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THE PAST AND PRESENT PROVISION FOR THE
INSANE POOR IN YORKSHIRE.

GENTLEMEN,—In taking the honourable post assigned me in this Section to-day, I must express the obligation under which I lie to those who have thus given me an opportunity and a powerful motive for dwelling on a subject congenial to my tastes and associations on the one hand, and germane in a high degree, as I venture to think, to the object of our meeting and to the particular county in which we assemble.

The subject I have chosen—the Past and Present Provision for the Insane Poor in Yorkshire—forcibly recalls to my mind the strong objection I felt to the name given to this Section when it was instituted. Surely it ought to have been Medical Psychology or Psychological Medicine, rather than “Psychology,” pure and simple, a name which has the effect of making it seem out of place to mention bricks and mortar, and justifies the disgust which an eminent French alienist experienced when at our Glasgow meeting he had to listen to a debate on the best kind of cement for use in lunatic asylums.

Had I realised when I selected this subject for my Address the amount of time and labour it would involve, I should hardly have had the courage to attempt it. The mass of material it is necessary to study, the imperfection of many of the early returns of lunacy, the defective statistical tables in the Blue Books until a recent period, the errors which in the course of years have crept into the Asylum Reports, are enough to dishearten any historiographer of the insane poor who desires to compare their numbers and location at different periods. Why, only to mention one fatal omission in the Blue Books, there is no return of the admissions of the insane into workhouses, without which information we are totally unable to gauge the amount of occurring lunacy in regard to a large area of the pauper population.

I will, however, endeavour to make the best of the materials I have been able to bring together. In a subsequent paper I shall place before you a number of statistical tables, some of the results of which I will mention in this address. I would express to the medical superintendents of the Yorkshire asylums my heartiest thanks for the loan of their Reports, and their kindness in supplying me with any information within their power which I required.

My review of the provision made for the insane poor in Yorkshire must commence with a reference to the Lunatic Hospital at York, generally known as the Old York Asylum. From its foundation as a charity in 1777 it has been a mixed institution, and received, in accordance with its rules, the indigent poor whether paupers or not. It has also admitted persons of limited means, and a certain proportion of opulent patients for the purpose of assisting the funds. The Lunacy Commissioners have repeatedly counselled the restriction to private cases, and the establishment of a Borough Asylum in York for pauper lunatics. We have no means of knowing what the number of this class may have been when the asylum was opened 112 years ago, but we may be very sure that as there were only 15 patients altogether in this asylum the year afterwards, the relief afforded must have been entirely disproportionate to the need. The numbers very gradually crept up till there were about 50 at the close of the first decade; and passing over twenty years more, we find that there were 150 in 1809, but how many of these were of the indigent class it is impossible to say. Now in this year a pamphlet, entitled “Observations on the Present State of the York Asylum,” was published, which reveals the prevalent ignorance as to the actual amount of pauper lunacy in this county, for there were those who at the time “actually supposed that this institution was capable of receiving all the needy and indigent applicants from the various parts of the British dominions.” This extraordinary belief it is the purpose of the pamphlet to combat, and the writer observes:

“The futility of this will appear from the returns made to the House of Commons preparatory to the Act of Mr. Wynn in 1807. From this it may rather be inferred that with respect to the lunatic parish-paupers alone, the asylum, even on its present enlarged scale, would scarcely be found adequate to their reception.”

As the population of Yorkshire at that period (1809) was about 950,000, the number of insane poor must have been very considerable. Where, one asks, were they located? Some were detained in poorhouses, such as they were, but a large proportion of demented and idiots were with their friends, probably in some outhouse, attic, or cellar, or were wandering about, the butt of village ruffians, and were sometimes dangerous epileptics. Lastly, not a few lunatics were persons whose malady was unrecognised, and who were in gaols. Undoubtedly some were executed as criminals.

From the date of the opening of the York Asylum to 1814, the year when it was reformed and entirely reorganised, 2,635 patients were admitted, 2,133 were discharged, and 399 died, leaving 103 under care. How many of the admissions were of the pauper class cannot be discovered. In fact, Dr. Thurnam found it impossible to make any use of the statistics of this asylum during this period, in consequence of the imperfect state of the registers.

