palaces " and " solemn temples " which now adorn the proud isle which claims him as her master-spirit, shall be numbered among the things that were, having passed forever away,

" And like an insubstantial pageant, faded,
Left not a rack behind."

THE GHEEL QUESTION :

FROM AN AMERICAN POINT OF VIEW.

BY DR. J. PARIGOT, HASTINGS-UPON-HUDSON.

Having left Europe about two years since, many publications on *Free-Air Treatment* and *Family Life* for the insane, must necessarily have escaped my attention. My efforts heretofore to elucidate the question of Belgian non-restraint in open asylums, and the interests of American asylums to be established at a future day on this principle, alike forbid my leaving these papers unanswered. Then, even here, a duty devolves upon me to examine the tendencies of these recent papers, to applaud the benefits they confer on a cause I had the honor to defend in Europe, in common with many physicians of great talent and experience, and to repel unjust criticisms of a system which is but the continuation of Pinel's idea, " the complete emancipation of patients from the prejudices of the dark ages." My interference, moreover, has another object. The Free-Air System will be much sooner adopted in rising and powerful nations, such as the United States, Brazil and those of Central America, than in Europe, where reform can destroy but slowly abuses which have crept up so gradually and so securely as to offer a strong resistance. There a reform must hurt many interests. Here, having nothing to do with persons holding lucrative offices, or with rivalries or hatreds; unknown, and free from the suspicion of private interest, I feel at liberty to fulfil what I consider a duty towards the insane.

I must in this paper, beg leave to employ the first person of the verb. This is not my fault, but since my first published opinions on Gheel, certain writers have, as it were, put me on the stand. According to some, very kind to me, I was the *propagateur de l'idée de l'air libre*; with others I was a benevolent but too ardent champion, or an aggressive writer inclined to mishandle those who regarded my views as erroneous, or failed to arrive at the same conclusions. Now, on the contrary, my friends praise me for my tenacity, which it appears has only affected my purse. In a paper by Dr. DeMundy, of Moravia, I am said to be the indefatigable advocate and constantly assailed champion of Gheel. In a note of the same paper may be read that "Professor Parigot, of Brussels, has sacrificed his position, his time, fortune, and medical practice, for the defence of Gheel and its system, and yet his professional brethren hurl reproach at him. Does it require a surer proof that he defends a great cause?" Then, in a recent article in the *Medical Critic** of London, I am spoken of

* "SING SING, N. Y., U. S., March 10, 1862.

"MY DEAR SIR, AND MUCH RESPECTED FRIEND:

"Your very kind letter of the 1st of February has been duly received; I remember also with much pleasure the too short time spent in your company, and do keep a vivid memory of your kindness to me. As you perceive, I left Belgium with my family, never to return to live in that country.

"I see with much pleasure that new asylums are under erection in Scotland, on the principles you advocated in 1860. I will be happy to hear of success in establishing this new form of asylums, approaching the system of real colonies; but allow me to say I do not think you or your friends will derive any profit from your visit to Gheel, whose great principle of devotion to humanity is fast declining in spite of the good will and the assertions of Dr. Bulckens in his last report. Anciently, as you know, great abuses existed in that colony; the peasant was *plundered* by the then existing brokers in lunatics; the form was generally bad, but, *individually*, charity was often a real fact; then, also, some cities and towns had honest supervisors in Gheel, who, by their dealings and doings, poured, comparatively, shame on the bad ones; it was a source of emulation and even of forced competition. When, in 1849, I was first appointed there, it required a long time before I could appreciate the real value, and its relative *effet utile* of such a colony. Its mechanism was simple, and to describe it I found no better expression than *air libre et vie de famille*. From that time my only aim was to develop and point out the morality and charity of such institution, and to make it the general principle of Gheel; and now, my best reward is to know and

kindly, but as being a *partisan*, (almost a guerilla among psychologists,) dead to European civilization. Might I not say to both,

Good Saint, and Devil!

Pray not so fast; you both outrun discretion.

I claim only to have advocated a principle which belongs to the public conscience, namely, that institutions for the insane, although making progress as regards material comfort and utility, are not yet what they ought to be, *hospitals for the cure*, and that a colony like Gheel, if established on therapeutical principles and design, might accomplish this object.

What may be expected from asylums is already ascertained. The modern ones of Belgium, France and Germany are very similar. The efforts and success of many of my friends who are at the head of these establishments, are very

to be conscious, that at least in that point I have been useful. In the plans explained in my little pamphlet on Gheel, an infirmary was to be built at a certain distance of the village (above a mile or more,) far from cafes and beer-houses, and that building was to be a simple reproduction, on a large and convenient scale, of a family mansion, being the center of medical action. Besides all things necessary for such purpose, I wanted large grounds, somewhat elevated, where I could have pure, dry air, and almost pure distilled water, from rivulets originating at the foot of sandy hills in the neighborhood, and that water in sufficient quantity for the bathing of 800 to 1,000 patients. Large fields should have belonged to the infirmary, and everything was to be so arranged as to permit an imperceptible transition from a large farm to an hospital.

