

my patients generally became comatose, and most of them died.

When the stomach has continued irritable after reaction has taken place, and has rejected both food and medicine, I have found creasote, in doses of one drop to an ounce of water, frequently administered, very serviceable. And in a case which was succeeded by suppression of urine, two blisters placed on the loins, one on each side of the spine, restored the action of the kidneys, and caused a profuse secretion of urine. The patient recovered, but he complained very much of the annoyance occasioned by the almost incessant and painful micturition, produced by the absorption of the cantharides, and which continued for nearly a day.

In the *prevention* of Asiatic cholera, the only measure that has hitherto appeared to be of any avail is exposure to the vapour of pitch. During the epidemic of 1832, no fresh case occurred in Newnham Street, after large pitch fires had been made in the infected spots, although scavenging, lime washing, and other disinfecting means, had been used previously without any effect. It was also observed in Trinidad, during an epidemic, by Dr. Mitchell, that the inhabitants of one part of the island entirely escaped whilst the disease was extremely destructive in all the other parts. The inhabitants of this favoured spot were extremely poor, and the place itself was very unhealthy. The soil, however, consisted principally of asphalt—the only cause to which the immunity from this disease could be attributed. He also noticed in San Fernando, that the inmates of a house, under and around which a quantity of asphalt had been thrown, escaped, whilst the inhabitants of every house in the vicinity suffered; and that no case occurred in the prison of this city, the cells of which were floored with this substance.

#### LETTERS AND COMMUNICATIONS.

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## British Medical Journal.

SATURDAY, AUGUST 28TH, 1858.

### LUNATIC ASYLUMS AND THE LUNACY LAWS.

As Mr. Tite will ere long bring before the legislature the whole question of the lunacy laws and lunatic asylums in this country, it would have been wise on the part of the public journals, if they had abstained from prejudging the question; and it would have been but fair, had they held aloof from fostering a bitter prejudice on the part of their readers against any class of persons engaged in the treatment and cure of the insane. The *Times* and other daily papers, however, have taken a different view of their duties as publicists, and have assailed with virulence the proprietors of private lunatic asylums. Day after day, columns of the daily journals are devoted to the silliest abuse of "Mad Doctors", and especially of those who keep private asylums; and gentlemen who have fondly imagined themselves honourably employed in the alleviation of the direst calamity flesh is heir to, suddenly find themselves assailed in leading type as creatures who deliberately make a living out of the "civil murder" of certain of Her Majesty's subjects. The *Times* deliberately asserts that "this is a safe kind of murder—and murders do happen."

Against such an ignorant slander as this, we need not appeal to the experience of those longest versed in the treatment

of the insane. That many persons are still retained in asylums after they are to all appearance recovered, is a fact that no one wishes to deny; but we do deny that they are so retained for any other than their own benefit. It is necessary to allow a little margin of time beyond the apparent recovery, in order to test its permanency; and we need not tell our readers that, if the asylum doors were thrown open to patients the moment they became rational, the chances are that they would speedily close upon them again. In this sense, and this sense only, do we believe that there is one mentally sane man to be found in an English private asylum.

The *Times* says, with apparent astonishment, that "It is only to a *madhouse*, and not to a prison, that an Englishman can be sent, and no one be the wiser." Speaking literally, this is a gross falsehood; as no one can be confined in a madhouse without the full knowledge of the proper authorities appointed to take cognisance of these matters. That there is not the same publicity attaching to the committal of an insane person to an asylum as there is of a thief to prison, we admit; but this arises out of the instincts and affections of human nature itself. The very suspicion of a taint of insanity in a family is sufficient to do irreparable social mischief to it: and we may as well demand that the leper shall show his sores in the highways and the byways, as expect that the Englishman will ever submit to a law which should force him to expose, in a public court, the mental sores of those who are nearest and dearest to him whilst they are in their rampant stage. Even if the affections of relatives, and their natural instincts, would permit such a course, justice to the patient himself would forbid it; as there cannot be a doubt that all his symptoms would be thereby aggravated.

The *Times*, in the course of its argument against private asylums, is forced to admit that in some form or other the public will have them; having said so much, however, it directly attempts to draw unfair comparisons between the treatment of the insane in public and in private asylums. In private asylums only, according to the *Times*, the insane are ill treated; and we should be striking at the root of the evil if we could assimilate the management of them to that of the great public asylums. It is quite clear from this expression that the writer never could have heard of the mopping of a poor patient on the bare stones at Bethlehem—or of the prolonged shower bath and strong doses of "white mixture" at the Surrey Asylum. The worst cases of cruelty that have occurred in private asylums have never come up to those examples which have taken place in the largest public asylums in the kingdom.

