To the Editor of the
"Edinbro's. Medl & Surgl Journal"

A LETTER

TO

BENJAMIN ROTCH, ESQ.

CHAIRMAN OF THE COMMITTEE OF VISITORS;

ON THE

PLAN AND GOVERNMENT

OF THE

ADDITIONAL LUNATIC ASYLUM

FOR THE

COUNTY OF MIDDLESEX,

ABOUT TO BE ERECTED AT COLNEY HATCH.

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A LETTER,

&c. &c.

SIR,

As the Chairman of the Committee of Visitors of the Additional Lunatic Asylum for the County of Middlesex, about to be erected at Colney Hatch, you possess so singular an opportunity of promoting the building of an Asylum which may serve as a model for such institutions, and I believe you to be so desirous that it should become such a model, that I trust you will permit me freely to offer you a few observations relative to what appear to me to be primary, and what I fear will be irremediable, faults in all the designs for which your Committee of Visitors have advertised. These observations are offered with great respect, both for the Committee and yourself, and in the sincere belief that your only anxiety is to erect a good asylum.

The first and greatest fault which I observe, is that you have not given any directions to the competing architects respecting the proportion of single sleeping-rooms to be provided; but have tacitly sanctioned the unfortunate recommendation of the Commissioners in Lunacy on this head; with a copy of which each competitor is furnished. The recommendation of the Commissioners is thus worded: "one third of the sleeping accommodation should be provided for in separate sleeping-rooms or cells, and the remainder in dormitories, each containing not less than three, nor more than twelve beds."

On this very serious point I do hope that, instead

of acting on this recommendation, which is that of gentlemen who have never lived in asylums, and have consequently no experience of the cases requiring separate accommodation at night, or of the great inconveniences arising from the want of it, you will take the opinions of medical men who have lived in asylums, or who now live in asylums, and know their state by night as well as by day. If you do not find them unanimous on this subject, I think you will find that their want of unanimity arises from certain differences respecting important parts of the treatment of the insane, which are in the highest degree worthy of your consideration.

I presume it to be your wish, and that of the whole of your Committee, that the new building should offer every facility for the most improved modern treatment of the insane. With the small number of separate sleeping-rooms which you propose that the new Asylum shall contain, you must at once exclude and render impossible some valuable parts of that treatment. The classification of your patients must inevitably be defective, the proper ventilation of the sleeping-rooms impracticable, and the safety of several of the patients constantly endangered. The classification will become almost wholly dependent on the circumstance of certain patients being tranquil in the night, however differing in character, occupation, and habits during the day. Not having a sufficient number of separate sleeping-rooms for the dirty, or for the violent, many of the dirty patients must, of course, be placed together in dormitories, which their habits will render constantly offensive, and productive of an atmosphere at all times unfavorable to the health of all the patients in the Asylum.

Several of the violent and refractory patients must, for the same reason, either be placed with others as violent as themselves, or with harmless and helpless patients, who will occasionally become the victims of their sudden fury. With such a general plan, these results can only be prevented by the extensive use of mechanical restraints; and, although I cannot bring myself to believe that, with the recorded history of the Hanwell Asylum for the last eight years before you, you will willingly permit the new Asylum to be disgraced by the introduction of a single strait-waistcoat, or hand-lock, or leg-lock, or muff, or strap, or chain, or coercion-chair, I am most apprehensive that, without them, your large and numerous dormitories will become the cause of very serious accidents. If the example of Hanwell can scarcely be cited by myself with propriety, or should for any reason be considered exceptionable by you, let me entreat you to remember that, in the great Asylum near Lancaster, in the Gloucester Asylum, and in the Northampton Asylum,—not to speak of that of Lincoln, where the practice began,—the use of mechanical restraints has also for several years been almost wholly unknown; and that, within that period, a large asylum has been built near Glasgow, the foundation stone of which bears an inscription signifying that the building was raised on the principle that no instrument of restraint should ever be employed in it.

