

TABLE X.
Results of Serum treatment (begun 1914).

Number treated.	Dosage.	Recovered.	Died.	Average number of days disease persisted after treatment.
Kasauli Serum, 11.	Each ampoule 20 c.c. one, two, or three doses according to severity of disease.	10	1	
Lister Institute serum, 4.	4	

SOME GENERALIZATIONS ON THE SCOPE, CONSTRUCTION AND ADMINISTRATION OF CENTRAL ASYLUMS IN INDIA.

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SOME time after the foundation of the British Raj in India it was considered necessary to provide some places for the segregation of the insane population, especially of those whose conduct had been such as to call for judicial enquiry, and subsequent detention in an institution other than a prison. At that period in the world's history insanity being looked upon either as a visitation of God, or as a possession by the devil, it was considered advisable that those who were afflicted should be detained in some institution, and so prevented from injuring the sane or insulting their conventions. It was perhaps natural that the asylums provided for insane should have then partaken largely of the prison type, and that they would have borne no resemblance to the hospitals which modern civilization considers suitable for the reception and treatment of those afflicted with mental disease. Even among European nations at the period to which I refer lunatics were not relegated to asylums until their conduct had rendered their further freedom impossible, and chastisement and fetters had proved ineffectual methods of treatment. It is impossible to say when insanity was first considered to be disease. Gradually, very gradually, a more enlightened conception of the function of an asylum grew, and mainly owing to the initiative and influence of the medical profession, the loathsome dungeons to which the unfortunate insanities of the 18th Century were consigned, have given place to the up-to-date hospitals which a more enlightened civilization commands.

As I have stated, until comparatively recently the European did not consign his insane relation to an asylum till he was compelled to do so. Now the case is almost the reverse, and asylums

are resorted to early; it being the almost universal lay opinion that early treatment in mental disease is not only advisable, but necessary, if effective recovery is to be hoped for. In fact, further than this, the "voluntary boarder" system provides a "rest cure" for those threatened with nervous or mental breakdown, and one of which many persons avail themselves eagerly.

What has happened in Europe generally must happen in India, public opinion is gradually becoming more enlightened and with the early admission of insanies to the asylums must come an urgent demand for increased and suitable accommodation. When one considers the figures given below one must be struck with the great difference between the insane population as taken from the last census, and the asylum accommodation in various Indian provinces, whose figures are just now available.

	Insane population.	Asylum accommodation.	Criminal lunatics.
Bombay	6,270	1,421	224
Madras	8,309	1,078	231
Bengal	19,442	1,277	596
Punjab	6,401	959	188
L. Bengal and Assam	3,068	303	100
Bihar and Orissa	4,138	344	137
Burma	9,582	790	324

In comment on these figures I would however point out that in this country people are not as a rule considered insane unless they are maniacal and dangerous. It is only for these cases that the obsolete term "mad" is reserved in popular parlance. Hence the figures showing the "insane population" are most certainly far from correct. When will people learn the importance of recognising the first symptoms of departure from the normal sane condition of the individual?

The necessity for providing adequate asylum accommodation for the insane population of India has not yet arisen, but that it must be expected in the near future is to me evident. In addition it may be argued that the extraordinarily high proportion of so-called "criminal lunatics" in Burma and Eastern Bengal and Assam is an index of failure in dealing with the problem of the proper segregation of the insanies in those provinces. A "criminal lunatic" in India is generally speaking a person who has been permitted to be at large in an insane condition until he has committed some offence punishable under the Criminal Procedure Code.

General hospitals in India are up-to-date and wonderfully well constituted for the requirements and conditions of the country. The only reason that the asylums are not quite on the same footing is because there has been no popular

demand for such institutions, largely due to the ancient and erroneous idea that mental disease is something occult and mysteriously ordained, and that treatment is quite useless.

There are, however, signs that this popular conception of insanity is now on the decline, but the idea of an asylum as a "Prison" rather than a "Hospital" is still widespread among all classes in this country.

I shall now consider the scope or field of usefulness required of an Indian Central Asylum. Such an institution should be capable of accommodating *in comfort*, the insane sent to it from the area for which it is provided. Unless distinct asylums are provided separately for Europeans (including persons of European habits) for Indians, and for "criminal lunatics," each Central Asylum should provide suitable quarters for each of these classes. Again, it is perhaps not correct to speak of Indians as a "class," as Parsis, Mahomedans, Sikhs, and all castes of Hindus must be included. The importance of accommodation being comfortable cannot be too strongly dwelt upon—personal comfort is an incomparably more important factor in promoting recovery from mental disease than it is in any bodily disorder. This is a fact so thoroughly recognized in Europe that it should be unnecessary to dwell on it here.

Separate cottages adequately furnished should be available for each first class European patient, and his diet and service should be suitable to his condition in life. Quarters designated for Europeans should be much more roomy than those for Indians, who in their own homes as a rule prefer small rooms to big ones.

In the European section at least two sections must be provided, so that chronic and repulsive cases should not mix with those of recent admission, and those who are recovering. At least two sections, preferably three, are needed for Indian non-criminal patients, and if there are a large number of "criminal lunatics" two sections with high walls are required for them. A detached group of rooms, preferably near the asylum office or hospital, is necessary for cases admitted for observation, and the hospital should be provided with several single rooms to allow of recent cases being kept in bed and under careful observation. The hospital *should be in a central position*, and contain wards and single rooms suitable to the various classes inhabiting the asylum. If there is a female section of the asylum the female hospital should be as near as possible to the male for ease of administration.