"Now, my dear sir, under the inspiration of the late Guislain, who had quite different opinions on the utility of a colony, and was an open and honest enemy to Gheel, but the consequence of which was a mistake, and actually under the influence of some hypocrites, or *faux bons hommes*, as they are called, who knew very well that the surest means to destroy Gheel, is to alter its characteristics, they have built the *infimerie*, you will have to examine, with its *cells Guislain, en forme de menagerie*, &c., &c., and established a *comite* which has the whole moral and material management of the colony. Inquire, if you please, of some Gheelois who are these men, their profession, avocations, &c., and perhaps you will find that they are the very land and house proprietors, notaries, shop-keepers, &c., who in reality divide amongst themselves the benefit of keeping the insane. There may be an attempt to make you believe that the physicians have the moral direction of the institute, but perhaps some will say the truth.

"Now, I can say that the *secret* of the future *Gheels* as colonies, or as *open asylums*, as I would call your modification in Scotland, depends entirely and from no other condition than the spirit of *justice and morality*, and *devotion* to humanity, of their superintendents. These fundamental principles should impregnate the

well known. Was it my purpose to slander them? Supposing that I was called here by one of the States to superintend an asylum, I am not sure that I could successfully imitate them. But nevertheless, in spite of being called a *dreamer* or *weak-minded*, I must state my convictions that such constructions and plans are opposed to real therapeutical success. Is it an axiom, that to treat the insane they must be quartered by hundreds? People suppose it is a great benefit to have large establishments capable of keeping and maintaining with comfort, one or two thousand patients. Now I would inquire if this is also for the interest of the patients themselves? I believe not, and to substantiate my opinion, I need only open the reports of superintendents and commissioners in lunacy in several countries. As a member of the board of inspection of lunatic asylums, I criticised some establishments which were mere mercantile enterprises. Did I mean to attack certain of those proprietors, professional men of high merit, or laymen who accomplished all their duties? Not at all; my reproaches were directed to those mongers in lunacy who had undertaken the care of the insane only

atmosphere of the asylums, farms, or cottages. The next great necessity, as you are well aware, is the choice of proper individuals as *attendants—nourisseurs*, &c., as you may call them.

"I need not to mention the *great art* and *difficulty* of adjusting the various qualities and even *defects* of the sane and insane persons who are to live together. All these considerations lead me to say, that, if I had the charge here or anywhere else to establish such colonies, I should, first of all, instruct a small number of attendants (saturate the air with good principles,) who would instruct and show the example to others, and then afterwards gradually admit the patients. It is a very difficult period to pass, but once the machine is set to go on good principles—its *effets utiles* being perceptible to all—every inmate, in his capacity, will help the regular action of the institution.

"To resume. I believe that Gheel, changing its characteristics, is still the most imperfect of asylums, especially when compared to your beautiful asylums. It declines as a colony, because it loses its original simplicity, and, in some degree, devotion to the insane. Now it is in the hands of *doctrinaires*, without principles but that of filling their pockets. It is true they have the numerous *reglements*, but they will never do until the colony is not an asylum.

"J. PARIGOT."

"P. S.—Our political sky becomes clearer for the present, but I fear the heap-up of difficulties between this country and Europe for the future."

with a view to the profit of their purse, and whatever their profession, or their rank in society, whether priest or monk, I did my best to unveil their inhumanity and hypocrisy.

As I have just said, I knew the value of asylums on the continent, but had not seen those of Britain; I therefore visited this kingdom before leaving Europe, to examine its institutions, and (as has been remarked,) to find an opportunity to preach a bloodless and philanthropic crusade against *prison asylums*. And this calls to mind my embarrassment and failure as an orator, and also reminds me of the kind reception I met in Scotland and England. My aim in visiting British asylums had naturally a connection with the question of Gheel. English non-restraint was to be compared with the Belgian Free-Air System. Some of my notes during that trip may serve as an introduction to the subject.

The first English asylum I visited was the Retreat of York, a sort of private institution for Quakers, which nevertheless admits boarders of other denominations. House, halls, apartments are clean, comfortably, and even richly furnished. The doctor was absent and at the sea-side with some of the boarders. Excellent! But those who were alone in beautiful rooms, or those assembled in day-rooms, could nothing be done for their mental comfort? I remember a young idiotic female sitting helplessly in a hall, another young lady (she was violent,) in a cell, and a lypemaniac who had retired to her apartments, where of course, she was left entirely to her own fancies. The opening, shutting, and locking of doors irritated the patients, and the appearance of a stranger excited the male department. This was sufficient to show me the advantage of the family life. In this beautiful house the comfort was complete, and so far as I could observe, the non-restraint system faithfully practiced, still the moral state of the inmates, their personality, appeared to me in an inferior condition compared with all the comforts that surrounded them. I have not the slightest doubt that the great advantages of the Retreat of York are medical care and knowledge, and also the occasional intercourse with society at large, outside the house.

I was much pleased with my visit to the Glasgow Asylum at Gartnavel. This institution possesses a peculiar charter, and the administration of its affairs is left entirely to the superintendent, under the inspection of a council named by the board of aldermen of Glasgow and Paisley ; the whole is inspected by the commissioners of lunacy in Scotland.