Yet, whatever may be the wishes of your Committee, or however enlightened your own views, as I believe them to be, concerning the treatment of insanity, I am of opinion that if you persist in herding so many as two thirds of your patients together in dormitories,

the revival of all the detestable instruments of restraint will be forced upon you.

At p. 106 of the late valuable Report made by the Commissioners in Lunacy, you will see that in one private asylum, at least, dormitories and restraint are associated as a matter of course; and from an avowed preference of both, on the proprietor's part, to having single rooms; and that the Commissioners, not sympathizing with this preference of violence to comfort, direct single rooms to be built "for the purpose of diminishing restraint."

The Commissioners and your Committee may be to some extent misled by references to the practice prevalent in the Continental asylums as regards dormitories. It is there not uncommon to find forty or fifty insane patients sleeping in one apartment. In France it is excused on the strange plea of a Frenchman's love of social life; but, then, in the French asylums, restraints are much abused, and a cold and severe discipline prevails, and not unfrequent punishments by the douche, and affusions of cold water, and other means, are notoriously permitted; all inconsistent with such a plan of treatment as the public will reasonably expect to be pursued in the new Asylum. In Germany the love of mechanical restraints is, and has long been a passion. It has been in Germany that many means of terrifying the patients have been proposed, and the whirling-chair and other instruments of torture spoken of with approbation almost amounting to affection. The visitor to the German asylums is still gravely assured that the non-restraint system has proved a failure in England. Such sentiments and examples are not, I trust, about to be encouraged and followed

in a county already so prominent in the promotion of principles entirely opposed to all such barbarities, and which possesses already an Asylum containing nearly 1000 patients, wherein no hand or foot has been bound, by night or by day, for the last eight years. It is not in England, I trust, that such cruel arrangements will be sanctioned exclusively for the poor; for it is both remarkable and instructive to observe that this predilection for dormitories is indulged, even in the foreign asylums, for the poor alone. Nothing is better known than that such arrangements in asylums for the richer, and even for the middle classes, would not only be in the highest degree distasteful to the patients themselves, but would not be tolerated by the friends of insane patients in England. Yet the question of dormitories and of single rooms for the insane, involves principles of treatment equally applicable to the poor and to the rich; and I am by no means of opinion that any of our English people, except the merest vagrants, like to sleep in bedrooms with many other occupants. The question, however, is not one of fancy or predilection, but includes important remedial considerations.

In a well-managed asylum, I maintain that every violent and dangerous patient, and every dirty patient, must have a separate sleeping-room; that many of the epileptics who are not habitually violent, must be similarly provided for; that many helpless and imbecile patients are unsafe at night except in separate rooms; and that, consequently, for all these, who will amount always to at least one half of the whole number of patients in a county asylum, single sleeping-rooms are indispensable.

But there are other considerations not to be dis-

regarded. The air of any bedroom or dormitory containing twelve insane patients becomes extremely oppressive a few hours after the door is locked for the night, and insufferably so, and even highly offensive long before the door is unlocked and the windows are opened in the morning; and is, in fact, never perfectly sweet and pure during the whole of the finest day. No officer resident in an asylum, even where the utmost attention is paid to cleanliness, if he is in the habit of visiting the wards at night, and inspecting the dormitories by day, can be ignorant of this, and I do not believe that any system of ventilation, consistent with the general comfort of the patients, can wholly prevent it. The testimony of the attendants is unanimous on these points. I am speaking now of dormitories for clean patients. The nightly state of dormitories containing several dirty patients is quite indescribable.

Among the habitually quiet patients also, many are liable to sudden fits of violence; and not a few are disturbed by alarming dreams, from which they awake frantic, and with sudden impulses highly dangerous to those in the same room with them.

