insane in the asylum for chronic disorders, at Flechtouf. The principality SCHAUMBURG-LIPPE, with 9½ square miles, and 30,000 inhabitants, has a few in its prison and almshouse. The Principality LUECHTENSTEIN, with 2½ square miles and 6,400 inhabitants, has no receptacle for the insane. The Landgraviate HESSE HOMBERG, with 6 square miles and 26,000 inhabitants, sends its insane (six in 1851) to Hofheim.

PRIVATE INSTITUTIONS.

The following table, compiled from the work of Dr. Laehr, includes all the private establishments recognized by him in the Germanic Countries. He notices, however, only those which are directed by a physician, and which, by their internal and external regulations, can be considered, by persons who understand the subject, as *Private Institutions for the Cure and Care of the Insane.* How many are thus ignored, I know not, but among them is that of Mrs. Klusmann in Berlin, as well as several others in the same city, which though licensed by the Government, certainly can present but feeble claims to the title of "Institution."

P R I V A T E I N S T I T U T I O N S .

Institutions.	Countries.	Opened	Director.	No. of Patients.	Land.	Remarks.
Bendorf, Bonn,	PRUSSIA. Rhine Province,	1847	Dr. Erlemmeyer, Dr. M. Nasse,	22, End 1851,		Near Coblenz. For insane and Idiots. Etab. by Dr. F. Nasse, father of present proprietor, who died in 1851.
Bonn,	"	1849	Dr. Herz,	16 rooms,	2 1/2 gards	
Bonn,	"	1844	Dr. Albers,	for 20,	7 acres.	
Edenich, Eitorf,	"	1846	Dr. Richardz, Dr. Meyer,	8 in 1850,	50 acres,	
Moers,	"	1843	Dr. Whitfield,	15, End 1850.		Between Cologne and Bonn.
Berlin, Kowanowko,	Brandenburg, Posen,	1849	Dr. Posner, Dr. Zelasko,	4, End 1850.		For 25. 3 G. miles from Bonn, 2 from Siegburg.
Vienna,	AUSTRIA. Lower Austria.	1831	Dr. Gergen,	about 30,	large park,	Founded at Sumpendorf, in 1819, by the father of Dr. Gergen.
Lindenhof, Poina,	GERMANY. K'm Saxony,	1833	Dr. Matthias,	for 20,		Near Dresden: fu'd by Dr. Braunlich.
Thonberg, Kenneuburg, Schorndorf,	"	1838	Dr. Pienitz,	for 20.		Dr. Dietrich, Second Physician.
	Wurtemberg,	1844	Dr. Guentz, Dr. Stimmel, Dr. Schnurer, M. Bauer, proprietor,	25 in 1844,	6 acres,	Near Leipsic. Formerly Heimbach: near Esslingen.
Jena, Marienthal, Obernenland, Rockwikel, Hornheim,	Saxe Weimer, Saxe Meiningen, near Bremen, " " Schleswig,	1848 1846 1770 1845	Dr. Kieser, Dr. Marting, Dr. F. Engelken, Dr. H. Eugelken, Dr. P. Jessen,	for 25, for 50-60,	2 1/2 acres, 30 acres,	14 English miles from Stuttgart. Founded by Dr. Schnurer, senior. In the suburbs of Jena. Near Kiel, Dr. W. Jessen, 2d Physician.

GENERAL VIEW OF THE GERMAN INSTITUTIONS FOR
THE INSANE WITH REFERENCE TO THEIR DESTI-
NATION.*

AA. PRIVATE INSTITUTIONS.

Bendorf, Berlin, Bonn 3, Eitorf, Eendenich, Hornheim, Jena, Ken-
nenburg, Kowanowko, Lindenhof, Marienthal, Moers, Oberneuland
Pirna, Rockwinkel, Schondorf, Thonberg, Vienna.

BB. PUBLIC INSTITUTIONS.

I. CONNECTED WITH OTHER INSTITUTIONS.

A. WITH PENAL INSTITUTIONS.

1. *Curables and Incurables.*

Strelitz, Gera.

2. *For Incurables.*

Berlin.

B. WITH OTHER HOSPITALS.

a. In the same building.

1. *For Curables and Incurables.*

Berlin, Breslen, Brunn, Dantzie, Gratz, Hamburg, Klagenfurt, Mun-
ster, Schwetz, Trient, Wurtzburg.

2. *For Incurables.*

Cologne, Leipsic.

b. In separate buildings.

1. *For Curables and Incurables.*

Bremen, Kaiserswerth, Laibach, Luxemburg, Roda, Trieste, Vienna,
Hubertusburg, Treves.

C. WITH ASYLUMS FOR CHRONIC AND INCURABLE CASES.

1. *For Curables and Incurables.*

Hofheim.

* This table is extracted from the book of Dr. Laehr.

