

liked by the patients' friends, and it proved to them also the confidence which the authorities felt in the treatment patients were receiving in the asylum. He had not had time to refer to asylums for the criminal insane, but he might say that it was highly desirable there should be more of them in the United States. That at Auburn, New York, was the only one in existence.

Correspondence.

THE ABOLITION OF PRIVATE ASYLUMS.

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

GENTLEMEN,—I conjecture that most of the members of our Society have seen, or at least have heard of an article which Dr. Bucknill has contributed to the February number of the "Nineteenth Century" on the "Abolition of Proprietary Madhouses." Very remarkable as that article is in title, conception, argument, conclusions, vehemence and picturesqueness of its periods, and above all in the intrepidity with which the writer has cut himself adrift from the well-weighed opinions of himself and others, and from many of the traditions of our Association, yet probably had Dr. Bucknill, as on a former occasion, withheld from it the prop of his name, it would have been allowed to pass, not perhaps without a shade of regret on our parts, that private asylums have yet again been requisitioned to supply the requirements of both readers and writers.

Before going into the issue between ourselves and Dr. Bucknill, I must advert to a matter in which the whole of the Association is interested. I refer not only to the title of the article, "Proprietary Madhouses," but to the unjustifiable use by him of such words as "keepers," "imprisonment," "captives," &c. It has been the object of all connected with the treatment of insanity to draw away even in nomenclature from the dreadful state of things that existed years ago. So fully has this tendency been recognised that an old rule, enacted in 1855, has been allowed to lapse, probably from its being considered to be supererogatory. Rule 17 ran—"That by the members of this Association such terms as *lunatic* and *lunatic asylums* be as far as possible disused, and that except for official and legal purposes the terms *insane persons* and *asylums* be substituted, and that generally all terms having an opprobrious origin or application in connection with the insane be disused and discouraged."

If even these terms were deemed undesirable, how much more so are those made use of by Dr. Bucknill. I feel sure that this relapse on his part will not meet with the approval of any one of us, and that this will be still more the case on account of its having occurred in a lay publication.

That Dr. Bucknill has in times gone by thought better and spoken in a more brotherly manner of the proprietors of private asylums, will be made manifest by a reference to his presidential address in the year 1860 ("J. M. S.," Vol. vii). In this will be found not only a general exhortation to unity, but a positive deprecation of "contention," "jealousy," and "the assumption of difference of feeling on personal grounds."

However, this is a thing of the past, and a protest must be entered if only to save us from the reproach of acquiescing by silence in the truth of his statements.

Delenda est Carthago!—In such words Dr. Bucknill proclaims that the total abolition of private asylums, without compensation, without pity, is the only thing that will satisfy him. This, the sole aim and end of his article, he supports with a variety of reasons—scientific, social, and professional. Among other grounds for this destruction are the following:—The existence of a pecuniary interest to do that which is wrong (this leading to the admission of people that should not be admitted; the neglect to attempt any curative treatment; the detention of people after they ought to be set at liberty); the

absence of any particular need for such institutions ; and the ease with which they could be replaced. Besides these, there are several little and sly thrusts which I will deal with afterwards. Though these views of Dr. Bucknill's now see light for the first time in lay pages, they are by no means recent so far as he is concerned. In 1879 (it is important to mark the date) he published a series of anonymous papers in the journal of the British Medical Association, in which he insisted on the unworthiness of private asylums and all connected with them with an amount of fire at least equal to that which he now displays. I say that it is important to notice this date of 1879, for I wish the reader to compare with the foregoing what had been said by Dr. Bucknill only two short years antecedently, before the Select Committee of the House of Commons which sat on the question of the liberty of the subject.

The following are some of the answers which Dr. Bucknill made in reply to various questions asked of him :—

(Q. 1,860.) : " I do not wish to find fault with asylums ; I hope that I have not let anything fall to imply censure. Our public asylums are unrivalled, and they are what the nation and the profession may equally be proud of. With regard to the private asylums, you will find no such private asylums anywhere else in the world, and the improvement which has taken place in them in the last thirty years is equal to the improvement in any other class of institution with which I am acquainted. Still one wants to get the bad ones up to the mark of the best."