Moreover, it is not proper to forget, what must be familiar to every officer of an asylum who takes an interest in the patients, and converses daily with them, that among the quietest and most sensible of them, those who submit the most willingly to all the regulations of a place the nature of which they perfectly understand, no anxiety is so general, no petition so frequent, no longing so constant, as for the privilege of having a bedroom to themselves, to work in, to read in, to be quiet in, to say their prayers in without interruption. Compliance with this natural feeling is an essential part of treatment; it is soothing and

remedial in most of such cases, and especially in those, not a few, in which the patient has fallen into poverty from a decent condition, solely in consequence of the affliction of insanity. For a considerable proportion of newly admitted patients, I am also convinced that a separate sleeping-room is essential to the cure; and that to be compelled to pass the night in a dormitory filled with lunatics, is not only the most terrible of inflictions, but tends to aggravate the disease of the mind, and render it incurable. These patients feelingly describe their terrors, and suffer yet more than they can describe. Even in asylums for the poor, in a Christian country, such feelings ought not to be despised. To pay no attention to them, is not to punish poverty alone, but calamity, as a crime.

My observations on these points of management, involving classification, healthiness, security, and humane treatment, are based on a residence of some years in the Hanwell Asylum, at a time when extensive changes in the treatment of the patients made it my duty to be almost as vigilant in the night as in the day. The two medical officers now resident in the Asylum, Dr. Begley and Dr. Hitchman, entertain, I believe, precisely the same opinions. We have, at Hanwell, separate bedrooms for about one half of our patients; and we daily and nightly, not only in sudden emergencies, but on all ordinary occasions, have reason to lament that the proportion of single bedrooms is so small. We are decidedly of opinion that the proportion of separate sleeping-rooms in an asylum should not be less than two thirds.

From the time when the use of mechanical restraints was abolished at Hanwell, it was found necessary to guard against misrepresentations of the results by keeping careful registers of all the accidents occurring.

These registers can, I have no doubt, be seen by your Committee; and they clearly show, not only the extraordinary diminution in the number of casualties since restraints were discontinued, but that almost the only serious ones have taken place in the dormitories at night, before any possible aid could reach the spot.

The truth is, that dormitories have only one recommendation, that of being built at less expense than single sleeping-rooms; and such a consideration is not to be despised, except where it excludes the proper treatment of those who are to inhabit the building. A certain proportion of the quiet, or imbecile, or harmless, or elderly patients, and those who are suicidal, or those who are timid, or require particular help at night, may very properly or conveniently be placed in dormitories. But even for these, the dormitories should not contain more than four or five beds. When larger, the classification of even these patients becomes difficult; the air of the rooms becomes less wholesome, and the risk of occasional accidents is increased.

The next point on which I shall take the liberty of making some remarks, is on the omission of your Committee to direct that the new Asylum shall be fire-proof. On this point, also, it is to be presumed that you consider the directions of the Commissioners in Lunacy to be sufficient. Their directions are as follows:—"The staircases throughout the building should be of stone. In all cases the store-rooms for inflammable stores should be thoroughly fire-proof. If timber floors are used, there must be a disconnection of the floor and joists at all the internal doorways, by means of a stone sill; similar separations, at not greater distances apart than fifty feet,

should be made in the floor and joists of the galleries or corridors; and provision should be made for a complete separation of the timbers of the roof, at distances of not more than fifty feet, according to the arrangements of the plan."

These directions are judicious, as far as they go; but they are not sufficient for the safety of the insane in a large public asylum. They are not sufficient to prevent fire from spreading rapidly from one story to another story; from the bottom to the top, or from the top to the bottom of the building, or even from one end of it to the other. The patients, it must be remembered, are in sleeping-rooms which open out of long galleries, and there are no doors in the galleries except at each end, and no windows out of which escape can be effected. The lives of all depend on the officers and attendants being able to go from one end to the other of every gallery, to unlock and open every door, and to direct every alarmed and bewildered patient to the particular door of the gallery which leads to safety; and this whilst flames are arising from below, or burning timbers falling from above. In all fires, suffocation by smoke is as fatal as the flames are, and the long galleries would soon become so filled with smoke as to create confusion in the soundest mind, but terror and distraction in the excitable minds of the majority of the patients. For these reasons, it would surely be better to make the building fire-proof throughout; to separate each story by a stone floor and roof; and to make it impossible for any accidental fire to spread. The additional expense, in a building intended to last for at least two or three hundred years, is not to be weighed in the balance against so much danger to life.