To a stranger entirely unacquainted with British institutions, there are facts which, by their peculiarity may reveal to him some secret conditions of their mechanism. For instance, he may sometimes infer and judge from the tone, manner, and importance of a porter, the character, good taste and judgment of the board of directors, and further of the by-laws enacted by them, whether they be liberal or narrow-minded. Sometimes a well-nourished voice that bellows from the porter's lodge, "What do you want?" foretells the sort of power which speaks through him. If admitted, you will find on your way all sorts of warning and exhortations, such as "By order of the committee defence — of — to do this or that." The concealed *Deus ex machinâ* is felt everywhere, but the charitable spirit seems indeed absent. There also the medical power and action are limited and inefficient. In such institutions we may be sure to find the physician but a tool, dependent upon caprice, ignorance and vanity. This certainly is not the case at Gartnavel, where the superintendent is one of the governors. I believe that with such an arrangement the superintendent is none the less under the necessity of controlling his acts, and of submitting them to the decision and approval of the board. A seat in the council not only gives to the physician an opportunity of hearing and answering all the observations on his management, but he is better able to accomplish the purpose of the hospital, i. e. the cure of insanity, and having taken part in the deliberations and voting, and fully comprehending the decisions of the board, he can as its agent, carry them out more effectually. It is of course, to be presumed that when a vote is to be passed upon himself, the physician will have the good taste not to participate in it. It must be felt that the moral status of the superintendent of Gartnavel or a similarly organized asylum, gives at once the

confidence and respect of all other officers, and exerts a peculiarly happy influence on the patients. Considering these conditions, I soon understood how Dr. Mackintosh had been enabled to do so much good, and why Gartnavel, although laboring under the difficulties of confined yards, high walls, unemployed hands and an imperfect system of non-restraint, was still a beautiful and serviceable institution for the poor and the rich.

Afterwards I saluted you, beautiful and proud city of Edinburgh! It was with heart and mind full of Walter Scott's descriptions that I perambulated its splendid natural and historical monuments. West of the Scotch empire city, amid the peculiar scenery of distant trappean hills, is placed the Morning Side Royal Asylum. Why has its architect not been inspired by the greatness of the surrounding landscape? At all events, the actual superintendent, Dr. Skae, of European reputation, has already shown in the erection of the new buildings of the asylum, that the conditions of æration and ventilation must in some respects be an imitation of the high and lofty ceilings that hang over the surrounding hills. The Morning Side Asylum has nearly exhausted all known or conceivable appliances for the mental and bodily comfort of the insane. For the body, labor in and out of doors, and workshops of all kinds; for the mind, various recreations, the school, the lecture-room, the theatre, and the publication of the *Mirror*. Next come excursions, trips, parties, &c., which act as springs to animate a sort of conventional life, and excite and encourage what is most needed, where a large number must act as dead weights upon the convalescents, namely, a feeling of *hope*. At least, the Morning Side Asylum is (to its fame,) the beloved retreat of many a mental sufferer, who in approaching insanity, or in the relapses of the disease, begs to be admitted.

In some of my criticised articles, I have said what I now repeat, that the music and ball-room may serve as an adjuvant in some cases of convalescence, but it remains to be seen whether the moral effect is not greater on public opinion than on the patients. Be this as it may, Morning Side, like many

other non-restraint asylums, requires the use of cells. If it be said that I never asked questions about the maniacs who were *non-restrained* in cells, I answer that I read their history in the oak doors on which their finger-nails had left numberless marks.

The non-restraint system is certainly a great advancement in psychiatry. It has the great advantage of freeing from coarse treatment those who are able to appreciate kindness, is a diminution of violence, but still the *cells*, and especially the kind proposed by the celebrated Guislain, serve to *concentrate* mental irritation, whereas free-air has the power of dissipating it.

I visited the Morning Side Asylum with an ardent desire to make the personal acquaintance of Dr. Sibbald, the learned author of a paper on Gheel. I have since learned that he had been offered the superintendence of an asylum, but he will, I doubt not, like the honorable Biffi, Mundy, Pi-y-Molist, Pyjadas, and many others, maintain the independence of his opinions on progressive psychiatry against the prejudices of our powerful adversaries.

During my visit to Scotland it was my good fortune to be guided by an eminent authority in our department of medical science, Dr. W. A. F. Browne. In a former paper I had made an inoffensive allusion to his opinions on Gheel, as recorded in a German diatribe against the Free-Air System. During my short stay in Scotland I had there to receive this honorable gentleman's kind protection, and subsequently to bear his sharp fire concealed in a mellifluous article entitled "Cottage Asylums," in the *Medical Critic*, 1861. The discussion on Gheel will afford me ample opportunities to return the fire. Now, I have only to remember his good and efficient protection. To enable me the more readily to form an opinion as to the feasibility of implanting the Belgian system in foreign countries, he gave me letters of introduction to visit, first, a poor-house, having a ward for insane paupers; secondly, a private institution for the poor, or those of small means; thirdly, a private institution for rich patients; and lastly, a letter to the visiting officer of poor lunatics considered harmless, and boarded by