The average number resident appears to have been a little under 100. Since 1814 the institution has been a credit instead of a disgrace to those concerned in its management. It is a striking fact that the rate of mortality, which up to that year was at least 11 per cent. (calculated on the average number resident), was only about 7 per cent. during the succeeding quarter of a century.¹

I am able to state that in the following year there were 47 pauper patients from Yorkshire, 31 of whom were West Riding cases, 5 from the North, 7 from the East, and 4 from the City of York. I mention these small items, because they are very important as showing the number of insane paupers provided for at this asylum in a year—1815—to which I must especially draw your attention, because it was signalised by the projection of the West Riding Asylum at Wakefield. Let me, however, conclude my notice of the York Asylum by the remark that its subsequent history has been one of great usefulness in accordance with its charitable design, that the old cells have long disappeared, and that it is now an attractive institution, containing 135 patients on January 1st last, 46 of whom were paupers. For many years it had, as you are aware, the advantage of having Dr. Needham as its medical superintendent.

To justify the erection of a county asylum, an attempt was made to ascertain the number of insane poor in the West Riding. There was reason to believe that there were at least 600 of this class, and it was supposed by Dr. (afterwards Sir William) Ellis, the first superintendent at Wakefield, that there were 750 in Yorkshire altogether, without proper accommodation for more than 200. This accommodation was found, according to Dr. Ellis, in “a great many private houses,” as well as the York Asylum, but I believe that even he quite overestimated the amount of this accommodation. Thus he speaks of the York Asylum accommodating 100, but there were in it at that time only 47 pauper patients. To us it sounds as incredible that there were only 750 pauper lunatics in Yorkshire in 1815, as it then seemed incredible to Yorkshiremen that there could be so many. Taking his estimate, the proportion to the population of the county would be 1 in 1,300, whereas now it is 1 in 560. It seems strange to us nowadays to find Dr. Ellis laying down the rule that from 100 to 120 patients are as many as ought to be in any one house. Where they are beyond that number, he adds, the individual cases cease to excite the interest they ought. He further says: “It is absolutely necessary that to manage such a house and such inhabitants the heads of it ought to possess the most sovereign authority over all the rest, and, consequently, to be accountable for everything. The effects arising from the want of such an arrangement in the Asylum at York, and from the introduction of it into the Retreat, have surely been sufficiently exemplified” (page 17). What would Ellis have thought had a prophet told him that the asylum he superintended would, in 1889, contain nearly 1,400 patients, for the care and treatment of which one unhappy superintendent is responsible?

The provision for the insane poor made at Wakefield was a portion of the harvest gathered in this field from the seed sown at York in 1792, when the Retreat was projected. It was its legitimate child. That event had its constructive and destructive aspects. On the destructive side was the revolt against the bar-

¹ *Statistics of Insanity.* By John Thurnam, M.D. 1845. App., p. 7.

barous treatment of the patients in the York Asylum, ending in its being purged of its abuses in 1814. On the constructive side was a reformed hospital, and then the desire to supply the needs of the insane poor on a much larger scale. Whatever share my own ancestors may have had in this movement, they would have desired that honour should be done to that bold and upright West Riding magistrate, Godfrey Higgins, who not only aided them in exposing the cruel neglect of the patients in the York Asylum, but for years took an active part on the Committee of the Wakefield Asylum. Having from boyhood heard him spoken of in terms of the greatest respect and admiration, I rejoice to have this opportunity of reviving his memory in the Riding in which he dwelt and in the hearing of men who are so well aware of the contrast between the treatment of the indigent insane in 1815 and 1889. I hold in my hand an original letter written by Mr. Higgins to my father in April, 1815, which is very brief, but announces a fact of greatest importance. It reads thus: "I write in great haste to inform you that it was the unanimous wish of the magistrates (at the quarter sessions) to accede to the proposal to build a place for our pauper lunatics, and we have proceeded as far as it was in our power according to law; indeed, I believe a little further. There was but one opinion." The Wakefield Asylum was constructed to accommodate 150 patients on what is called the H plan, and was opened in November, 1818, seventy-one years ago. I could not take a better illustration of the advance which has been made in asylum construction during this period than the architecture of this institution as originally constructed and that of recently built county asylums, such as that erected at Menston. It was, I make bold to say, from no want of thought or any lack of desire to do the very best thing for the care and comfort of the insane poor that allowed of such grave defects in the building, but those who planned it lived during the earliest stage of development in asylum architecture. It was necessary, I suppose, to follow the tedious but wholesome law of evolution rather than reach at one bound the highest form of art, and so it comes to pass that a building which in 1818 was justly regarded as a great step in advance would now be considered to be altogether below the standard of excellence. The comparison is not affected by the opinion held by not a few, that some of these modern asylums for paupers do not appear to be exactly suited for the particular class for which they are built.

The Wakefield Asylum, as is stated in an early annual Report, was judiciously built within one mile of the central town of the West Riding, in a cheerful and healthy situation combining the convenience of contiguity to a market town with the salubrity and quietude of the rural districts.