Among several excellent directions given by the Commissioners, there is one which *your* directions to the architects who are to send in plans imply some disregard of, and yet one which cannot be disregarded without much disadvantage. The direction of the Commissioners to which I allude is this:—"Those portions of an asylum which are intended to be occupied by patients, shall in no case have more than two stories, that is to say, those on the ground and first floors."

You require the architects each to furnish two plans for an asylum for 1000 patients, one of two stories only, and one of three stories in height. It must be confessed that when an asylum is projected to hold more than three or four hundred patients, its vast extent seems to lead almost inevitably to having a building of three stories; and in this instance, and many other instances, good and acknowledged principles are sacrificed to what seems a necessity. The first error, therefore, is the sanctioning the building of so large an asylum as that which you intend to erect; and in sanctioning it, the Commissioners have yielded their own opinions of what is good for what is apparently expedient. In buildings so large as Hanwell, many good principles are thus hopelessly given up. But the evil of having more than two stories is very distinctly perceptible at Hanwell, and should certainly be avoided in the new Asylum.

The objections to an asylum three stories in height are many. The height of all the parts of the building is in itself an evil, producing too much shade, and creating too much gloom. In every part of such a building three wards, containing two or perhaps three different classes of patients, must be in the same pre-

eise situation relative to the whole plan, and overlook the same airing-courts or grounds.

"In all eases," say the Commissioners in their direetions, "the aged, dirty, infirm, and epileptic patients should be aeeommodated on the ground-floor, and violent and noisy patients should be as far removed as possible from the other patients, and in rooms appropriated to their exelusive use." This direetion eannot be eomplied with in a building of three stories. The tranquil must be disturbed by the noisy, and the deeent offended by the dirty. There ean be no perfeet elassification either within doors or without. And the erowding together of a greater number of patients within a given spaee in an asylum so arranged, renders it still more diffieult to maintain so perfeet a system of ventilation as is required to preserve the patients, attendants, and offieers in a state of health. The Commissioners will, I imagine, seareely sanetion what is so ineonsistent with so mueh that their visits to asylums have taught them the neeessity for.

Wherever there is a ward on a third story, that ward is liable to be negleeted. It is in vain to deny this. Everybody in an asylum knows it to be true. The ward is out of the way, and the additional stairs add mueh to the fatigue of all whose duty it is to superintend every part of the building.

This is the ease even where there is only a third story here and there; but a third story all over an asylum eannot be negleeted; and for the officers to inspeet sueh an asylum "without retraeing their steps" (another point reeommended by the Commissioners), is impossible: and yet this is a trifling eonsideration compared with that of the difficulty of eonveying food,

water, clothing, and every requisite, to the third story, and exercising a proper supervision of it.

There is a spceiousness in the argument offered for third stories in asylums, that many of the patients are very well able to walk up stairs to bed, and that the third story may consist wholly of bedrooms. But this arrangement is impossible in a large asylum, as many of the patients require to be frequently in their bedrooms in the daytime, and yet cannot be safely put out of hearing or the means of inspection by the attendants in the galleries. It is very questionable if such arrangements are even proper in ordinary hospitals: they crowd too many patients in a given superficial space, and perhaps exert no small influence in retarding recoveries; in so lowering the general health of the resident officers, that they readily sink under attacks of fever, wounds received in dissection, or attacks of bronchitis and influenza; and in stamping the complexion with the peculiar hospital pallidity which is so generally discernible for many weeks after a patient is discharged. In asylums the effects of bad air are still more perceptible in the officers and attendants, whose liberty is often restricted by all the stringent regulations of a prison.