peasants in a village. Without these instructions and recommendations, my object had been very difficult if not impossible to obtain, but the introduction of Dr. Browne, who is invested with the high office of commissioner in lunacy, made me welcome wherever I presented myself. The poor or workhouse afforded proof of the unsuitableness of such a place for medical purposes. When will social science be able to prevent the adoption of a policy which, although well intended, in the end actually augments the burden of public charity? The asylum for the middling classes was clean but somewhat crowded, and had in the male department a rather repulsive aspect. Still, all the inmates were kindly treated, and appeared satisfied. The private asylum was especially intended for the rich, and closely resembled similar institutions in Belgium, the difference being only in the respective national ideas of comfort. I may call this private asylum the beautiful combination of some capitalist, whose principal object is to make money. The physician receives probably some fixed salary, besides having an interest according to the number of patients in the house. Agitated maniacs are shut up in cells, the windows are barred, bolts and locks secure the presence of the boarders when they meet in day-rooms or beautiful parlors. I found everywhere alike the *ennui* which pervades such establishments. The beautiful gardens are kept with the greatest nicety, and the gentleman who took the trouble to show me round, reproved the driver of my hackney-coach for having given hay to the horses within the premises.

The village I visited has about one hundred and fifty houses, some being poor cottages, but an air of quietness reigned in its streets. The officer to whom I was recommended was very serviceable, and took me at once to see a chronic maniac. We found the house shut, but the patient was at a neighbor's awaiting the return of his landlady from town. He was a young man, meanly clad, but his face announced satisfaction, a feature rarely found in shut-up establishments, but common at Gheel. Then we went to see a patient who was periodically affected, as I was informed, and who, *mirabile dictu*, was left to the care of his wife, and she confined to her bed

with a cancerous affection. The mad-man was out at his work. The third free patient was a woman, a lypemaniac. I wish I might here present Walter Scott's description of those hallucinated old women, who were anciently regarded as witches. It would apply to the aged country-woman I saw, with flowing gray hair, and curious dress, and absorbed in her delusion. She was cooking something over a small fire, and the room was in accordance with her person. She took not the slightest notice of our presence. Still I cannot infer that she was not much more happy than she would have been in the best asylum with one condition only, that she should be kindly treated by her keepers, and I was told that she was so.

I know that this element of self-satisfaction *or enjoyment*, is not taken into consideration by my opponents, but I think it most desirable, especially in incurable cases. My visits in this village ended, my impressions were that a *Gheel*, a pure colony even, could be very easily instituted in Scotland. Now supposing this or any other village had a small hospital or central infirmary, and a convenient staff of medical officers, the plan of a Free-Air System could there exist very well without the intervention of any saint, healing sources, or shrine whatever.

On my way to London a stoppage of a few hours at Retford, in a central county, afforded me the opportunity of entering some cottages to ask for board and attendance, telling the people that I had sometimes fits of insanity, or that I was searching for a family that would take an insane boarder, and I found people ready to accept these conditions at a reasonable price of ten to fifteen shillings a week. The cottages belonged to the working class in good circumstances, glad to add something to their income. Again I have not the slightest doubt about the practicability of erecting the best possible Gheel in England, where the middling classes are necessitous and the lower in great misery. It would perhaps be more difficult to establish at first a similar institution in the United States, on account of the *forward movement* of the same classes, but there are better conditions here in the vast extent of fertile lands, which may be employed for such colonies, which are

both medical and agricultural. Now, I believe they could be tried first with Flemish and Dutch or German attendants. I have no doubt that I could gather a sufficient number of inhabitants of Gheel to come here and continue their beneficial care of the insane. Nothing is more easy than to make rules for such establishments, which should insure sufficient advantages to such attendants and greatly benefit the patients.

Of all the asylums I visited, none, in my opinion, can be compared with that of Prestwich, near Manchester. This asylum was opened in 1851. The disposition of the wards is excellent, and favorable to the different classes of patients, their comfort and occupations; the whole interior of the building is cheerful and agreeable, and air and light accessible in every part. Bars, and other means of confinement, are dispensed with, as much as possible; the ventilation and cleanliness are so perfect that I could not trace the smallest scent, by which inspectors of asylums judge of the efficiency of the attendants, or recognize the faults of construction in the wards; the division for paralyzed patients was perfectly free from any offensive or impure effluvia. It was only in the beautiful gothic Chapel built in the park of the establishment, that I could find the peculiar smell of insane patients.

How much is Prestwich superior to the so much praised, and even vaunted asylum of Guislain, at Ghent! The two asylums bear no comparison; nevertheless, Guislain was not only a great psychologist, but also an eminent artist and draughtsman, and had made use of his talents in visiting the monuments and asylums of the continent, to combine all that constituted a perfect asylum. In my opinion, what makes Prestwich superior to all similar institutions, is felt by any visitor, in the diminished feeling of oppression which reigns inevitably in such immense receptacles as Hanwell, Colney Hatch, Bicetre, Salpetriere, &c.

Dr. Holland is the well-known and learned Superintendent of Prestwich, and though he is invested with the confidence of the committee of trustees, he has not, in my opinion, the moral ascendancy necessary to a complete control and

influence; he is the responsible director, both medical and administrative, but the gentleman who is the cashier of the institution, is at the same time secretary of the committee, to which Dr. Holland has no access, and to which, according to the by-laws, he is obliged to report, *in writing*, of all dangerous cases or accidents. Now, what I say is entirely my own speculation. It may be that both the superintendent and secretary are on the best terms, and only desirous of the welfare of the institution. What I suppose, then, of difficulties might only exist in the opposite case.