(Q. 1,908.) : " I think there is ample room for the existence of both classes of institutions. I cannot express too high an opinion of the hospitals for the insane. I think that side by side with them the private asylums may contrive to exist very well, performing a somewhat separate function."

(Q. 1,909.) : " In any case do you think it desirable that keepers of private asylums should have a direct pecuniary interest in the patients confined in them ?"—" If you had to begin *de novo*, I should say it would be a bad principle to adopt, but the thing exists, and there is a large interest in it, and it would be very difficult, and I think undesirable, to abolish it. The right policy, I think, is to try and improve these places as much as possible."

(Q. 1,910.) : " Would it not be desirable to get rid of them by degrees ?"—" I should be sorry to see them got rid of."

(Q. 1,911.) : " May I ask why ?"—" Because the best of them serve a very useful purpose. I do not know that the hospitals for the insane would quite replace them ; certainly, they would be very far from replacing some of the private asylums with which I am well acquainted."

" *Tutanda est Carthago !*" said Dr. Bucknill in 1877. Private asylums are *not* to be destroyed, even in a gradual fashion. They can *not* be replaced, and if they were abolished, Dr. Bucknill would be very sorry. There is great need for them, and it would be undesirable and very difficult to get rid of them. And, lest by any chance the directness of this evidence should be prejudiced by what he might have said, Dr. Bucknill hopes that he will not be considered to censure !

The reason for carefully noting the dates of these expressions of opinion will now be quite apparent. The case really stands thus :—In 1877, Dr. Bucknill, relying on his experience of thirty-four years' official career, utters serious and deliberate words, on which two years later, when he has taken up private practice, he publicly proceeds to turn his back.

I have no wish, nor indeed right, to deny Dr. Bucknill the privilege of changing his mind. But I have a right and every intention to deny that it is lawful for him to give the impress of long experience to what is but a mushroom opinion. In the cause of the improvement of private asylums he is a Nestor ; in the cause of their destruction he is a neophyte.

Nor is his tergiversation confined to the point now under consideration. Evidences of it are strewn through his later writings. To take a very serious subject, which is raised in the February article—the placing of acute and chronic cases in that sphere which is most likely to lead to their welfare.

Dr. Bucknill *now* says that he hopes to see the erection of small establishments where acute cases can be readily treated in emergency, pending speedy recovery or removal elsewhere. He also recommends the erection of three large asylums for the accommodation of the 600 more or less chronic chancery patients that are now scattered in comparatively small quantities in private asylums.

In "Psychological Medicine" (Bucknill and Take, 4th Edition, 1879) there occurs the following passage from the pen of Dr. Bucknill:—"The asylum should contain a considerable number of patients. Some small private asylums with few inmates are well adapted for the continued residence of chronic lunatics needing more care at less cost than can be provided in private dwellings. Such asylums are excellent for the care and detention of chronic lunatics who are not fit for the enjoyment of domestic life, but they do not and cannot offer the means and appliances for the curative treatment of recent cases. For these an asylum containing at least thirty or forty patients should be chosen, and one containing four or five times that number should be preferred. A certain minimum number of fellow-patients is needful to establish that system of method and discipline which forms the great part of the curative influence of asylum treatment. The great importance of this influence upon the insane mind we have always insisted upon. Orderly conduct and obedience to conventional rule, though it be but that of an asylum, is the first step towards reasonable processes of thought and healthy states of emotion, and the lunatic placed in an asylum very constantly falls into the order and the rule of the house, as a boy, rude and unmanageable at home, falls into the order and rule of a great school."

In the preface to a little book, "The Care of the Insane," which came from Dr. Bucknill's pen in 1880, I read: "But after all a congregation even of pauper lunatics is a great, though doubtless an unavoidable evil, while a system which compasses the herding together of lunatics of large fortune, or even of competent means, for any purpose but the important one of public safety, is but a mouldy method of routine and prejudice. For opulent patients, certainly the smaller the asylum is the less the objection to it."