A very brief period elapsed before it was only too evident that the accommodation provided by the new asylum was altogether inadequate to the wants of the West Riding. It would be wearisome to enumerate the successive enlargements of the original building which were found to be necessary. Suffice it to say that its subsequent history is that which has become so familiar to us all, the record, namely, of the erection of building after building, here a little and there a little, to supply the unexpected demand made for admission of patients. In one of the Reports (1844) the superintendent, Dr. Corsellis comments, like his predecessor, on the importance of not making asylums so large as to prevent minute observation in each case. He would have limited the number to 300, which he points out had already been much exceeded by the Wakefield Asylum, the average number of patients in that year having been about 400. In his Report two years later he refers to the apparent increase of insanity, but he does not hesitate to attribute it to "the beneficial operation of new laws by which attention was drawn to what was formerly regarded with culpable indifference, and a suitable provision for the insane poor enforced on parish officers." In that year (1846) the population of the asylum reached about 450. Ten years witnessed an alarming increase, the number of patients advancing to close upon 800, while in 1871, just before the opening of the second West Riding Asylum at Wadsley, the highest number in the history of the institution was reached, namely, 1,494. The number resident on January 1st of this year was 1,354. Mr. Cleaton's appointment to the post of medical superintendent in 1858 was the means of vastly improving the condition of the asylum, while his successors, Dr. (now Sir James Crichton) Browne, Dr. Herbert Major, and Dr. Bevan Lewis, have worthily sustained the reputation of this great institution. It would be interesting to dwell upon the good work that has been done at this asylum, administrative, clinical, and pathological; but I must rigidly limit

myself to a somewhat dry record of events bearing on the real object of my address. I reluctantly, therefore, pass on to chronicle the erection of the South Yorkshire Asylum at Wadsley, near Sheffield, approvingly described by the Lunacy Commissioners as "a substantial structure of brick and stone; the architecture and elevation are of a plain but varied and pleasing character, without unnecessary ornamentation." It was built to accommodate from 750 to 800 patients, and opened in the month of August 1872. It admitted from that time to the close of the year, 321 patients, and by 1874 there were 605 inmates. Ten years after its opening—namely, in 1882—there were about 1,300 patients in the establishment, and on January 1st, 1889, there were 1,616. Thus, again, has asylum history repeated itself, and the necessity of the provision made at Wadsley for the southern division of the West Riding has been more than justified by the event. Of the first superintendent I will only say that as the West Riding Asylum at Wakefield was fortunate in having Dr. Ellis, so that at Wadsley was fortunate in securing the services of Dr. Mitchell.

As I am speaking of the asylums of the West Riding, I will complete what I have to say about them and defer my notice of the North and East Ridings Asylums, which, in point of chronological order, possess a prior claim. The population of the West Riding has enormously increased, in proof of which it is only necessary to state that while at the census of 1801 it stood at about half a million (576,336), it is estimated at the present time to be two and a half millions (2,515,886). The consequent demand for additional accommodation for pauper lunatics led to the erection of the third West Riding Asylum at Menston, opened in October, 1888. The buildings now erected will accommodate 840 patients, those for chronic cases, designed, but not erected, another 250 or 300 of each sex, making a total of some 1,440 patients. The health and success of the first medical superintendent, Dr. McDowall, in his arduous and responsible position, we all, I am sure, most heartily desire.

In the construction of this asylum, we have undoubtedly gratifying evidence of the praiseworthy desire of the magistrates to make provision for the pauper lunatics of the district. It will be admitted that they have steered clear of that false economy which, in erecting a second-rate structure, involves in the course of a few years such frequent and expensive repairs as necessitate in the end a still greater outlay. I gladly recognise and pay my humble tribute to the feeling which has thus actuated the county justices in their plans of this great asylum. I hesitate to say a word, more especially at the present crisis in the history of our county asylums, which can be construed to imply anything like blame; I hope, however, I shall be forgiven if I venture to say, bearing in mind the wisdom of avoiding even the appearance of evil, that it would have been wise to avoid anything in the way of costly embellishment calculated to prejudice the mind of the ratepayer on entering the building. Although he may not always discriminate fairly between lavish expenditure and good durable workmanship, I should find it difficult to deny that, without the expenditure of so large a sum of money, the structure might have been as substantial, along with that just regard for cheerful appearance and even a certain amount of decoration which I am sure none of us wish to ignore in institutions for a class of persons for whom it is most desirable to avoid cheerless and depressing surroundings. When visiting this fine asylum I could not help thinking that it may very possibly be utilised some day, to a certain extent at least, as an asylum for the middle and even the upper classes, some of whom at the present time occupy much humbler quarters in private asylums and registered hospitals. It is not everywhere that

"Each hospitable chimney smiles
A welcome from its painted tiles;
The parlour walls, the chamber floors,
The stairways and the corridors,
The borders of the walls and walks—
Are beautiful with fadeless flowers
Which never droop in winds or showers,
And never wither on the stalks."

