On the Construction, Organisation, and General Arrangements of Hospitals for the Insane. By Thomas S. Kirkbride, M.D. 2nd edition. Lippincott & Co., Philadelphia.

Dr. Kirkbride, the physician and superintendent of the Pennsylvania Hospital for the Insane, is one of the oldest and best known of the American asylum superintendents. He has held his present office for forty years; and this volume, which is a revision of an edition published twenty-six years previously, embodies his matured experience on the subjects which have been the study and business of his life.

American asylums are, with comparatively few exceptions, erected and maintained by the State, and they receive patients from all grades of society. In this respect they differ entirely from our county or district asylums, which, while erected by the ratepayers, receive only rate-supported patients. Patients who are able to pay for their maintenance and treatment are not regarded in this country as proper inmates for a rate-provided asylum; but the American view is quite different. "It is to be remembered," says Dr. Kirkbride, "that State hospitals are not for the pauper portion of the community alone, but for every class of citizens, and that all who pay taxes aid in their erection, and, therefore, have the right to participate in their advantages; while, in most of the States, they furnish the only hospital accommodations for the care of any portion of the insane. The rich pay most of the taxes, and those who do so certainly should have the right to share in the benefits of institutions provided from this source. And, as cannot be too often repeated, what is right for these when insane is none too good for the poor when in the same condition."

There is something to be said for this view, and the recent agitation for Lunacy Law Reform, moved by a dislike to proprietary asylums, seems to point in this direction.

But this double function—the care of private as well as pauper patients—would demand special attention in the construction and arrangements of the asylums. They should resemble our Royal Asylums in Scotland, and should consist, like them, of separate buildings for different grades of patients, who would pay—from their own means or by their parishes—various rates of board, proportionate to the various scales of accommodation and maintenance.

Our author has no faith in home treatment, but regards it...
merely as time lost, and as imperilling recovery by unduly delaying proper hospital treatment. All persons becoming insane should, in his opinion, be sent at once to an asylum. This view is far too sweeping. There are many cases in which this course is quite unnecessary, and, therefore, unjustifiable. Many patients recover without requiring asylum care at all, and undue precipitancy in sending a patient to an asylum is only a degree less culpable than undue delay, when such a step is really necessary.

While the high reputation and the thorough efficiency of his asylum testify to Dr. Kirkbride's remarkable success as a physician and superintendent, his ideas as to asylum construction show strikingly how apt we all are to imagine that the system and arrangements which have worked well in our hands are the best possible, and cannot be altered without injury. His views are fully set forth in this volume, and are embodied in very elaborate plans.

Dr. Kirkbride thinks that an asylum should be a three-storeyed fireproof building—that it should contain, if possible, patients of only one sex—that there should be, at least, eight separate wards on each side, and that these should all be exactly alike in their construction and arrangements—that three-fourths of the patients should sleep in single rooms—that a double row of rooms with a corridor between them is unobjectionable—that forced ventilation must be secured by means of fans driven night and day by steam power—that the house should be warmed solely by steam, and that there should be no open fireplace in any part of the building except the kitchen—that all the windows should have wrought iron guards outside and wire screens within—that large dining halls are objectionable—and that neither at meals nor amusements is it desirable that the sexes should meet or enjoy social intercourse.

The arrangements for carrying out these ideas are complete and admirable, but the ideas themselves seem radically defective. It is quite certain that, if it were proposed to erect a public asylum in this country embodying these ideas, the plans, when submitted for the statutory approval of the Lunacy Commissioners, would be at once condemned and returned for amendment.

The constant endeavour on this side of the Atlantic is to create in our asylums as much homelikeness and as great variety as possible, and to banish to the utmost extent consistent with safety all unusual appliances and restrictions. If our American brethren would work with this as a fundamental
principle, they would be alike astonished and gratified at the results.

The first part of the volume being occupied with asylum construction, the second part is devoted to asylum management. Here Dr. Kirkbride's long experience makes his remarks most valuable, and it is pleasant to find that his views, in nearly all important practical details, so fully accord with those of the best asylum superintendents in this country.

He insists too little on the importance of employment for patients, but it is quite possible to go to an opposite extreme and insist on it too much. While occupation is invaluable, toil is injurious. His remarks on this point are wise and worth quoting:—"Labour in an hospital for the insane should always be regarded much more in reference to the amount of benefit conferred on the patients, than as being pecuniarily valuable to an institution. It must be remembered that all these persons are invalids, labouring under a disease of one of the most delicate organs of the body, and as a consequence often quite incompetent to judge whether they are receiving good or harm from their exertions. Great discretion is requisite to regulate this important department properly and safely."

The value of evening entertainments seems to be much overrated. It is one of the rules of the Pennsylvania Asylum that for nine months in the year there shall be some such gathering every evening. Two evenings weekly are amply sufficient. The insane often derive far more benefit from taking part in games and amusements in their own wards than from merely witnessing formal and provided entertainments.

Restraint by mechanical means and prolonged seclusion of patients in their rooms, our author properly says, "ought both always to be regarded as evils of no trifling magnitude, and to abate which as far as possible no effort should be left untried." Some means of mechanical restraint he, however, deems "essential to the best interests of a very limited number of cases, and more humane than having them controlled by attendants, whose perfect command of their own feelings and actions is not always to be trusted." Such restraint is not required, according to his experience, in more than 1 or 2 per cent of the patients. Even this amount of restraint is not found necessary here; but these are very advanced views to come from America, where restraint is much more used than with us. The cases requiring restraint and benefited by it are very rare and exceptional; but we
entirely agree with our author, that it would be quite wrong to withhold it in these cases, merely because there is a risk that it might be needlessly used in others. The abuse of anything can never be a sound argument against its proper use; otherwise, stimulants and narcotics would never be again prescribed.