What is to be made of all this? Here we have as touching acute cases, a definite and scientific statement, founded on logical reasoning, which must commend itself to all, and which has acquired fresh confirmation from each of the several editions containing it, utterly hashed by a subsequent opinion. So too with regard to chronic patients. The massing of patients (it is "congregation" in the case of paupers and "herding" for the rich) is strongly condemned. Yet in a short space of time Dr. Bucknill proposes to build asylums to contain an average of 200 chronic patients, which is a very large number indeed for paying patients.

As I have said before, one may have the privilege of changing his opinion within certain limits, on social or administrative points, but no one can be allowed to play fast and loose with scientific teaching without incurring the penalty of sensibly diminishing his authority, which, in the case of Dr. Bucknill, had at one time no superiors and but few equals. It is also to be regretted that science has fallen a victim, not to science, but to social crotchets.

It will be convenient here to add an extract from Lord Shaftesbury's evidence given before the Select Committee of 1877. I think that it will be seen to put a complexion on that portion already quoted by Dr. Bucknill, very different to that which he assumes.

His lordship said (Q. 11,357.): "And indeed the state of things before 1859 was very bad indeed, but at present, from a variety of causes, the licensed houses are in a far better condition in every sense of the word; more is expended on them by the proprietors, and I must do them the justice to say that the change is very great, and so far as the evidence I gave in 1859 is concerned, I should not give it now. I can speak in high terms of many licensed houses and proprietors, but I will also add that if you relax your vigilance ever so little, whether it be of licensed houses or of hospitals, or of county asylums, the whole thing will speedily go back to its former level."

There are four principal items of offence laid to the charge of private asylum proprietors that require to be met, these being—the influence of pecuniary interest; the admission of people who ought not to be admitted; the neglect of curative treatment; the detention of patients after they ought to be set at liberty.

To begin with *pecuniary interest*. It is astonishing how easy it is, when anything harsh or bitter has to be said, to assume that the readiest means of offence is the truest. It is so in this matter, but several fallacies are lying just underneath the surface. First, is it necessary to assume that a money interest exercises the chief or most powerful effect on a man's conduct? Are not passion, spite, envy, hatred, malice and all uncharitableness, on the one hand, and ambition, pride and that form of pride which impels one to wish to stand well with one's fellows on the other, oftentimes quite as strong as money? Secondly, is it right to assume that, when a man's interest may lie in a vicious direction, he will of necessity follow it? If this be the case, who among us is safe? The judge, the trustee, the banker, the solicitor, all must have opportunities of temporarily increasing their possessions by wrong-doing. But are they necessarily suspected on this account? It is true that they are hedged round with certain checks, not the least of which is the terrible consequence of discovery; but this is precisely the case with us. Thirdly, to take still lower ground, let us even admit that pecuniary interest is all-powerful. Is it then necessary or practical to assume that the most money can be made by ill-doing? We have had a free present made us of "trade" principles. Are we to throw the most prudent of these away, and sacrifice permanent success to temporary gain? Let the reader put the question to himself whether he can conceive any circumstances in his own calling which will induce him to risk that calling at any such price as he may be likely to obtain for his evil actions. I do not say, and I do not wish to appear to say, that such considerations form any safeguard in this or any other profession. I do not maintain that pecuniary interest does not occasionally warp a man, but it will be apparent from these reflections that it is fallacious to say that it *must* do so in any or every case, or even in the majority of cases.

On the other hand, if it is possible to show, as I hope to do in no uncertain way, that pecuniary interest does not exert a bad influence, then surely it will be of the greatest service in ensuring a maximum of proper attention and kindness to our patients.