The wards of an asylum require a far more watchful and a very different kind of superintendence than those of a mere hospital. Every ward ought to be visited by some officer or other very frequently in every day, and often at night. This kind of superintendence, and all the duties and exertions connected with it, are extremely exhausting in a large asylum, even when only consisting of two stories, or, as in some of the French asylums, of one story. But the third story is always that visited with the least willingness

and the least frequently; and the attendants learn this, and are not kept in wholesome expectation of the visits being often repeated.

Although, therefore, it may be difficult for the architects to make plans for an asylum of two stories, for 1000 patients, without a considerable extension of the front of an asylum, I am satisfied that such an asylum will present greater facilities for a proper classification of the patients,—will be more convenient —will be more healthy—and will be better superintended than a building of three stories. The limitation of the plan to two stories seems to me, thus considered, to be of so much importance in direct relation to the treatment of the patients,—to their being properly and comfortably attended to,—and consequently to their general well-doing, that I shall anxiously look for the decision of your Committee on this subject. In the mean time I cannot but regret that, by calling for a plan with three stories, you are causing so much ingenuity and labour to be expended by the competing architects in a very mischievous direction, and sanctioning a plan which will be too eagerly adopted in many parts of England, on the fatal plea of economy.

The example of our continental neighbours may be more satisfactorily referred to on this head than on that of dormitories. Several portions of the best and largest asylums of France are arranged on one story; and there are not more than two stories in any part of them. Certainly, except in large county asylums, and in small private asylums, it is practicable as well as advantageous to have all the sitting-rooms, day-rooms, and work-rooms on the ground floor, and the bedrooms alone on the second story. A public

asylum for 200 patients may easily be arranged on one story.

Your directions to the architects include the preparation of apartments for two resident medical officers,—and for a resident superintendent,—and for a resident matron; but say nothing of apartments for a steward, or for the male and female storekeepers, a housekeeper, a dispenser, an assistant matron, head laundress, head nurse, &c. These omissions are not unimportant. Your large establishment cannot be conducted without all or most of these officers; and, in order to provide for them, you will subsequently either encroach on the rooms allotted to the officers you have named, or, what will be worse, on the rooms intended for patients, whose number must then either be diminished or provided for by fitting up holes and corners of the building not originally intended to be applied to such a purpose. I cannot help adding, that I have scarcely ever seen any asylum in which the apartments of the officers are so uncomfortably arranged as in the present county asylum for Middlesex; and I believe this arises from its having been overlooked in the original plan that any officers would be required but a physician and matron. As such original mistakes can never very easily be rectified afterward, it is most desirable that they should not be repeated in the new building.

I am disappointed not to find in your directions any reference to what our experience at Hanwell has led us to consider a very desirable addition to the building—namely, a large square room for the occasional entertainments given to the patients, and found to be so advantageous, and which are now given with

much inconvenience in the long galleries and towers, or in apartments less conveniently situated. Such a room might be capable of division, by moveable partitions, into work-rooms, a reading-room, and school-rooms;—for I trust the instruction of the patients will not be thought unworthy of your consideration.

If, beyond your own kind feelings and sense of duty, you required any inducement to make the new Asylum an almost faultless building, that inducement would be found in the certainty of the new Asylum being visited from all parts of the world, and copied with all the merits or all the faults it may happen to possess. It is to be erected in the most important county of England; and where the magistracy are known already to have sanctioned, supported, and fully carried out, with a rare moral courage, and in the face of much opposition and misrepresentation within and without the Asylum, a most remarkable change in the management of the insane. It will be supposed that, in constructing the new Asylum, no hint derivable from the experience of the older one at Hanwell has been neglected. Thus the merits of your Asylum will be perpetuated in every other county and country; and if you commit great faults, the faults will be extensively pernicious, and spread their baneful influence far and wide, and into many future years.