On the classification of patients the opinions given are very extreme. Eight distinct classes of each sex are provided for in the model plan given. This may, perhaps, be to some extent explained by the different grades of society from which the patients are drawn, as well as by their various types of insanity. Dr. Kirkbride remarks, however, "where the sexes are in different buildings there are sixteen instead of eight classes of each, and the classification thus becomes twice as complete as it would otherwise be, and just to this extent improved."

Lunatic wards in connection with poorhouses Dr. Kirkbride utterly condemns, nor will he hear of the separation of chronic from recent cases, nor of the accommodation of the former class in special asylums. His dictum is, "What is best for the recent is best for the chronic. The only chance for the chronic to obtain what is best is to have them in institutions where proper provision is made for recent and supposed curable cases." Of course, if that statement were absolutely true, the question is settled. Perhaps the subject has not compelled attention in America as it is doing in our more densely populated country; but we have learned that a certain class of chronic cases can be quite well accommodated in asylums connected with poorhouses, and that similar accommodation and surveillance on a larger scale can be at once satisfactory for its object, and attainable at moderate cost. Assuredly some mode of providing for the accumulation of chronic and incurable patients must be found, unless county and district asylums are to be indefinitely enlarged and multiplied.

Dr. Kirkbride says that if he were entrusted by a State with the duty of providing accommodation for 600 patients, he would erect two asylums of the same size and plan in different localities. In the one first erected he would place both sexes, and when this became crowded, he would erect the other, and remove the females to it. The first asylum could be renovated when thus half empty, and would thenceforth receive only male patients. Dr. Kirkbride's favourite idea of unisexual asylums would thus be realised, and as this very process was carried out by him at the Pennsylvania
Asylum, "he has no hesitation in pronouncing it, beyond all comparison, the very best mode of providing for five or six hundred patients in one vicinity."

But what is to happen when the State or district demands further accommodation, when some new industry causes a rapid increase of population, or when lapse of years causes such an accumulation of old cases as to exclude new ones? Choose two new sites, apparently, and proceed as before.

These difficulties have arisen so often in this country, that the subject has been receiving much attention of late years.

The history and circumstances of many of our increasing counties or districts, as regards provision for their pauper insane, are unfortunately similar. An asylum is built which seems more than sufficient for all the needs of the district, and for a time it can receive patients from other districts also. Gradually, as each year adds its quota, the incurable cases accumulate. Then the out-district patients are expelled. Then a wing is added here and another there. Then the economic department is found unequal to the unexpected growth of the population, and must be remodelled. Then additional wings are required—until the asylum grows to twice or thrice its original size, is cumbrous and inconvenient in working from the dislocations of its original plan, and is less efficient as a place of cure, since individual treatment has become increasingly difficult, and the new cases are easily overlooked amid a multitude of incurables.

To transfer these incurables to the lunatic wards of a poor-house is no solution of the difficulty. They are thus merely moved from one asylum to another, and a worse one; and either the one building or the other must be enlarged to meet the growing numbers.

The "boarding out" plan has been strongly advocated, and has been adopted with some satisfactory success. The incurable patient is discharged from the asylum, and, through the agency of the parish officials, is placed as a boarder either with relatives or in the homes of strangers, being still supported by the parish, and under the supervision of the lunacy authorities. The fatal defect in this method is its inadequacy to meet the difficulty. While it answers admirably for some patients, there are many more for whom it would be quite unsuitable; it would be impossible properly and safely to dispose of even one half of the incurable cases in this way, even were it possible to find for them trustworthy guardians and suitable homes.
All experience seems to us to prove that every county or district should have two asylums, or rather two types of asylums, for its pauper insane. One of them should be distinctly a hospital, possessing an ample staff of officers and attendants, and equipped with all the best means and appliances for the treatment of recent insanity. It should be central, or easily accessible from all parts of the district. It should receive all the new cases as they arise, and should retain only a sufficient number of old cases to give the newcomers the necessary example of industry, order, and obedience. Its population should not exceed 250 or 300 at most, so that the utmost possible effort may be made for the restoration of each individual patient. Its incurable cases should be drafted off, as they arise, to the other and larger institution. In very large districts, several such cure-asylums would be required near the different centres of population.

The other asylum should be distinctively a home. It should be situated in a country district, and be surrounded by ample lands for spade cultivation and for milk supply. Its central portion should be fitted for infirm and for excitable patients, and the wings should be a series of blocks capable of almost indefinite extension, for the ordinary incurable cases. It should receive no patients except from the cure-asylums. Such a building should be erected at about half the cost per bed of the cure-asylums, and the utmost economy consistent with the welfare of its inmates should be a prominent feature in the administration.

This plan would secure, we believe, at once the greatest benefit to the insane poor and the least expense to the ratepayers. Of course, it does not exclude the boarding-out method, so far as it is found practicable.

Notwithstanding that we differ radically from many of our author's views, we think his contribution to asylum literature a very valuable one, and not least because it proves that efficient administration and admirable results are dependent on no special type of asylum construction. The volume will long be an authority on asylum management, and a repertory of information on asylum details; it will also be a memorial of some arrangements which we hope will soon become obsolete. As a book, it does credit to the publisher, for it is pleasure to read it; its thick toned paper, wide set beautiful type, excellent illustrations, and gilt top suggest an edition de luxe of some favourite author rather than an ordinary professional volume.