2. For Incurables.

Aix-la-Chapelle, Frankenthal, Gesecke, Haina, Merxhausen, Pforzheim, Stralsund, Wittstock.

II. INDEPENDENT INSTITUTIONS.

1. *Mixed; Curables and Incurables together.*

Armstadt, Bamberg, Baireuth, Brake, Brunswick, Dessau, Frankfort on the Maine, Gotha, Hall, Hildburghausen, Irsee, Jena, Koenigsberg, Lintz, Lubeck, Mariaberg, Munich, New Ruppin, Owinsk, Regensburg, Rudolstadt, Salzburg, Schleswig, Soran, Winterbach, Ybbs.

2. a. For Incurables.

Aix-la-Chapelle, Blankenburg, Brieg, Cologne, Colditz, Dœmitz, Dusseldorf, Magdeburg, Neuss, Plagowitz, Posen, Rugenwald, St. Thomas (Andernach) Zwiefalten.

2. b. *For Curables.*

Greifswald, Klingenmunster, Leubus, Sachsenberg, Sonnenstein, Siegburg, Vienna, Winnenthal.

3. *Relative-Connected Institutions: the Curables and Incurables being in separate buildings.*

Eichberg, Erlangen, Halle, Hildesheim, Illenau, Marsberg, Prague, Schwetz, Wehlau.

ERRATA.

Page 27. The last paragraph should commence as follows:—"The Chevalier G. A. C. Nostitz, Royal Conference Minister and Privy Counsellor to the King of Saxony, appears to have *taken a lively interest in the insane, and to have done much towards the promotion of their welfare.*"

Page 50. Line 3d from top, for *adduainted* read *acquainted*.

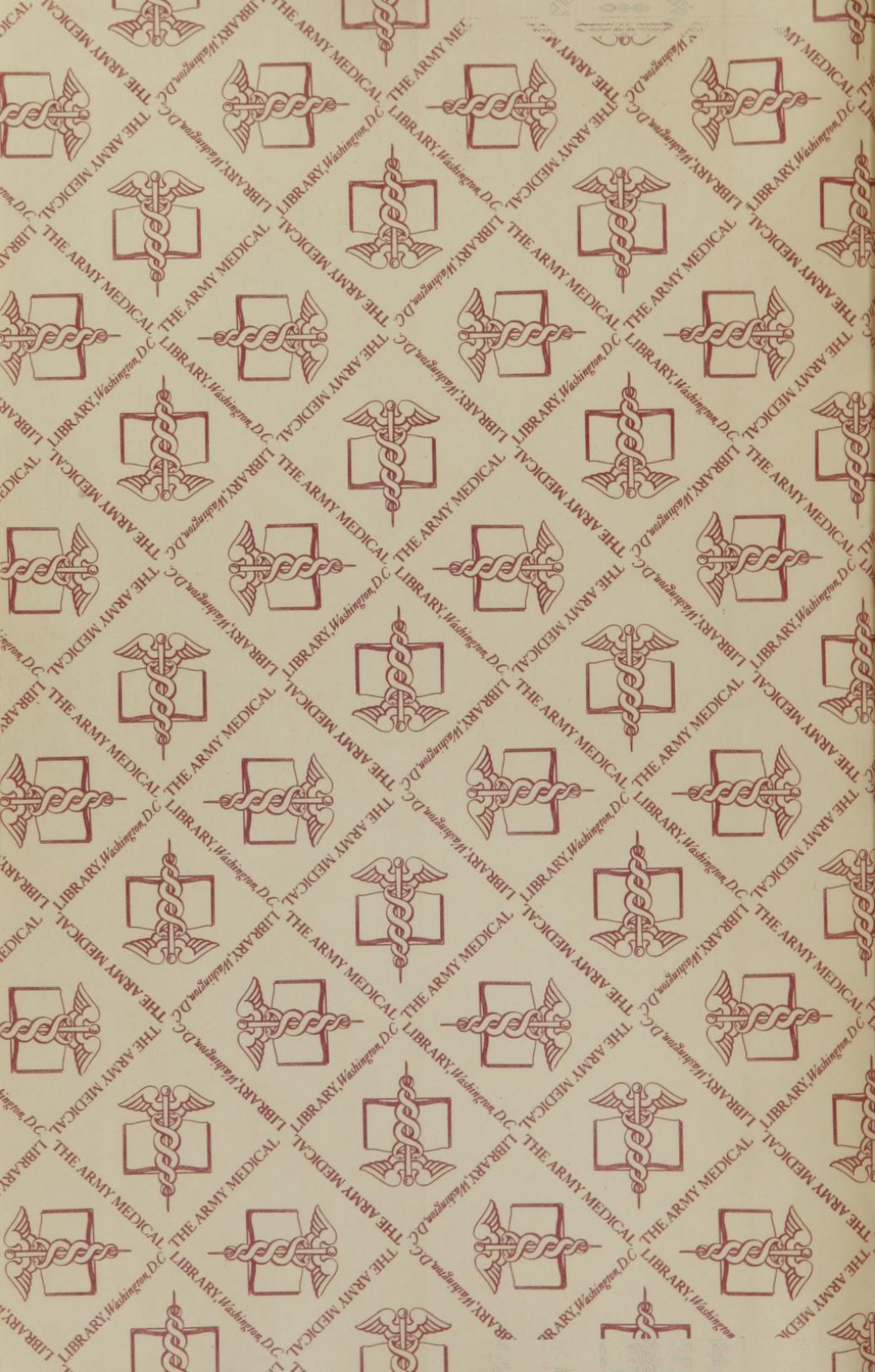
Page 37. Line 2d from top, dele *the* after "phenomenon of."