In addressing these observations to you, I have no fear of being supposed to be influenced by any other desire than that of seeing, in your new Asylum, a nearer approach to perfection than is to be found in any existing asylum for the insane. It is not for me to recount all that has been effected at Hanwell;

but I wish to see still more done in your new Asylum, and also anxiously hope that your intentions, and the efforts of the many able officers who will doubtless be engaged to carry them into effect, may not be impeded either by a faulty building or a defective constitution and discipline; and this must be my apology for yet troubling you with a few concluding words.

The object of the first importance to your Committee, after providing a well-arranged building, will be the appointment of a Superintendent. I do not suppose that any considerations will prevail on the Committee, in making this appointment, to elect what is called a lay governor, a non-medical superintendent, or a military or naval commandant. The only remarkable experiment of that kind known to me, and with which you can scarcely have been left unacquainted, failed so egregiously, and was attended with circumstances so anxiously thrown into oblivion by those who committed the error, that I should suppose so extremely instructive a precedent will sufficiently warn you against the absurdity,—I could almost say the criminality,—of committing one of the most serious of human maladies to the charge of any one uninstructed in medicine, and unacquainted with the laws which regulate either the body or the mind; and of intrusting a soldier or a sailor with the classification of the insane, the choice of male and female attendants, and the control of the medical officers.

In numerous asylums in this kingdom there are now to be found medical men who have been highly educated, and who are zealously devoting themselves to the study of mental maladies, and to the general

treatment and management of the insane. The number of these is annually increasing, in consequence of greater facilities of instruction being afforded in asylums. From among these, candidates of the highest pretensions, intellectual and moral, will present themselves for so important an appointment as that of physician to your Asylum. On the position in which you place that officer, on the power which you give him, and the support extended to him by your Committee, the whole character of your Asylum, and the happiness of your patients, will eventually depend.

Hoping, then, that your proposed resident superintendent will be a physician, and that he will be provided with a staff of two assistant medical officers, and a dispenser (who can also act as clinical clerk); I also hope that you will enable your physician to form and to carry into full effect a consistent plan for the treatment of his patients; and that whilst the Committee actually govern the whole establishment, the physician will be enabled to command the effective co-operation of all the other officers. If the other medical officers are empowered to oppose him, they will be of very little use to him, and he of very little use to the patients. The defective constitution, also, of other asylums will not, it is to be hoped, be copied by you as regards appointing a non-resident consulting or visiting physician. Such an officer, if he has not lived or been educated in an asylum, cannot interfere with the daily details without embarrassing the resident officers. If he has lived in an asylum, he will know this too well to permit him to be mischievous and troublesome; if he has not, and still interferes much, he must inevitably be both. All the good he can effect is by a general superintendence, and by

occasional suggestions, and by his personal kindness to the patients. These are facts well deserving of some preliminary inquiry; and, without travelling far from the metropolis, I think you will be able to procure abundant information bearing upon them.

The resident medical officer of an asylum is, and must always be, the most important person in it. No regulations, no caprice of committees, no appointments of other officers, lay or medical, or however designated, can alter his real position in this respect. He is constantly with the patients; their characters are intimately known to him; he watches the effects of all the means of cure to which he resorts; and his own character gives the tone to the whole house. The patients look to him as their friend, protector, and guide. They know that he has authority to control them, and power to confer many indulgences upon them; he is always at hand, to be appealed to; and his moral influence is complete. If he is harassed by the visits and contrary orders of a visiting physician, or himself under the control of a governor, resident in the house, his influence is impaired, and all his views are thwarted, and the patients are agitated by continual appeals from one authority to another; and sometimes mortified by injudicious severities, sometimes unsettled by inconsiderate remarks addressed to them, or rendered unmanageable by foolish or ill-timed indulgences. In such an asylum there is no consistent plan; and the resident medical officers must either pass their lives in struggles which disturb their minds and ruffle their tempers, or become subservient, and uninfluential, and insignificant.