To some of the poor labourers and peasants of our county it is probable that a more homely—I had almost said a more homeish—dwelling would have been quite as acceptable and no less adapted to the great object in view, the comfort or the cure of its inmates.

Those who planned the Menston Asylum wisely adopted the block or pavilion system, admitting as it does of complete classification and the separation of patients labouring under different states of insanity, as also the free circulation of air between the

various buildings. There must, however, be the means of passing readily between the central residence of the chief medical officer and the wards of the sick and the acute cases; and this involves, if, as at Menston, the blocks are at a considerable distance one from the other, an extent of outside covered passages which seem a too prominent, and can hardly be regarded as an agreeable, feature of the building. The extent to which complete separation from the administrative offices should be carried if the block system be adopted is not a point on which anyone would like to speak dogmatically who knows what can be plausibly urged in favour of anectant gyri between all the psychic centres of the great brain of a county asylum; but I venture to hope that before the remaining blocks at Menston are built, full consideration will be given to the advantages of doing without passages altogether, seeing that the patients residing in such blocks will be of the chronic and more or less incurable class. If at Kankakee, Illinois, which I visited with great pleasure a few years ago, this plan is carried out to an extreme, I think that we may learn a lesson from the experiment in avoiding the evils of our present system, and allowing of more structural distinction and a little more autonomy between the various buildings of our monster establishments. I trust also that when Menston is completed, there will be a sensible difference in internal construction—and, therefore, the cost—between the blocks designed for the incurable or rather the demented class and those provided for the acute cases and the sick which might be more on the hospital lines. Diversity in unity, differentiation in the form of the buildings and the proportion of single rooms, seem to me the great points to be borne in mind in the completion of this still unfinished asylum, it being also remembered that there is a limit to the expenditure on architectural designs, provided always that nothing be done in a penny-wise and pound-foolish spirit, or that will needlessly offend the eye.

This very imperfect sketch of the good work which has been done by the West Riding in providing three large county asylums must suffice, and I proceed to describe in a very few words what has been effected by the other Ridings of Yorkshire.

The asylum for the North and East Ridings, situated at Clifton, near York, was opened in April, 1847, and was constructed to accommodate about 150 patients. In its architecture it presented a marked contrast to the Wakefield Asylum, built about thirty years before.

The decision to provide this institution was arrived at by the magistrates of the North and East Ridings three years before it was completed. Some of the pauper patients in the York Asylum were removed to the new asylum, and the committee of the former expressed a hope in their annual report that their institution "might ere long be relieved from the care of the greater part, if not the whole, of these—30 in number—who still remain in it."

The number admitted into the North and East Riding Asylum during the first year was 140. In the course of a decennium the numbers, as a matter of course, ran up, and amounted to 445, about 300 in excess of the original calculation. Another decennium passes and we find close upon 500 under care, and, four years later, namely, in 1871, the number had reached 560. Then it was that the crowded condition of the building found relief by the opening of the separate asylum for the East Riding at Beverley. The consequence was that ten years after this event the number of inmates in the North Riding Asylum was less instead of more, namely 540; while on January 1st of the present year it was 622.

I should like to point out, to the credit of our county, that the decision of the magistrates to provide this asylum anticipated the compulsory enactments contained in Lord Ashley's Act, requiring every county in England to build (if it had not already done so) an asylum for the insane poor. The first superintendent, Mr. Samuel Hill, in his report of 1848, illustrated the wisdom and benevolence of the Ridings by the cases admitted when it was opened, which urgently required attention and treatment. One was that of a female removed from a private asylum, who, when under detention there, was described by the Lunacy Commissioners as "perfectly tranquil; her hands, however, were fastened by wrist-locks to a belt round her waist, to which a chain about 9 feet in length was attached, and the end of the chain was padlocked to the floor near the wall." On the very day of her admission to the new county asylum, needlework was put into her hands, and she was from that time, with few exceptions, regularly employed. The only restraint resorted to was to have

her hands tied behind her for an hour or so when disposed to commit violence. Although described by the proprietors of the asylum from which she was removed, as "perfectly murderous," she became "as much under moral control as any other patient."

