

are generally regarded as most intractable. No special difficulty, however, is found in their management. They fall into the ways of the house, and are as quiet and orderly as the others. Again, we have a good many patients belonging to the criminal class, some returned convicts, and even with those no difficulty is experienced. Instead of disorder and confusion existing from open doors, as Dr. Needham would *a priori* imagine, let him visit this asylum, and he will find that order and quietness prevail to as great a degree as in any asylum with which I am acquainted, and to a greater degree than in most asylums drawing their patients exclusively from a large city.

Yours, &c.,  
 Woodilee Asylum, Lenzie, Sept., 1881. JAMES R. DUNLOP, M.B.

#### THE "OPEN-DOOR" SYSTEM.

*To the Editors of "THE JOURNAL OF MENTAL SCIENCE."*

GENTLEMEN,—In the last number of the "Journal of Mental Science" there appeared a series of queries on the part of Dr. Needham, with reference to the "open-door" system in some of the Scotch Asylums.

In the Midlothian District Asylum for nearly two years past most of the doors have been "open," and the success attendant upon this system was such as to induce me last year to substitute locks with ordinary handles for the old spring locks on all the doors. It is now possible to enter the asylum by the front door, or by any of the others (with occasionally one or two exceptions), and to traverse the entire building without requiring to use a key.

I now wish to briefly record the results of my experience of open doors, and before doing so, I may mention that I found no difficulty in conducting the management of the institution on the new principle, without possessing the advantage of a lengthened asylum experience. During the last two years the average population of the institution has been about 240 patients, mostly paupers, and exhibiting fair samples of all varieties of mental disorder. The change to open doors involved no additional expense; the staff had not to be augmented, and the management of the patients continued very much the same as formerly, except in this particular, that the new system entailed on the part of the attendants a greater amount of vigilance, and more attention to their charge. The attendants, in fact, became to those requiring restraint what the lock and key were formerly, while to the orderly portion of the community there was afforded the boon of untrammelled ingress and egress. The unruly element forms but a very small percentage of the population of asylums, and it is a pity that the iniquities of some two or three should be visited upon all the inmates of a ward, the great majority of whom are quiet and well behaved. I believe that the very fact of the doors being unlocked has a sedative influence on many patients, and diminishes restlessness and the desire to escape. Out of a total of sixteen escapes for the past year, two only were attributable to open doors. It may be that seclusion in single rooms may have to be more frequently resorted to, but this is usually a benefit to the patient secluded, as well as a blessing to those who have got rid of a nuisance in their midst, and is surely better than the gigantic system of wholesale seclusion which obtains when the patients of entire wards are locked up, innocent and disorderly alike. One of the best proofs of the feasibility of the open door system is to be found in the fact that, in any asylum in which it has been tried, a reversal to the old system of locked doors is almost unknown; and certainly in my own case it is the last thing I should think of. This, of itself, is sufficient to dispose of many objections urged against the system by those who have not yet given it a trial.

These remarks are deductions from my own observations, and although I do not wish to generalize from perhaps insufficient data, yet I cannot help thinking that the use of lock and key is in many asylums carried to a needless extent.

ROBERT W. D. CAMERON, M.B.

Midlothian and Peebles District Asylum,  
Rosewell, Edinburgh, Sept. 7th, 1881.

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*Obituary.*

The members of our Association will learn with regret the news of the death of Dr. Frederick W. A. Skae, Inspector of Asylums, New Zealand, which took place at Wellington, on the 26th June, in the 39th year of his age.

Dr. Frederick Skae was the third son of the late Dr. David Skae, the well-known physician of the Royal Asylum at Edinburgh. He graduated at St. Andrews in 1862, and after acting for several years as assistant physician to his father at Morningside, he became, in 1869, Superintendent of the District Asylum for Stirling, Linlithgow, and Dumbartonshire, then in the course of erection. At Larbert he spent some happy years working with a board of honourable and sensible country gentlemen, pleased with his duties, assiduous in his work, devoted to his family, and beloved by all. On the resignation of Dr. J. Batty Tuke, he became Secretary for Scotland to the Medico-Psychological Association, and the general manner in which he filled that post increased his popularity.

In 1876 he was appointed Inspector of Asylums to the Government of New Zealand. On the formation of a more centralized government in that colony, a desire was felt that some competent man should be procured from Great Britain to give a proper organization to the scattered asylums or places of imprisonment for lunatics which had sprung into existence under the rough necessities of the provincial governments. For such a task Dr. Frederick Skae was well fitted. Accustomed to lunatics from childhood, knowing their feelings and their needs, well skilled in the treatment of insanity, and versed in all the details of the administration and construction of an asylum, possessed of great *savoir-faire*, a gentlemanly manner, and gifted with a powerful and colossal frame, Scotland could have sent no better man than Frederick Skae. He was thoroughly sensible, never in extremes, having the prime wisdom to know the relative importance of things, with a happy command of temper, and a keen sense of the ludicrous.

Dr. Skae's first Report on the State of the Asylums in the Colony was laid before the Parliament in 1877, and fully proved the necessity for reform. He showed that there were 788 lunatics in the asylums, but there was only an approach to fit accommodation for 270 of them. The treatment was bad and the situations of the buildings altogether unsuitable. But while the legislators of New Zealand seemed anxious that the condition of their lunatics should be amended, they were by no means prepared to vote the large sums needed to erect suitable buildings or to pay salaries sufficient to get medical superintendents. With a debt amounting to twenty-seven millions and a revenue above three millions to be paid from the taxation of a community of about 450,000 souls, the Government did not even venture to ask for the necessary sums, and it was thought sufficient to eke out the accommodation by making additions to the asylums already erected. Dr. Skae's excellent reports were used in the strife of parties, as weapons of offence against the