The *Times* quietly ignores the notorious fact, that the cures in private asylums are beyond all measure more numerous than those in public asylums, and boldly cuts the Gordian knot by saying that the true remedy for the evils at present complained of is the suppression of all *small* private asylums, for the reason that their proprietors must necessarily be needy men. This suggestion is ludicrous enough; but let that pass. The argument of the *Times* is, that in large asylums "the task of supervision would be easier," and that the possession of greater capital would ensure the presence of every comfort and remedy. How the task of supervising a large number of patients could possibly be easier than that of a smaller number, passes our comprehension. At Colney Hatch, and at Hanwell, the medical men do, it is true, supervise with care some eight

hundred patients each a day; but the explanation of this is, that in the true sense of the word it is no supervision at all. The individualities and the idiosyncrasies of each patient must stand but a small chance of being discovered, forming as he does but one amongst a host. The chief advantage of private over public asylums, is the greater chance patients have of being treated individually in the former. Once raise the number of the inmates of the one to those of the other, and you will, of necessity, introduce a system of mere routine, in which classes instead of individuals, with all their wonderful differences of temperament and character, will be treated. *Ceteris paribus*, the smaller the asylum, the higher the chances of the patient's cure. English lunatics like the club system of living no more than the sane; and the nearer the asylum can be made to resemble a "home", the better for its inmates. We contend that in large buildings, inhabited by large numbers, these conditions of home are not obtainable; and to do away with the smaller asylums would therefore be the most absurd step that could be taken. What is wanted to ensure a proper class of medical men fitted for the special care of lunatics, is a system of training, as in our large public asylums. It is a monstrous blot upon medicine, that whilst special examinations have been established for dentists and midwives, the noble study of medical psychology is altogether neglected. Our medical officers, who have the charge of the twenty thousand insane persons at present in asylums, must perforce pick up what knowledge they have previous to entering upon their actual duties from books or from the sparsely given lectures in the public asylums! All this time the splendid facilities of our county asylums are running to waste. If, in future, all persons wishing for a license were to be forced to undergo an examination, and required to give proofs of having attended the practice for a sufficient time of some large public asylum, in our opinion the best guarantee for the proper scientific treatment of the insane would be obtained. As regards the personal qualities of the candidates, they are not to be obtained by any system of examination. Clergymen are not all immaculate, although they are passed through a moral sieve; we cannot, therefore, hope that proprietors of asylums will present a pure white flock without one black sheep among them.

### THE WEEK.

IN connection with the subject of Poor-Law Medical Reform we are desirous of directing the attention of our associates to the fact, that there are in our list of members six hundred and twenty-seven union medical officers; or nearly one third of the total number of members. But only three hundred and sixty-two of these have as yet joined the ranks of Mr. Griffin's band—the Poor-Law Medical Reform Association. We earnestly entreat those who have not yet sent their names to that gentleman, to do so without delay; and we would beg all our associates, without exception, to aid him according to their power. It is fully expected that Mr. Sotherton-Estcourt, the President of the Poor-Law Board, will issue a draft bill during the present parliamentary recess; and, in order that the medical officers may have a fair opportunity of examining its provisions, and of successfully resisting any influences which may be brought to bear in a manner antagonistic to their interests, it is most important that Mr. Griffin and his

colleagues should be at once provided with the means, without which the most important and best designed schemes inevitably fall to the ground.

In the sick chamber, the minister of religion and the medical attendant ought to work hand in hand. They can almost always do this; and we are glad to believe that they do, in the majority of cases, act on this judicious principle. But in recent years there have been creeping into the Church of England doctrines, comment on whose theological bearing is beyond our province, but the carrying out of which leads (and must lead) to conduct most contrary to all precepts of common humanity and sound medical science. In a case which is even now occupying the attention of the daily papers, a reverend gentleman is reported to have called on a poor pregnant woman, ailing and near her confinement, to persuade her to make "auricular confession." Some questions were asked of the woman, as to whether she had broken any of the Ten Commandments. On coming to the seventh, the following dialogue took place:—

Curate.—Did you ever commit adultery?

Woman.—No, sir, I was married too young for that.

Curate.—Yes, but recollect; did you not, before or after you were married, look on a man and lust after him or for him?

This question, the woman said to a lady to whom she was narrating the conversation, "upset her"; for he said, "Now, you are lying there, and hope to be delivered and live; therefore you should confess your sins to me."

Curate.—Have you ever been confirmed?

Woman.—No, sir.

Curate.—Then, remember, if you die you can never enter the kingdom of Heaven; if you live, you must receive the holy sacrament.

Woman.—No, sir, I can't do that; I think that requires a great deal of preparation.

Curate.—Then you cannot go to Heaven.

And this is the language and the treatment to which the poor, the sick, and the feeble of our land are to be subjected by the would-be "sons of thunder" of an extreme section of the English church. A female, on the eve of confinement, is, however virtuous she may be, to have her womanly feelings insulted by the insinuation of what is in her eye the most degrading of all crimes; and then she is to be told that eternal misery is her doom, unless she follows the injunctions of her reverend adviser! When the medical attendant enters the sick room, and finds a man of true religion there, administering comfort to the patient, the feeling which arises is one of brotherly sympathy—both are working to the same end. But if at any time one of our associates should find at the bedside of a patient a person carrying on an exhortation of the kind we have referred to above, we would counsel our friend the doctor to make no scruple of removing his clerical brother with what speed he may, on the same grounds as he would remove a "peccant humour" or a noisome smell—the safety of his patient. These self-appointed "confessors" would do well to have a care, lest their inquisitorial bearing now and then turn the progress of the patient into an un toward course—perhaps to death.