Thus far I have, in speaking of pecuniary interest, been acting on the defensive. Looking to the nature of the attack made on us, it should not be considered to be improper if I seek to improve our position by carrying the war into the camp of a hostile witness. It will be readily seen that our interests may be opposed to those of others than the patient. In the report of the Select Committee of 1877 (Q. 9,428) there will be found a quotation from a letter, in the course of which the following passage occurs:—"I have the written opinion of Drs. Bucknill, —, —, and —, that my client will suffer harm if he be detained in retreat, and they recommend his being placed either as a sole private patient with a medical man (such a man as Dr. Bucknill for instance, if he would undertake the duty) or in his own house with medical supervision." Now I do not for a moment wish it to be understood that I think that Dr. Bucknill gave such an opinion to obtain the charge of the patient. I will even go so far as to say from my own knowledge that he did not. But the pecuniary advantage that would result to him from such a course is obvious, and his doctrine of the consequence of pecuniary interest will apply to himself as rigorously as he has applied it to us, unless he could clearly show that at no time had he either had this or any other case under his remunerated supervision in his own or other private house. If he has been, or is now taking such charge, the logical application of the doctrine would run something like this—if it pays to supervise one patient, it will pay better to supervise several, and therefore several must be found. The more patients admitted into, or detained in asylums, the fewer will there be to go into private supervision; therefore pecuniary in-

terest leads to patients being kept out of asylums, or dug out if they are already there. Pecuniary interest being still dominant, what is the best way of effecting this? *Delenda est Carthago!* What would Dr. Bucknill say of us, if we went out of our way to gratuitously insult him in such fashion?

Admission of people who ought not to be admitted.—I must confess to finding some difficulty in framing an answer to this. If the charge had been made that absolutely sane people were taken in, then nothing would have been easier than to bring overwhelming evidence to prove that such a course was hardly possible now-a-days, and would be too risky for anyone to try it with any hope of success. I do not think that private asylum proprietors are yet in a condition in which they would want to increase their business in this manner. Still it is possible that such a person might be received, not in fraud however. It is shown in the report quoted before, that mistakes do occur, not in the case of the rich so much as with the poor. Dr Bucknill (Q. 1,892) says: "I have known cases at the Devon County Asylum sent in who were not insane; several cases." Dr. Lockhart Robertson being asked (Q. 1,215): "You would put it that at long intervals and in rare cases mistakes as to people's sanity would necessarily occur?" said "Yes." Mr. Commissioner Wilkes being asked (Q. 804): "You stated just now that all persons to your knowledge who were received into asylums were actually lunatics?" said "Yes; it is very rare that any question as to the lunacy of the patient occurs." Many others give the same evidence. Therefore we may take it, on the authority of those who know well what they are saying, that admission of actually sane people is extremely rare. Beyond this we see that when a mistake does occur it is at the hands of the certifying doctors, and generally takes place in cases where there cannot possibly be any pecuniary interest. Why then should persons go out of the way to assume that the pecuniary interest of the proprietor is responsible for the misfortune?

The question of admission turns far more frequently on the matter of the sufficiency of the insanity in a person who is undoubtedly insane. Here again, if there is any harm done, it rests primarily on the certifying doctors. Of course there are insane people as to whose fitness for detention there can be no manner of doubt. On the other hand, there are insane persons who can obviously be treated better outside than within an asylum. But when we leave these two extremes and travel inwards, there must come a point when doubt arises, and unfortunately experience shows that these doubtful cases are those that may develop dangerous tendencies which are for the time obscured by the presence of intellectual power. Take the following instances. The unfortunate gentleman who some years ago shot at the Master of the Rolls had been going about under the belief that his legal grievance was not properly taken notice of. No one thought that his ideas were sufficiently absurd on the face of them as to warrant his being deprived of liberty. But when he had committed the offence it was discovered that he was insane, and a subsequent murderous assault on the Medical Superintendent of Broadmoor clearly proved him to be a most dangerous victim of a grievance. Again, it will be remembered that the man Goldstone killed five of his children last year. This man was ultimately proved to be clearly insane, and his fellow-workmen had noticed that he had been peculiar for some little time. Still, he was able to do his work and keep his family. Who dared to interfere with these men until the deeds were done? Can doctors be blamed for doing their best to anticipate such events? If they are simply to wait until the questioned insanity reveals itself by deeds, the familiar crossing-sweeper could sign a certificate just as well as the medical man. Dr. Maudsley said (Q. 3,752): "It is just a matter of opinion. There will be sometimes difference of opinion whether a case is a proper one to be sent or not, but medical men may differ perfectly honestly on a matter of that kind." Then if medical men acting on their belief send us a patient, are we to be blamed for accepting their view of the case, at all events till sufficient time has elapsed to show whether their opinion is a sound one? Are we, with but little knowledge of the facts, to take the