In this sketch of the North Riding Asylum at Clifton, the materials for which have been kindly placed at my disposal by Mr. Tregelles Hingston, I have incidentally mentioned that at Beverley. I must now add that the magistrates arrived at the conclusion to provide this institution for the East Riding in 1865. Six years elapsed, however, before it was completed, it being opened on October 25th, 1871. I have Dr. Macleod's authority for stating that it has proved a good workable building. A hundred patients were at once admitted, and before the end of the year nearly all the patients in the North Riding Asylum who belonged to the Unions of the East Riding were transferred to Beverley, the total number admitted between October and December 31st being 197. In the course of ten years the number under care reached 277, and on January 1st of the present year there were in the house 291 patients.

The Hull Borough Asylum was originally a licensed house belonging to Dr. James Alderson and Mr. Richard Casson, surgeon. The date of opening is not certain, but there is a record of admissions which shows that patients were admitted as early as 1818, and it is probable that there were none previously.

Of its history for the next 20 years I have nothing to record. At the end of 1839, during which year 62 patients were admitted, there were 90 inmates. In the year 1842 the name of the institution appears as the Hull and East Riding Refuge, Mr. Richard Casson being the proprietor.

In July, 1849, the Refuge became the Hull Borough Asylum, having been purchased from the proprietor by the Hull Borough magistrates. At that date there were 74 residents in the asylum. Ten years afterwards, namely, at the end of 1859, the number of patients was 85. Dr. Merson, to whom I am indebted for these particulars, and to whom the satisfactory state of the existing asylum is really due, accounts for the smaller number of cases in the institution after it became the Borough Asylum by the existence of an auxiliary institution for about 25 private and pauper patients called Field House, at Andaby, near Hull, which was under Mr. Casson's charge. It was closed in the year 1856.

The average number of patients in the Hull Borough Asylum from 1849 to 1868 was 103, 10 years afterwards (1878) the number was 155.

The present asylum was opened with nearly 200 patients in December, 1883. It is situated six miles from Hull, at Cottingham. The accommodation provides for 350, and the number at present in residence is 300.

In this survey of the asylums provided for the insane poor, it must not be forgotten that Yorkshire has every reason to be proud of the share it has taken in the provision for the education and training of idiots and imbeciles, although it does not possess an establishment for this purpose in the county itself. The Royal Albert Asylum at Lancaster may be regarded as largely Yorkshire in relation to its origin and the support which it has received, as in the instances of Sir Titus Salt, who gave 5,000 guineas, and the Rev. R. and Mrs. Brooke, of Selby, whose munificent donation amounted to £30,000.

During last year the contributions to the Maintenance Fund from Yorkshire amounted to £1,606, in the form of annual subscriptions and donations, being only about £300 less than the contributions received for the same account from Lancashire. It is to be hoped that a still larger amount will in future be raised in response to the appeal made in the last annual report. It should be remembered that, of 553 patients in that asylum, about 180 belong to Yorkshire. About one-fourth of the 120 pauper patients in the establishment are paid for by their unions in Yorkshire. Forty-two inmates were from Leeds. It is, however, thought by the authorities, including Dr. Shuttleworth, that Yorkshire, like Lancashire, ought to have its own pauper idiot institution, as there are in the union houses of the county, numbers of young imbeciles who are wasting their lives for lack of training. In the last Report of the asylum, signed by Lord Winmarleigh, the opinion is expressed, "the time has arrived when separate provision for the care and training of pauper imbeciles should be made by the county councils or some other local authorities, in the same way as obtains in the Metropolitan District under the Metropolitan Poor Act, 1867."

It may be stated that, according to the census of 1881, there were in Yorkshire 2,903 idiots and imbeciles, whether paupers or

not, being at the rate of 1 in 997 of the population. The proportion in England and Wales was higher, namely, 1 in 794.

It should here be noted that a considerable number of pauper patients in Yorkshire were admitted into private asylums in addition to those under care in public institutions. Unfortunately there is nothing to boast of in regard to the way in which these patients were treated in these private houses. The numbers rapidly diminished after the opening of the North and East Riding Asylum. In 1847 there were 232 insane paupers in the Yorkshire private asylums. Five years afterwards there were only 69, while ten years later there was only 1; since 1878 there have been none.