A consulting physician may make himself acquainted with an ordinary bodily malady by half an hour's

examination, and prescribe; and it may not be essential that he should again see the patient for some days or weeks: but the symptoms of insanity cannot be so hastily appreciated. Each case requires watching; and all the symptoms, manifested by degrees, and in the course of time, and in various circumstances, must be observed by and well known to the physician, to enable him to exercise an influence over each case, as well as to prescribe for it. Nothing can prepare him for this but a long intimacy with an asylum. It is well known that even accomplished physicians are often utterly and confessedly ignorant of mental maladies; and yet if a physician, thus unprepared, is appointed consulting physician to an asylum, he enters it full of theories, and urges a variety of measures which those resident among the insane have learned to be superfluous or hurtful. What the consulting physician deems necessary at one hour, during some transient violence or excitement of the patients, becomes unnecessary an hour afterward, when all is tranquil again; and *vice versa*. No arbitrary or prospective rule of treatment can be followed among the insane from day to day, or even from hour to hour: their varying moods require constant consideration.

The confidence acquired by close and intimate observation of the insane can alone encourage a physician to run the risk of making great alterations, although the welfare of the patients may be deeply concerned in the changes he meditates. In 1839, when the Hanwell Committee were induced, by the then resident physician, to entertain the startling idea that the galleries of the Asylum might be cleared of the coercion-chairs, and that all the straps, and chains, and leather muffs, and canvass and leather sleeves, might be de-

posited among the useless stores, although they listened to these novel suggestions with great attention, and evinced a strong desire to afford every facility for giving them at least a temporary trial, they were at one time induced to hesitate, and to ask the opinion of the consulting and non-resident physician on these proceedings. This officer, who had not possessed the means of judging of the effects of the great experiment going on, who had not passed a night or a day in the Asylum since it commenced, and who had never once gone through the wards with the resident physician, wrote a formal and positive opinion against the whole system of non-restraint. If the magistrates had not honoured me, at that time, with an unusual degree of confidence, the whole scheme would have been abandoned, at least for many years. But they were more constant observers of what was passing than the consulting physician was, and his opinion was rendered harmless. The resident physician was in the mean time anxiously watching the real results of the system, both by day and night; in the galleries, in the day-rooms, in the airing-grounds, in the work-rooms, and in the chapel; at the hours of rising and retiring to rest, at meal-times, and in almost every hour of the night; and his confidence was consequently unshaken, and the attempt to abolish restraints proceeded successfully.

These observations and illustrations may, perhaps, not be deemed unworthy of attentive consideration; and I shall be truly glad if they prevent your chief resident officer, who will doubtless be an efficient person, from being embarrassed in the many onerous duties which will at once, and all at once, devolve upon him, by the doubts and fears, or by the rash

suggestions, of a consulting physician without the particular experience required in an asylum.

I hope, further, that he will be protected from another source of embarrassment. Committees are sometimes betrayed, by a kind of jealousy of their principal officer, to give his sub-officers power to impede many of his efforts. The greatest injury which they inflict upon him, apparently without ever reflecting that it is any injury at all, is that of compelling him to carry on his plans with the help of attendants not selected by himself, and often such as are utterly disqualified, by natural disposition and acquired habits, for giving him any proper assistance. In consequence of this arrangement, which would be incredible if it were not common, a hundred things are done and said every day in the wards which are inconsonant to the physician's views and wishes; and the web which he weaves with so much care and thought is for ever thoughtlessly undone.

Another very common fault in asylums is, that instead of evincing the slightest interest in the professional or official proceedings of the physician, and learning his habits and his opinions by occasionally going through the wards with him, the members of committees seem to shun giving any such countenance to that authority which they have verbally delegated to him; avoid the smallest indication of community and consent of purpose, and prefer gathering, in all matters of discipline, and many matters of treatment, such information as the other officers afford them, in private conferences. This information is valuable or not, as it may happen; and committees sometimes act upon it, without reference to him, greatly to his sur-

prise, and sometimes greatly to his mortification. The usual consequence of this is, an eventual retracing of their steps; but, in the mean time, great mischief may be done; and as all the officers quickly perceive any disposition in the governors to view the physician with distrust, those among them who are not well affected to him become unscrupulous in their attempts to injure or undermine him.