responsibility of reversing, possibly to the public harm, two opinions founded on facts? The law evidently does not take this view, in that it authorises us, in case of action, to plead the certificates, thus throwing the responsibility on the certifiers. All we can do is to watch the case, and if necessary get rid of it at once, which is the course that most prudent men would take.

Neglect of Curative Treatment.—It is freely alleged that private asylum proprietors do not attempt to set their patients straight—that they prefer to make sure of the bird in the hand, fearing they may not find others in the bush. I need hardly point out the absurdity from the “trade” point of view of such a course. We will see what figures have to say—whether we do not only make the attempt, but also whether we are not as successful as our brethren, allowance being made for various differences in opportunity, which I will refer to presently. Taking the average for the last ten years, and excluding all idiot establishments, the following are the recovery rates, roughly:—County asylums, 40 per cent.; hospitals, 47 per cent.; private asylums, 33·5 per cent. It will be allowed that, if we do not make the attempt, a considerable number of our patients are supremely fortunate in getting well without help. It will be seen, however, that private asylums are behind both classes of institutions. This has given rise to disparagement in quarters that might have been better informed.

There are several reasons for our not being able to vie with others. Chief of these is the fact that while in a pauper asylum there will be found a fair representation of all forms of insanity, mild or severe, chronic or recent, in private asylums this is not the case. Many of the upper classes can and do retain the services of independent specialists and get well without leaving home, or are sent away to medical men's houses. We, therefore, can say that we have not the comprehensive range of other asylums, and that what we do get are not infrequently the residue of unsuccessful treatment elsewhere. Again, on no other point in connection with insanity is skilled opinion so united as on that of the efficacy of early treatment. In fact, a large collection of statistics shows that if cases are brought to asylums within three months of the onset of disease a proportion, variously estimated from 60 to 75 per cent., recover, while if asylum treatment is delayed for twelve months from 5 to 15 per cent. only have this good fortune. Now it is evident that if a poor man or woman becomes insane he or she must be taken off to the asylum at once, if only because there is no possible chance of home treatment being carried on. But in the case of the wealthy it is well known that an asylum is generally the last thing thought of. Then, if cases improve, the friends are very apt to remove a wealthy patient to complete the recovery at home, whereas with the poorer people administrative reasons insure their being retained till recovery has been well established. Thus both at the commencement and at the end are we deprived of an appreciable chance of swelling our totals of cure. Our material also is more unpromising. In the Commissioners' reports from year to year will be found a series of tables (XXII.-III.) that give the assigned causes of insanity, and a contrast is made between the private and pauper patients. These tables so nearly resemble one another each year that their substantial value may be assumed. In these it is well shown that the more unfavourable of the *moral* causes preponderate in the rich, while those connected with *physical* derangement, more or less easy of amelioration, are found in the poor. Mental overwork and worry (independent of family affliction or adverse circumstances) are instances of the former, while the latter may be represented by privation and starvation. Occupation, healthy in extent and nature, is denied to the rich in a proportion that does not obtain with the poor. The latter have manual work and trades that they can easily fall back on, those parts of their system which they have been in the habit of using in seeking their living being those that are free of the disabling disease. With the rich, unfortunately, the reverse happens. The brain, which has been their working instrument, is either incapable of exercise or is in a condition that makes it unwise to subject it to work of any kind. In occupation I do not include

amusement; this is probably provided quite as liberally in private as in public asylums. Taking all these considerations together, I think that we may claim credit for not being more behind other institutions. At least it is absolutely false to say that a proper attempt to cure is not made.

In connection with the foregoing it is a curious fact that while one in ten of the patients discharged from private asylums returns at some future date, one in seven and one in seven and a half return to hospitals for the insane and county asylums respectively. These figures are calculated on the last five years, and from them those relating to idiot establishments are excluded.