Of the provision for the insane poor made at different periods in this county in workhouses, I must now say a few words. I shall not weary you as I have wearied myself in endeavouring to obtain definite information on this subject. I could hardly devise a more cruel punishment for my worst enemy than to have to wade through the Blue Books of the Poor-law and Local Government Boards. The imperfect and often contradictory statistics are bewildering. The Reports do, however, serve to show in what a lamentable condition the insane and idiots were when the Commission was appointed in 1832 to inquire into the administration and operation of the Poor-laws, while the subsequent Reports of the Poor-law Board show the increased care taken of pauper lunatics in workhouses. A debt of gratitude is due to a gentleman who from the earliest period laboriously worked at this subject, and still lives at the age of 90 to witness the complete change in the condition of English workhouses. I refer of course to Mr. (now Sir Edwin) Chadwick, who first served as one of the Commission, and afterwards became Secretary to the Board. I am sorry that I cannot claim him as a Yorkshireman, but he was very nearly being one, as he sprang from the adjoining county of Lancashire.

In 1836 Parliament ordered a return of the number of pauper lunatics and idiots in each county (the first of the kind). Now, the return for Yorkshire amounted to 1,046 lunatics and idiots, of whom 364 were in the County Asylum at Wakefield and the York Lunatic Asylum,² while there were 88 in private asylums. The remainder, 594, were detained in workhouses or resided with their friends. Taking the population of the county at that period and the total number of pauper lunatics given in this important Parliamentary return, there was a ratio of at least 1 to 1,417.

These figures, we may well suppose, err on the side of omission, and therefore there must have been a large amount of lunacy outside asylums requiring better care and treatment than it received in workhouses. There have been some very bad ones in this county, on which the Lunacy Commissioners have reported most unfavourably, but I have no reason to believe they are other than in a satisfactory condition at the present time. Of the bad ones, in the past, that at Huddersfield may be taken as an illustration even as lately as 1857. The Commissioners reported that it was "shamefully defective." One-third of the inmates were lunatic or idiotic, many of them were dirty in their habits and slept together, and "sometimes even in a perfect state of nudity. Those patients who were not disabled bodily were crowded together, and associated with most abandoned characters, secluded in the deadhouse, and were so circumstanced in other respects as to end in the most deplorable state of degradation." It is needless to say that all this has been changed, but it is very necessary that we should remember what was the condition of lunatics in workhouses, in many instances, until comparatively recent times.

As an illustration of a workhouse which has, on the contrary, presented a good record, I may take that at York. I do not refer to it as being a model house, or absolutely the best in the county, but because it is known to me as an excellently conducted place, and I have at hand particulars kindly supplied to me by Mr. S. W. North, for many years the medical officer in attendance. There are about 120 patients, and during the last fifteen years the annual admissions have averaged 26. Some were admitted more than thirty years ago. The form of mental disease is one for which a workhouse is obviously well suited. Fifty-five of the above number were imbeciles, 41 demented, 19 chronic maniacs, 3 idiots, and one only a melancholiac. I will not add more to these figures than the statement that, of 250 discharges during the same period of fifteen years, 82 were sent to their friends, 37 to an asylum, and 131 died. I do not think that any of you would maintain that

this class of patients ought to have been cared for in an expensively built asylum. I have inquired particularly into the cost. It seems to be impossible to obtain accurate information, the reason being that the insane inmates are part of the general family; no person is exclusively devoted to them; their diet is drawn from the common stock and is cooked with the rest; this diet, at the same time, is not all the same—it can only be estimated in the lump, not individually. A comparison with the cost of maintenance in an asylum is, therefore, most difficult. The master of the workhouse says, that a charge of 5s. per head weekly on the whole number of lunatics would cover everything, except building, with a margin to spare. Mr. North, in a valuable paper which appeared in the *Journal of Mental Science* in July, 1882, estimates that, while the charge for buildings would in asylums be from £10 to £15 per head annually, it would not be more than from £3 to £4 in workhouses. Mr. North calculates that the saving to the ratepayers of the York Union by properly utilising the workhouse for insane paupers is not less than £1,000 a year. He states that "it is the custom in this union, and the desire of the guardians, to send to the asylum every case which, in the opinion of their medical officer, needs the special care of an asylum; and, so far as I know, no single case has ever been kept in the workhouse to the prejudice of the patient." What Mr. North very properly contends for is, "that there should be some careful and skilled discretion exercised, in the first instance, as to who should and who should not be sent to an asylum."