What can we say of Hanwell and Colney Hatch? We have no admiration for triumphal arches employed as entrances to charitable institutions; we can not approve, in a gastronomic point of view, of gigantic apparatuses, armed with steam and gas to cook, broil or roast. What a quantity of nutritive matter must be lost in such a wholesale way of preparing food! We can only admire the clever inventions to diminish manual work in washing, drying, ironing, &c. Will it be permitted to say that I experienced a feeling of pity and of disgust, thinking of the injury done to patients, when I read the reports of the committee of visitors to the magistrates of the county, and remarked their contests with the commissioners in lunacy, and the physicians they have under their command. These reports contain the grossest errors on psychiatry, and show the proportion of nonsense that the physicians must endure from gentlemen who may have been successful merchants or shop-keepers, but are the worst administrators to be found. Speaking of these difficulties, I understood that they resulted, just as it happens in Belgium, that gradually the really learned gentlemen belonging to these committees retire from them, and thus leave full play to those who find only a sort of pastime in their retirement from business. One question shows the fallacy of the system followed in such establishments. Can a staff of four or five medical officers, including the pharmacist, suffice for the treatment of 1,200 to 1,800 patients? This defect I have in all my writings and reports denounced as scandalous in Gheel, where five physicians had the charge, with me, of about

1,000 insane. Those who pretend that I am or was a blind partisan of Gheel do not certainly know that I always complained of the *non-medical treatment* of many of our patients. In one of my letters to the Minister of Justice of Belgium, I said that such fact was an imposition on the public, and a denial of justice to the sufferers. Considering the bulky population of Colney Hatch or Hanwell, the number of excited maniacs and agitated demented is considerable. Now, when you are witness to what takes place in the wards and yards of these unfortunates, the scene of confusion and excitement demonstrates at once the superiority of having them in the open air, far from any cause of excitement, and often employed usefully in agriculture. Even the stupid instruments of recreation and exercise offered to maniacs are an offense to good sense and charity. Leaving this subject, I mention with pleasure that I was admitted to see, in all their details, private establishments, under the care of several renowned psychologists of London. In all respects they are the best I could imagine; for, the small number of inmates makes the family life possible; and the excess of population makes London and its suburbs almost as isolated as a country place where nobody knows his neighbor.

Dr. D. Tilden Brown, of Bloomingdale Asylum, New York, has kindly loaned me the latest papers on the Gheel question. In the *Medical Critic* for 1861, at page 156, is an extract from the proceedings of a meeting of a few German alienists, in which my constant opponent, Dr. Flemming, introduced the subject of Gheel. It appears that these gentlemen—fourteen or fifteen in number—were most decidedly of opinion that “the imitation of the lunatic colony of Gheel, sought for by certain enthusiasts and psychiatrical dilettanti, was not likely to further the interest of either science or humanity.” The reason for such clique-decision might be asked, but it is useless to inquire. Any disinterested person may have remarked this fact, that in spite of their contempt for the *enthusiasts* and *dilettanti*, they confess that the free-air system shall be tried, and that in such case the vicinity of existing asylums is most convenient. Then, according to the

council of the fourteen, it was desirable that a portion of the incurably insane should be provided for outside of asylums. Why not the curable, also, if all are to be placed under the charge and care of physicians? In our opinion, no answer to the contrary could be given except that of *non possumus*.

Dr. W. A. F. Browne, one of the board of commissioners in lunacy for Scotland, has violently attacked the system of Gheel and my very insignificant person; and has acted, if I may be permitted to say so, as an advocate, making the case of his adversary the worst possible by misrepresentations. After an elaborate introduction ending with these words, condemning and abusing Gheel: "It afforded the last glimpse of a mediæval condition, incrustated with the stains and corruption of a worn-out organization, where the faith in the supernatural had faded away, and the sun of science had not yet arisen," Dr. Browne divides his arguments into four paragraphs.

First. Gheel has no supreme medical authority. True, no more than is to be found in most of Scotch and English asylums. The free-air system is medical *nullifidianism*; the claustral system, which barracks a hundred patients without a sufficient staff of medical officers, has the same result and worse consequences for many incipient cases. We pretend that the free-air system alone is able not to exasperate the disease in any of its stages. I do not believe that family life and liberty, consistent with the state of an insane person in the free air, (not fresh air as maliciously equivocated) can be construed as Dr. Browne does, into turning the insane *adrift* in the fields; no, it would be no remedy, but a crime against God and man. I never discarded therapeutical treatment in psychiatry, I believe; neither did I say that free air alone could be in all cases (though often successful) the unique remedy; nor did I ever conclude anything from the number of reputed receipts in favor of cures of a certain number of insane. I am sorry to find an authority such as Dr. Browne, pretending to say that the moral treatment is an

heresy in our science. Certainly, I consider the share of moral causes greater than the physical in insanity, but do I say that insanity has no existence in our tissues? Is it fair to take for argument the very complaints I always made of the deficiencies of the medical staff of Gheel, when I find the same fault in all the public asylums I visited in Scotland and England?