Improper detention of patients after they ought to be set at liberty.—This is one of those shadowy and impalpable accusations that it is almost impossible to meet by mere argument and assertion. It was shown everywhere in the report of the Select Committee that the fitness for discharge of a patient must always be a matter of opinion.

I can place the whole matter of the detention of patients in a mathematical light that cannot be gainsaid. If patients are improperly detained it will follow that those who so detain them must have, after a time, an accumulation of patients in excess of the general ratio, which would soon proclaim itself. But what is the case? Private asylums are very much where they were ten years ago in point of numbers, though the admissions into them are relatively more numerous than those into other classes of institutions.

Now it is my object to show not only that patients are detained no longer in private asylums than in other places proportionally, but that they even are removed from the former much more rapidly than they are from the latter. All the following figures are averages for the last five years, and are taken from the reports of the Commissioners in Lunacy. The average numbers resident in the various institutions on January 1st of each year are as follows:—

County Asylums.	Hospitals.*	Private Asylums.
41,414	1,657	4,224

The average removals in all ways—by death, by recovery, or by discharge of those who are not recovered—are:—

County Asylums.	Hospitals.*	Private Asylums.
10,720	449	1,710

Let us suppose that all admission is stopped, in each class of asylum, and let the removals go on; then it would take 3·69 years to empty county asylums, 3·86 years for hospitals, 2·47 years for private asylums, or, in other words, the average time of residence in a private asylum is about two-thirds of that in either a county asylum or hospital.

Now, if mathematical facts have any value at all, it must be admitted that, so far from patients being unnecessarily detained in private asylums, they are sent away or removed considerably faster than from other places. What becomes then of the charge of detention? It is true that it is still left for a critic to say that it is the poorer patients who are the happy ones to leave, while the rich are left to languish. But the margin is too great, and my own experience is directly antagonistic, for I find that as a rule the greater the riches of a patient the greater is the tendency for the friends to remove him for trial under other circumstances, if reasonable prospect of recovery does not show itself.

I will quote a passage from the evidence of Dr. Crichton Browne. Being asked (Q. 1,269): "Is it your opinion that patients are kept longer in private asylums than they ought to be?" he says: "I cannot say that I have myself come across a case officially." (Q. 1,270): "You do not think that takes place more among those who pay most?"—"No; I am bound to say that I have had

* In the hospital figures I have omitted those relating to Bethlem. Patients are chiefly admitted into this institution for one year only, and must leave at the end of that time, whether well or not. Therefore it would manifestly be deceiving to admit them into a calculation which deals with the duration of residence of patients.

the medical officers call my attention several times to patients whom they thought might be discharged, when I have had to express a different opinion, and to say that a little prolongation of treatment might, in my opinion, be advantageous."

Dr. Bucknill has quoted a passage from a pamphlet by Dr. Wood. When I read it on its publication I felt that it might well have been omitted, not because I absolutely disagreed with it, but because I was sure that sooner or later it would be laid hold of in a sense that was quite foreign to its spirit. Probably what Dr. Wood intended to be conveyed would be ruled very much by the same conviction as that of Dr. Bucknill when he told the Committee (Q. 1,893): "Very few persons leave asylums who are perfectly strong." However this may be, it is evident that Dr. Bucknill must have been a party, unwilling, no doubt, to just the same offence, in old times, for we find from Q. 1,983 *et. seq.* that it was the custom in the Devon Asylum to discharge recoveries once a month, on Committee days. Did all the many hundred patients who recovered under his administration do so on these particular twelve days in the year? If not, why were they detained after recovery? To help to establishment of that recovery, or to suit the convenience of the Committee?

Before I leave this subject I must give yet another quotation from Dr. Bucknill. Asked (Q. 1,828): "What do you think is the usual motive for keeping patients too long?" he said: "It is very hard to impute motives. I should not like to do so."

I venture to think that I have supplied an amount of information on these points that will cause the reader to pause before he accepts the conclusions of Dr. Bucknill, which are in themselves only serious as being to a certain extent shared by that portion of the public which will accept any sensational statements concerning what it is profoundly ignorant of.