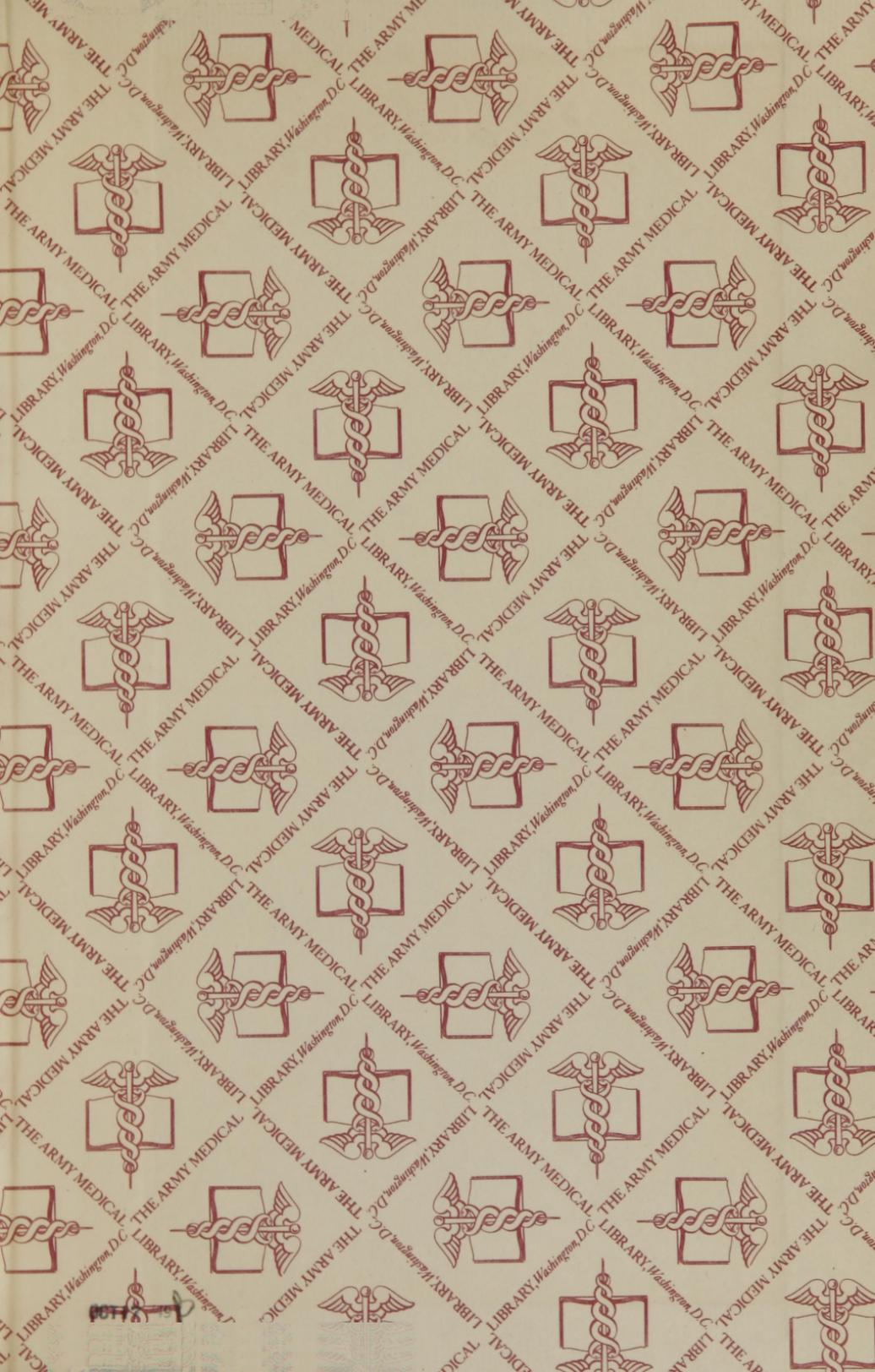
Page 95. Line 14 from bottom, for *Institutions, truly admirable*, read *Institution, is truly admirable*.

Page 136. Line 3d from bottom for *two* read *too*.

title

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