Dr. Browne's following words are an instance of his mode of argumentation: "The opinion of M. Parigot, that a weekly visit may suffice for any case," &c. Really, I should be ashamed of myself, and would think I deserved no more the title of Doctor, if I had ever thought or written such stupidity. Now, please to look at page 96, of the work cited by my opponent, and it will be found a *quotation* of the committee of which Guislain was the head. But Guislain never meant such absurdity, for the committee alluded only to incurable cases.

Here follows a beautifully written passage by the Scotch commissioner, but sophistical in all its points: "It may be that confinement, monotony, that close, constant association with unhealthy and debased minds act detrimentally upon the disposition of those who are imperfectly constituted and educated, and tend to produce that indifference, hardness, harshness and enfeebled conscientiousness, which so often frustrate the hopes and measures of the physician. A similar morbid and malign influence must, however, if it exist at all, be diffused through the homestead of the yeomen of Gheel by the constant presence of the insane inmates. It must present itself in even a more insidious and intense form. The exposure of the attendant to the *infection* is limited to hours; he escapes to his family, his home, his holiday. He spends his vacation in sleep or amid healthful and invigorating impressions. But the skeleton, the demon of the disease, haunts the Gheelois hut forever. It is a part not merely of household arrangement for good or for evil, it is a part of the inmost thought." Well, nothing of all this is the fact. Let us examine: one insane, or even two, in a family of seven persons in the full activity of their callings—these can not

influence the medium, or *infect* it, as says Dr. Browne; the medium of fifty or a hundred insane in a ward may certainly affect more readily a person who has nothing to do but to think of his duties concerning the life and safety of the patients entrusted to his care. The demon or poison of asylums, if it exists, as a competent authority asserts, is unknown in the *hut*, rather the *farm*, of the good people of Gheel. Besides, it has been ascertained that insanity is not more frequent in that locality than anywhere else in Belgium; for as respects the hardness and harshness of the Gheelois keeper, no instance is known of the murder of the insane by them. Certainly, I, the too ardent defender of Gheel, after having described faithfully all the defects of my ancient field of labor, bear testimony to the kindness, zeal and forbearance of the great majority of its *nouriciers*, and deplore that it was not possible to recompense the *angelic devotion* I witnessed in many of them.

In the third division of his criticism, Dr. Browne gives us an insight into his own philosophical principles. He finds that I entertain an erroneous view of human nature, the very frame work of society, and also of the *moral* treatment of those of unsound mind; because I think that to oppose an insane person is, on some occasions to excite him unnecessarily; and that I permitted an insane man to do with his time what he pleased, with a view of quieting him. Every body knows that there exists only two ways to treat humanity—kindness or severity. According to the philosophical principles of some, humanity is naturally perverse, and the government must be strong and able to chastise, and an asylum must have a severe discipline and compel the refractories. Dr. Browne says that the greatest intellects must be opposed, that education consists in a series of restrictions, concessions and sacrifices to the will of others, that society is kept by *antagonisms, concurrence, absorption of individualities, &c.* In the world, as just described, I find the principle of the pagans, who fought for power and gold. The world I contemplated in my writings is that in which *love and charity* are the levers to save humanity.

Changing abruptly in his tactics, Dr. Browne remarks in his fourth division, that the amount of restraint in Gheel is painful and unjustifiable. He pretends that the selected cases sent to Gheel are such that the timidity of the custodians alone may account for such restraint as straps, chains and iron girdles. Perhaps the doctor should take some better information on the subject, before entering the pathological field. He says that the *extreme defenders* (not those so modest and free from partisanship as Dr. Bulckens,) are ignorant of the fact, that personal liberty, and even gesticulations, may be prejudicial, that economization of strength and tissue by some means was considered a justification of the use of the strait jacket and padded rooms, that exercise is interdicted in mental diseases of cardiac origin, that asylums are places of rest and quiet, and that discipline and treatment (exclusive of the moral influence) are the real therapeutical agents. Dr. Browne should not sneer at the moral influence, since he says in the same article that it sometimes happens that the pain and the repugnance are in themselves remedial.

Since the honorable Dr. Conolly, in a speech, has declared that the *Gheel system is not one that he should like to see followed in England*, we may perhaps say that he is right, because it would be evidence that non-restraint is only a preliminary step to a medical system in which all the benefits conferred by Dr. Conolly would be superceded by a rational treatment of insanity, employing a necessary restraint much better adapted to insanity than all the padded rooms, in which sometimes the insane and their attendants fight for life or death.

In the fifth division my opinions are again misrepresented. I find this passage: "Mr. Parigot sneers at classifications, as if they rendered life more endurable to the prisoner." No, I sneer to be so misrepresented, and at a scientific classification which is very difficult in books, impossible in asylums, and of no advantage in therapeutics. I wish the patient to be cured and not amused, and if incurable permitted to live in such manner as to make his life more endurable and free from

artificial recreations. I am also accused here of offering objections to the work performed in asylums. Did I object to this most beneficent means of recovery when I was kindly shown round Gartnavel or Morning Side? I am asked why should labor be more voluntary in a colony, which insane men can not leave in consequence of iron cinctures, straps, &c., than in a *confraternity* from which his escape is prevented by walls? My answer is, because family life leads to activity which is the aim of human existence, and that the claustral confraternity of the insane is irrational in all respects.