There are one or two other matters in Dr. Bucknill's paper that I should have been glad to have left alone as rather below the tone in which a grave subject should be discussed. But as these are brought in for a definite and destructive purpose, and are themselves evidence of the spirit in which the whole article is conceived, I can hardly afford to do so.

Dr. Bucknill assumes that private asylum proprietors are "tradesmen." He cuts us off from the other members of the profession, so that they may be absolved from any duty to their unfortunate brethren who are in stress from his and similar attacks. The public must know, too, that we are not entitled to any of the consideration that the medical profession expects at its hands. He makes broad his phylacteries, and, by implication, thanks his God that he is not as the poor proprietors are. But look! *Horresco referens!* Dr. Bucknill will find his name, certainly in the best of company, among the "trades" in Kelly's Directory. He starts with an extraordinary statement—that ordinary medical men's receipts are either honoraria or payment for work done, and are not profits. The only conclusion that can be drawn from this is that if anything but brains and work are provided in return for fees, then these fees are profits; also, from the context, he appears to assume that profits belong to a trade only, and not to a profession. If that is the case, which of the outside medical profession does not provide himself, for business purposes and the use or convenience of his patients, with either instruments, medicine, carriages, door-plates, houses at more or less expensive rates and in suitable position? Again, supposing that a person living one hundred miles from London is uneasy in his mind, and that it is considered right by his friends that he should have the professional services of Dr. Bucknill. If this person can come to London and see Dr. Bucknill at his own house, he does so at a cost of one or possibly two guineas. But supposing that the patient cannot be brought up to town, and Dr. Bucknill has to go down. For this Dr. Bucknill is entitled to charge at the rate of two guineas for three miles, according to the scale of the College of Physicians

(which body, by the way, seems to have played the part of Balaam to his Balak). When he arrives he gives an opinion which is exactly equal in value to that which he would have given at his own house for two guineas. But he receives sixty-six. What are the extra sixty-four given for? The truth is that when a man receives money in return for anything, he may be said, in a sense, to be in trade. He is a tradesman, but what is there derogatory in that?

It will be news to the public that, as Dr. Bucknill implies, any disorder that does not interfere with the general peace or welfare of the institution is permitted in public asylums, because there is no pecuniary interest to repress it. It will be news also to the superintendent of the asylum that he does not vex his mind if a patient breaks any amount of furniture, glass, or crockery, or even sets fire to bedding or clothing. I fancy that, if this occurred often, his Committee would forcibly point out that it was to their interest that such proceedings should be repressed.

All this is anent the unwholesome handing down of a business from father to son or nephew. I should have thought, and probably others will think, that there is no particular harm in a future official being "in a manner born to it."

One of the many ingenious reasons for our disestablishment is that, rightly or wrongly, the public has a distrust of private asylums. This I know to be a far from correct idea. How is it that private asylums "contrive to exist very well side by side with the hospitals for the insane, performing a somewhat separate function?" Dr. Bucknill scouts the "white-washing" and the weak-kneed suggestions of the Select Committee. But who helped them to white-wash, and whose evidence rendered drastic recommendations unnecessary? And who is now responsible for disquieting the public mind?