A Committee of sensible and high-minded gentlemen should discourage all this meanness; should place implicit confidence in a well-chosen physician, and remove him if found unworthy of it. They should not interfere with the details of the asylum, or permit those who ought to be the physician's assistants in his great work, to fret and tease him by hostile proceedings which they imagine are regarded by the Committee with a kind of secret pleasure. His authority should at least be thus far absolute, that he may command the services of every officer, not only in carrying out his general system, but in applying prompt and individual treatment and care wherever necessary. Without this many patients must be neglected, whom his care would, with such executive aid, improve; and some will become incurable in whom an individualised treatment would have led to recovery.

I allude to all these points in the hope that your proposed Asylum will be opened unencumbered by any avoidable defect; and that in a building well considered, and with an original plan as free from faults as possible, the establishment may possess a sound and wholesome constitution.

If I were myself at this time subject to the kind of usage which I have spoken of, I should not the less

denounce it. But, to prevent misconception, it is only just that I should say, that my position at Hanwell is very different; and that I have the satisfaction of acting with resident medical officers who are my personal friends, and who deserve and fully possess my confidence; and under a Committee of Visitors incapable, I really believe, of encouraging insubordination for any purpose whatever, and anxious to support every one of the officers in his proper place, and to assist them all in conferring every possible benefit on the patients. I have not always been so fortunate; and I avow that I consider the present constitution of Hanwell defective; but for the present Committee of Visitors I entertain the most unfeigned respect.

It would needlessly add to the length of this Letter if I were to make many remarks on the rules and regulations of your proposed Asylum. One remark, however, I cannot refrain from making. In drawing up such rules and regulations, it is too generally forgotten that, whatever interferes with the comfort, health, and cheerfulness of the officers and attendants of an asylum is injurious to the patients. You require all the power derivable from as many healthy, cheerful, and efficient minds as you can possibly command, to act on the mass of mental infirmity and restlessness contained within the boundaries of your institution. You must repose a certain confidence in those whom you employ in the most delicate and responsible of tasks; must allow them all reasonable relaxation; and carefully provide for their daily and general comfort. All should feel that they labour under the eye of kind and generous masters; and that, after

giving their best years to anxious and laborious duties, they will not be treated with indifference or injustice, and consigned to destitution in old age.

There are no existing rules for asylums which can be referred to as a perfect model. The general rules for asylums prepared by the Commissioners in Lunacy, and to be observed in all asylums, afford protection to the officers against such sudden and extemporaneous legislation as formerly sometimes altered their position unexpectedly and unfavorably; and the rules would doubtless have been much better if the Commissioners had deliberately drawn up an Asylum Code founded on their own observation of what was required, and with the assistance of medical officers resident in asylums, and had not taken for granted that the very objectionable existing arrangements of some of our largest asylums were the best that could be devised. Still, these general rules evince a sincere desire on the part of the Commissioners to improve the condition of asylums, and the same disposition is manifested in every page of their latest Report.

I have now but to apologise for endeavouring to occupy your attention so long. Your known zeal in the subject of these pages, and your ability to form an accurate judgment concerning all the parts of it, have encouraged me to offer you the simple fruits of my own experience and reflection. I am far from thinking that all is yet done for the insane that can be done. Of what remains to be accomplished, I can myself expect to carry but a small part into effect; and I can conceive much more capable of being effected, for which I shall never possess the requisite means and

opportunities: and yet much more will be the work of the next age, and performed by those whose labours commence from the vantage ground gained by PINEL, and those who, up to this day, have had the privilege of following in the path which he was the first to tread with entire humanity, boldness, and success.

I have the honour to be,
Sir,
Your very obedient servant,
J. CONOLLY.

LAWN HOUSE, HANWELL;
September 1, 1847.