Is it not extraordinary that, having so much criticised the system of Gheel, Dr. Browne, like other psychopathists, brings forth a modification of Gheel, which in fact is the amelioration of Gheel itself, a medical center having the necessary cottages as dependences. Dr. Bucknill, although an enemy of the free-air system, wishes that a part of an asylum should assume the form of a village. Is it not incomprehensible that all these gentlemen should wish to direct a real progress in psychiatry while at the same time they deny its existence?

Recently, two authors of high reputation in France, Drs. Brierre DeBoismont and J. Falret, have written interesting papers on Gheel.

Dr. Falret's report to the medico-psychological society of Paris, is a very able *résumé*, but gives no solution of the question now under discussion. Dr. Brierre objected to some of the conclusions of the report, and it is to that fact that the medical public owes the very able speech he made on the subject. In his exordium, he regrets that several speeches and memoirs for and against Gheel have been beyond the limits of an ordeal of true scientific discussion. This is just and right. For my part, I beg to refer the reader of this paper to what I said page 293 in the number of July, 1860, in the *Journal of Psychological Medicine*, and judge if I deserved the attack of Dr. Browne, in the *Medical Critic*, July 1861, from page 213 to page 231. Twelve years ago Dr. Brierre was much opposed to Gheel. Now his criticisms bear principally upon some difficulties of the system, not on the prin-

ciple, which he admits, as does Dr. Moreau (deTours,) and I must say that never an unkind word fell from him on those, who like myself, had to direct public attention to this most important subject. It was not in the *paper* of the *propagateur de l'idée* to be luke-warm. Feeling this necessity of value, Dr. Brierre never attacked us personally, and we here thank him for his good taste. At the beginning of his discourse the learned orator gives a masterly statement of the question, which is not, as supposed by most of the disputants, whether there exists a locality or not, where the insane are set at liberty, and more or less taken care of, but to inquire whether the principle can be made use of in some convenient manner, with the habits and customs of foreign countries. The constant increase of insanity, and the inadequate means of treating the patients in asylums, require colonization under some form or other. If the system of Gheel can be imitated, the consideration of humanity must enforce its adoption. For, if the insane have more liberty, if their labor affords them some relief, or a more comfortable existence, if at least, they are placed in conditions nearer those of ordinary life, *then there exists a progress*, which if not appreciated by some of them, is certainly a great consolation to their families. It is in vain, continues Dr. DeBoismont, that some writers have objected to the very small rooms, the want of animal food, the confusion of sexes, the presence of three or four patients in one house, the poverty of some peasants who keep them, the bad treatment, the chains, the absence of medical care, certain excesses and combinations of the inhabitants anxious to conceal their dealings; all these abuses, *which are certainly very limited in Gheel*, may, under a good administration, disappear; if, for instance, a liberal payment of the patient's board was made, if a convenient medical staff, proportionate to the number of the lunatics, and honorably recompensed for their work, was instituted, and if a well organized infirmary should be built. Now, the Belgian government, which boasts so much of Gheel, can confer all these blessings *whenever it pleases*. Here we must interrupt Dr. Brierre, and tell him that in a memoir inserted in the *Journal de Médecine de*

Brussels, of November and December, 1859, he will find the reasons why it does *not please* the government, or rather the *bureau* of the justice department of Belgium, to make Gheel the best curative asylum. The only difficulty which Dr. DeBoismont finds insuperable, is the difficulty, nay the impossibility of a proper individual treatment in such an extended parish as that of Gheel. We believe that if the infirm-ary had been placed in a healthy locality, where free-air and water could have been obtained, not only that central house, but even the nearly situated cottages might have answered all the wants in this respect.

But as a good citizen, the principal question with the celebrated Parisian psychopathist was whether a Gheel could be created in France. In his opinion, if a trial was made, it ought to be on a small scale at first, for several reasons; namely, they have in France no born philanthropists at hand like the Gheelois keepers, and there would be terrible opposition, bad will, fear and terror, brought in the way of such experiment by the neighborhood of such locality. But now, where should such colony be placed? Evidently far from great cities or manufacturing towns, in a country where religious feelings are still preserved, with other conditions, such as cheap living and isolation, which are indispensable for a colony. But according to Dr. Brierre, whose experience is of great weight, the morals pervading the county, the multiplicity of crimes against persons, render such experiment very uncertain.