Real harm does arise from this disquiet. From my own knowledge, which is a considerable one, of the feelings of the relatives of patients, I can say that many of the latter are brought, sometimes too late, whose coming has been delayed by the reckless assertions which are made. When they find out what the actual facts are, they blame themselves for taking these assertions for gospel, instead of looking into the matter themselves. The only cure for this state of things, the only way to minimise the harm done, is to attempt to enlighten the profound ignorance of the public in relation to all that concerns the treatment of insanity. If anyone desires to be so enlightened and thus render himself comparatively independent of the possibly biased opinion of a single man, let him eschew "popular" works and papers. Let him take the report of the Committee that I have so largely quoted. He will there find the ideas of most of those whose opinion is worth having, trammelled, it may be, by a sense of responsibility, but none the worse for that. He will find these oft-recurring accusations cross-examined, and I think he will find some evidence that even private asylum proprietors have a desire for, and some success in doing their duty. One thing I can say from the experience which my position gives me, and that is, that if private asylums are abolished, the country will have to reckon with a vast increase of treatment of insanity at home or in private residences; if in the former, all the benefit of asylum treatment will be lost; if in the latter, the patient will not only lose these, but he will be exposed in an enhanced degree to all the evils which are alleged to appertain to private asylums. The patients will be the losers: who will be the gainers? Those who have not devoted their lives to the work, and those who have to medically supervise the latter. If it is right, as there can be no shadow of a doubt it is, to hedge the insane round with all manner of protection by inspection and report, surely it is better, safer and more convenient that it should be done in those places where there are the most jealous eyes to watch.

I do not intend to say that all *single care*, as it is called, of patients is wrong. On the contrary, many cases, if carefully selected, do as well in a family as in an asylum. But when a great number are driven, as will be the case, to this form of treatment, not by process of selection, but by the undoubted dislike in many instances to any public institution, then I say great evil will arise. That

there is such a dislike is proved by the fact that notwithstanding all the benefits conferred by registered hospitals, so widely made known and patronized by Dr. Bucknill and others, these institutions as well as private asylums have not practically changed their respective numbers in the last fourteen or more years.

It will not be right to assume that the contrast, drawn by Dr. Bucknill between the payments made by the sane patient to a general practitioner, and those made on behalf of an "unwilling captive," applies only, as far as the latter is concerned, to private asylums. There are some public institutions which have an excess of income over expenditure that is really quite comfortable to look at. If to that is added the salary of the medical man, as it should be to make things equal, then we may take it that the "captive" has to pay pretty smartly in public as well as in other institutions. The truth is that the payments are entirely a matter for the friends, who are substituted in the contract for the incompetent patient. I think that as a rule these friends do not lose, when dealing with insanity, the national commercial instincts. They are very apt to see that they get a good deal for their money.

Dr. Bucknill has rightly said that it is impossible to discuss lunacy matters without reference to Lord Shaftesbury. I think that I can hardly do better than close this letter with this quotation from his lordship's utterances:—

(Q. 11,613): "I am decidedly against their being done away with by the prohibition of the law, and because, as I said before, I am certain that some licensed houses ought to exist. There are a great number of people who will prefer them for their relations. The treatment that you get in the licensed house, where it is well conducted, will always be more of the domestic character. I was saying that by the extension of the hospital system, that is of the public system, I believe that a great number of the inferior houses will be eliminated and got rid of, and the few that will survive would be very good." (Q. 11,614): "Are you of opinion that it would be prejudicial to advance in the treatment of mental disease to do away with licensed houses?"—"Most undoubtedly."

I am, your obedient servant,

Ticehurst, March, 1885.

H. HAYES NEWINGTON.

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

GENTLEMEN,—In the January number of the "Journal of Mental Science" there is an able paper by Dr. S. Rutherford Macphail, entitled "Clinical Observations on the Blood of the Insane."

In it he makes the following statement (pages 488 and 489):—"I have been unable, in the literature to which I have had access, to find reference to any observations on the state of the blood in this disease" (General Paralysis).

Permit me to remark that on the 22nd of April, 1878, I read a paper "On the Histology of the Blood of the Insane" before the Royal Medical and Chirurgical Society, an abstract of which I enclose from their proceedings.

Dr. Lauder Lindsay had preceded me in a paper on the same subject, so that I can lay claim to no original merit in having prosecuted these researches.

It is somewhat gratifying to me to find that both observers, one of whom was before and the other after me, have arrived at the same conclusions as myself.

Dr. Macphail's paper is more elaborate and better in every respect than mine, but I am sure he will agree with me that, having published a paper twelve years ago on this interesting pathological question, I could not well allow his statement, ignoring Dr. Lindsay's paper and my own, to remain unanswered.

Trusting you may find space for this letter and abstract in an early number of the Journal,

I am, yours, &c.,

HENRY SUTHERLAND.