But the time at my disposal will not allow me to do more than add to what I have said of the provision for the insane outside asylums, that the number at the present time (January 1st, 1889) in detention in Yorkshire workhouses is 1,316, or 22.26 per cent. of the 5,879³ pauper lunatics in Yorkshire; while the number resident with their friends or elsewhere is 330, or 5.58 per cent. The majority (4,265) are cared for in asylums, amounting to 72.16 per cent.; while in England and Wales the percentage is lower, namely, 69.01 per cent. The statistical tables I have prepared show that the recovery rate in the Yorkshire asylums has been very respectable, namely, 39.69 per cent. of the admissions (including transfers)—while the corresponding percentage in the county and borough asylums of England and Wales during the decade ending 1888 was 35.60. Excluding transfers (for as long a period as they are specified), the recovery rate in Yorkshire asylums has been 41.90, while in England and Wales it has been lower, namely, 40.16. Then as to the mortality rate, this in the county and borough asylums of Yorkshire has been 12.09, from their opening to the present time, calculated on the average number resident. In the similar asylums in England and Wales it has been (during the last decade) 10 per cent. (9.99). But it must be borne in mind that the period during which the death-rate in Yorkshire extends dates from 1818, and that if we had the corresponding period for England and Wales instead of during the last ten years, it would in all probability be as high as in this county. You may remember that the eminent statistician of whom Yorkshire can boast as a native, the late Dr. Thurnam, of the Retreat, York, gives a table showing that the annual mortality of patients in English pauper asylums from 1812 to 1844 was 13.88, and observes that, "considering the frequently distressed and too often depraved condition of the pauper population of the manufacturing districts of Yorkshire and Lancashire, we need not perhaps be surprised that the mortality of the asylums of Lancaster and of the West Riding of York has materially exceeded that which has been estimated as the maximum mortality."⁴

And now, looking back over the period our survey has embraced to the date when the philanthropic and rational movement commenced which led, among other things, to the erection of asylums for the lunatic poor in this county, we naturally ask, Has the object for which they were established been fulfilled? I have no hesitation in answering the question in the affirmative. This unhappy class of persons have been rescued from neglect and inhuman treatment, and are now well housed and fed, kindly treated, and placed under medical care in admirably managed institutions. In fact, when criticism is made, it is to the effect that philanthropy has gone to an extreme, and has involved an unfair and disproportionate outlay upon the insane, as compared with the sane, sick pauper.

But while rejoicing in this great and beneficent result, I cannot conceal from myself the fact that the pioneers in this work enter-

² The return gives 364 as the number in asylums in Yorkshire "built under the Act of Parliament," but as there were only 309 at that time in the only asylum (Wakefield) so built, I infer that the York Asylum is included.

³ The total number belonging to Yorkshire is 5,911, but all are not resident in the county.

Statistics of Insanity, p. 138.

tained hopes which, if they could be with us to-day, they would sorrowfully admit had never been realised. I am sure they would say that they fully expected a large proportion of the insane under the reformed treatment to be permanently cured of their malady, and never for an instant supposed that of those who should recover, a frightful proportion would relapse, and that, seventy years after the opening of the first pauper asylum in Yorkshire, there would be five large county and one borough asylum in addition to that at York. I venture to say that had it been possible for them to have foreseen this, their astonishment and dismay would have been great indeed; and, were they present at this moment, it would seriously temper the satisfaction they might justly experience in witnessing the success of their humane labours. They would find us engaged in endeavouring to explain the apparent increase instead of decrease of insanity, as shown in the tables I have prepared; and, although there are explanations which suffice to show that such an inference is hasty and superficial, our ghostly visitants would find, if they interviewed the Superintendent of the Wakefield Asylum, that his knowledge of the masses from which his patients are derived leads him to form a very unfavourable opinion of the mental status of many who are outside our asylums—that, in fact, there is a large borderland class who are practically insane, although able to adapt themselves fairly well to their environment, usually relatives of patients already inmates of the asylum, and often far more insane at times than the latter. Surely, to the prevention no less than the cure of insanity must our endeavours be bent in the future.

In concluding this Address, which in accordance with the custom of the Association is supposed to be undebatable, I would observe that it would be deprived of much of any value it may possess if it did not lead up to a practical consideration of the lessons which the history of the past should teach us in regard to the future provision for the insane poor in this, or, indeed, in any other county in England. This question I reserve for the paper I am about to read, which, I trust, will elicit the opinion of those whom I address, and to whom I shall appeal for suggestions.

It now only remains to thank you for the patience with which you have listened to my history of a movement which deserves an abler though not a more appreciative historian than myself, and to express my ardent hope that the work of this Section will be second to none of the others in its interest and utility.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE.

At the Annual Meeting of the British Medical Association, held in Leeds, August, 1889.

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SOME FURTHER APPLICATIONS OF ANTISEPTIC PRINCIPLES TO MIDWIFERY PRACTICE.