Now, the attention of the orator was directed to a small charmingly written book on colonies, by M. Jules Duval,* one of the talented writers of *La Revue des Deux Mondes* and *le Journal des Débats*. Dr. Brierre criticised several points of psychiatry. First, liberty is sometimes a nuisance for the insane. Certainly for *certain* insane patients, but for the majority, the non-restraint in free-air is a benefit. We have already answered the criticism of Dr. Browne respecting the condition

* Gheel ou une colonie d' aliénés vivant en famille et en liberté. Par Jules Duval. New York. Baillière Brothers, 440 Broadway.

of treatment, and need not to repeat that discipline is excellent in certain cases, but distressing in the majority of them. Now, we must say that the objection of Dr. DeBoismont relating to the freedom of corresponding by letters, has no foundation. The Belgian constitution protects individual liberty to the utmost. Respecting insane persons the law says: "No superintendent, medical or not, no keeper or servant of an insane person shall, in any case whatsoever, suppress the correspondence of a lunatic, either with the magistrates, the public, or their family." Now, according to the argument, we must remember that calumnies, falsehoods and intrigues dated from an asylum, have no great importance, and are easily defeated. Does Dr. DeBoismont really suppose that erroneous ideas and exalted feelings are to be conquered by discipline? Vicious habits may sometimes yield to strong rules, but not always.

Mr. Duval in treating of the reform of asylums, does not say that they must be destroyed. Neither have I said so, and Dr. Bulckens, in declaring *claustral asylums* necessary, but expresses a truism which no one doubts; still, his proposition must be very agreeable to the antagonist of the new system. My great fear for Gheel is the gradual slackening of the principles which, in spite of so many abuses, have permitted the colony to come to our days through centuries. If these principles of charity and devotion to the greatest misery under heaven were to be exchanged for cells, like those invented by Guislain at Ghent, then Gheel may be considered as destroyed, and this to the great satisfaction of the jesuitical party of Belgium. The introduction of cells under the approval, or even through the submission of its medical inspector, is already a victory of our opponents. What did I remark on the doors, three or four inches thick, as ancient postern were, of the cells in Great Britain? The proof that the confinement in a cell is, first, the abandonment of the patient at a moment when he should not be lost sight of. Secondly, the certain excitation and reaction of the patient to a point that may prove fatal, for what can we know of the variable excitability and moral sensibility of all those we put in close and solitary confinement? Thirdly, the negation or *nullified*

ianism of psychiatry, moral and medical. Again, why build cells in Gheel? It is said that we turned adrift our patients into the fields. We deny the charge, although this is no more inhuman than putting them into cells.

Dr. Brierre finds himself led to this conclusion : That claustral asylums being a necessity, and free-air asylums too difficult to establish in France, the cottage system near an asylum must be the solution of the question. For him, the colony of Fitz-James, a village in the vicinity of the small town of Clermont near Paris, answers every purpose. Unhappily, nobody will agree with him, for the name of colony can not be employed to designate a farm, of whatever extent it may be. Besides in Fitz-James there is no possible family life. It may be a good specimen of organization for field-labor, an immense farm arranged as a work-shop for out-door employment, but it has nothing in common with Gheel, and less with the future *therapeutical Gheels*.

Now, from what I have read in the papers kindly offered to me for perusal, it appears that every day defenders of the new system rise in every country. Dr. DeMundy is certainly the man who must be regarded as the benevolent leader of us all. In fact, his writings appear simultaneously in Germany, England and Belgium, and they prove his great talents and activity. Drs. Moreau (de Tours,) Delasiauve, Brierre, DeBoismont, and the high-minded and eloquent writer, Jules Duval, are of such influence in France that I expect soon some great change in the management of public and private asylums there. Dr. Seraphino Biffi, of Milan, my noble friend, one of the first and most generous defenders of Gheel, will renovate the ideas of the treatment of insanity in Italy. Drs. Pi-y-Molist and Pyjadas, of Barcelona, will do the same for Spain. I see that even Russia has also found a reformer in Dr. Wiri-koff; therefore my *paper* is well finished, but I have, before its conclusion, only to add a few words on Gheel. In the year 1852, I published a small volume on the colony which attracted the attention of alienists. In that book I purposely projected the necessary reforms at that time. When I was appointed

Inspector of the colony, I made, on *the official demand* of the government, all the by-laws concerning the internal regulations of the colony, which by-laws were promulgated by the Minister of Justice the 31st of December, 1852, and signed by every one of the committee of management but by their author. *Sic vos non vobis*, because superintendents in Belgium as in England, are not to be the servants of the poor, but that of committees, which sometimes have not the slightest idea of such administration.

Of course my successors in Gheel will even efface my name in its records. I may be forgotten; still I feel proud that I have done my duty. And supposing that I should be more assailed than I have been, never mind—if I have been able to soothe the lot of one insane person only, I am satisfied, and shall no more answer any criticisms. I reserve the rest of my energy for this country.

MODES OF DEATH PREVALENT AMONG INSANE.

BY DR. J. O. BUCKNILL.

If it were needful to adduce any reason for calling your attention to the peculiar manner in which a large number of our patients cease to be our patients, through the intervention of that benevolent agency, which to the helpless and the hopeless comes as the "Tod als Freund" of the German artist, a sufficient reason would, I think, be afforded by any effort made to tabulate the results of mortality in asylums as they are recorded in our annual reports. The character of fatal disease is no doubt much the same in our various county asylums, and yet the manner in which the results are recorded in our reports is so different as to render it impossible to make a satisfactory summary of the mortality in our asylums collectively.

I hold in my hand the obituary tables of a few asylum reports taken as they come to hand. The first is that of my