IN an address, delivered at the opening of St. Thomas's Hospital Medical School in October last, I took the opportunity, as some of you may remember, of calling attention to the marvellous triumphs of antiseptic midwifery. I propose to occupy the short time at my disposal to-day with a few remarks by way of supplement to what I said on that occasion. I wish to show that more is included in the words "antiseptic cleanliness" than the mere use of a chemical disinfectant, absolutely essential though I consider that to be.

Every medical practitioner is familiar with the saucerfuls of Condy's fluid that well-intentioned persons used to place here and there in the sick-room of a fever patient, under the delusion that they were carrying out the principles of disinfection. It is difficult to say how this disinfectant was supposed to act: whether, for example, the infecting micro-organisms were expected to be attracted like flies to a fly-paper, and to rush madly to their own destruction; or whether some wonder-working vapour was supposed to be given off from the surface of the fluid. I am

inclined to think that in most cases the subject was never reasoned out at all, and that those little dishes of pink fluid, to all intents and purposes, took the place of a charm. If it was thus easy to invest Condy's fluid with mysterious virtues, how much easier was it to attribute such virtues to substances which appealed strongly to the sense of smell! People are ever ready to believe in the mystery-man, and antiseptics are still used by many as though they were part of his stock-in-trade. The belief in their miracle-working power finds expression every day. A few drops of an antiseptic solution are poured, without even a pretence of measurement, into a large basinful of water, and lo! the whole is at once transformed into a disinfectant of such unquestioned efficacy, that, if but the tip of one's finger be dipped into it, straightway the whole hand is rendered aseptic, and may be plunged into the most susceptible wound with impunity. No one who has done me the honour to read what I have written on this subject, and especially the address to which I have alluded, will accuse me of want of faith in antiseptics, provided that, like Opie's colours, they are mixed with brains. But the very fact that the use of these substances is an essential part of the antiseptic method carries with it the danger of regarding the part they play in the treatment too exclusively, and of neglecting other means of ensuring antiseptic cleanliness, which, though perhaps subsidiary, are nevertheless of the greatest importance. I desire to call attention to some of these means in connection with antiseptic midwifery. I do not include purely hygienic precautions, thorough ventilation, abundant cubic space, good drainage, pure water supply, &c. All these are beyond the scope of these remarks. The matters to which I am about to refer relate, for the most part, to details connected with the personal care of the mother and child.

First, I should like to speak of the undesirability of frequent vaginal examinations during labour, and especially during the first stage. When the presentation has been diagnosed, and labour found to be progressing favourably, repeated examinations are unnecessary. And seeing that every vaginal examination, whether necessary or unnecessary, and whether antiseptics are used or not, must be regarded as a possible means of infection, it follows that the fewer we make the better. In this connection, I may remind you of the remarkable immunity from puerperal fever of those patients who, at a period when the mortality from puerperal fever in the great lying-in hospital at Vienna was at its height, were admitted into that hospital after delivery, and in whom, therefore, no internal examination was made. It was the observation of this, amongst other facts, that ultimately led Semmelweis to his great discovery. Recent statistics of the Dresden lying-in hospital show that what was true five-and-forty years ago is true to-day. Leopold tells us, in his report for 1886, that there were admitted in that year 78 patients, in whom, from the unusual rapidity of labour or other causes, no internal examination was required. Under such circumstances, all douching, both before, during, and after delivery, was omitted. Yet, out of these 78 cases 77 made an absolutely normal recovery, and left the hospital on the eleventh day, while the remaining one was detained until the third week, solely on account of a labial hæmatoma which developed during labour. In 1887 the number of cases admitted, in whom, for one reason or another, no internal examination was made, was 170, of whom 165 had a normal convalescence and were able to be discharged on the eleventh day. Of the remaining five, two had been delivered of a putrid foetus; one had fever lasting two days and was able to leave the hospital on the thirteenth day; while the other two had foul lochia, with fever of so insignificant a character that they were able to be discharged on the seventeenth day. Neither in 1886 nor 1887 was there amongst these patients a single case of parametritis. The bearing of these facts on the proposition just laid down is too obvious to need pointing out.

A matter of still greater importance is the thorough emptying of the uterus after labour and after abortion. Although I am one of those who hold that retained matters only become septic when pathogenic micro-organisms have obtained access to them from without, I am, nevertheless, fully aware how excellent a soil they furnish for the development of these microbes when once they have effected an entrance. I therefore regard the retention of portions of membrane or placenta, whether after labour or abortion, with as much dread as those who believe in the possibility of self-infection, and I maintain that it is impossible to be too careful to prevent it. If, on examining the placenta and membranes, any portion, however small, be found wanting, the uterus ought, in my opinion, to be at once explored for the missing frag-