I think that in this country it is necessary to surround an asylum by a wall. Except when enclosing sections containing dangerous inmates, this need not be higher than 9 or 10 feet. Iron railings of some ornamental design are, I am convinced, the proper boundaries of the various internal sections occupied by one sex. These

should be about 7 ft. high and be fixed in a stone wall a foot or so high. Such railings are not nearly as prison like as walls of similar height, and lend themselves considerably more to the embellishment of the asylum.

As regards asylum construction in general I consider that stone is the best building material. I have recently had experience of reinforced concrete, and I cannot say that I have been favourably impressed. As a material it is, however, probably as satisfactory as brick, and certainly superior to wood. I have seen the warping of the wood of door frames cause fracture in the adjoining portion of the concrete wall and edges (*e.g.*, those of window sills, &c.) crumble quickly and become unsightly. Further the concrete walls are difficult to decorate either in inside or out, and have to my mind a persistently barrack-like appearance. Further, I am not satisfied that two-storied buildings are possible unless stone (or brick) be the material used.

There is, I think, no reason why the "Pavilion" type of building now approved at home should not be utilised with modifications in this country. Such an asylum consists of a series of blocks connected by covered corridors. Any modifications on the English plan would in this country of course depend upon the class to be accommodated in each block. Each block would of course have its own special "airing court."

There is no point in erecting numerous small buildings for the accommodation of insane. At Yeravda, some small blocks contain single rooms for from 2 to 10 patients each, with an annexe containing a small bathroom, lavatory and W. C., and the largest accommodates 19 of which number 12 are in an association ward.

These blocks are far too small, and their number renders supervision very difficult, unless a very large proportion of attendants to patients is available.

Take an asylum intended to give accommodation to 80 European males and 600 Indians (200 being criminal lunatics). The 80 Europeans could be quartered in two blocks and some 4 cottages as already described, therefore each block would shelter 38 inmates. The upper storey would consist of a dormitory for 15, and single rooms, and the lower of a dayroom and single rooms, the single rooms in each floor being on each side of a central passage. Verandahs should be provided on each floor, the upper one being possibly narrow and enclosed. In addition on each floor there should be three bathrooms, one store room, two water closets and two lavatories. Besides these two blocks there should be a block containing a large dining room and reading and recreation room, and the last two rooms should advantageously be of irregular shape, not rectangular, and convenient to each block in the European section. The

European kitchen should also be close up. Should the asylum give accommodation to females, a block for Europeans of that sex should adjoin that for the men, so that the one kitchen would serve for both sections. The asylum for Indians might well consist of ten blocks, each accommodating 50 in similar fashion to those suggested for Europeans, except that the day room on the ground-floor might be used as a dormitory. The bathrooms, however, had better be omitted. These 10 blocks would be in five sections—that is, be provided with five airing courts (or gardens)—and 4 blocks with 2 airing courts would constitute the criminal section. In each airing court plenty of shade should be provided by means of sheds, verandahs, &c. One dining room should suffice for each two blocks, and each should be provided with a scullery. As already stated each section would be divided from the next by an ornamental iron railing 8' high, not by a wall, and in one section adapted for the better classes a recreation or reading room should be located. If possible sections should be so arranged that two could be evacuated during most of the daytime.

An additional "Work section" with work-sheds of various kinds should be enclosed by a high wall. The size of this section would depend largely on the number of criminal lunatics in the asylum. The hospital section should be capable of giving accommodation to 100 persons. Fifty beds arranged in wards and single rooms, for persons suffering from bodily ailments, and fifty single rooms for new admissions and those more recent mental cases which require special attention and individual treatment. A dining room would be required here.

In one section there should be an extension containing a central bath house of about four baths, with hot and cold water laid on, and some four or five padded rooms. This might well be a section which could be practically evacuated by day, and be near the hospital and the European section.

As regards individual rooms the floors should be sloped so as to facilitate cleansing, there should be no edges, i.e., to window sills, &c., and when these would naturally occur they should be rounded or sloped off, and all light (electric lighting should be a *sine-qua-non*) should be of the nature of bulkhead fittings in the roof or ceiling.

It is necessary in this country that windows and doors should be barred, but the barring should be as unobtrusive as possible. In the European section for instance they might be in the form of strong iron window frame (without glass) each "pane" space being about $9'' \times 6\frac{1}{2}''$ —this to the European mind would not have such

a prison like aspect as have the bars as usually seen out here. Various ornamental and curved designs in bars have been elaborated especially in Germany to obviate the "prison effect" conveyed by the ordinary barred window.

Single rooms for Europeans should have at least 156 sq. feet of floor area, and those for Indians may be smaller with a minimum of 100 sq. feet. Doors had better open outwards, and be so hung that the fullest possible view of the inside of a room can be obtained when they are shut. The locking arrangements should be on a master key system. It is only thus that ready unlocking of a room can be assured.

A laboratory should be a necessary part of every Central Asylum. This would naturally be as convenient as possible to the hospital and *post-mortem* room.

As regards the administration of a Central Asylum, it should never be forgotten that the institution is primarily a hospital, and that it exists for the purpose of curing the insane or ameliorating their condition. At present the Superintendent is the only member of the staff who is required to be a specialist in mental diseases. In addition therefore to being obliged to carry out all the "individual" treatment of the patients, and the laboratory work, he and he alone is responsible as Superintendent for the general management of the asylum. There can be no doubt that the more time and close attention the doctor is able to give to individual cases, the better will be his results. According to the present procedure if the Superintendent gives this time to his numerous patients the rest of his work suffers, and if he devotes his time to the business, management, &c., the patients suffer. He cannot do both duties satisfactorily. I therefore consider that in every asylum of 300 to 600 inmates there should be an Assistant Superintendent equally qualified with the Superintendent, and under them an Assistant Surgeon and two Sub-Assistant Surgeons. This would not be considered an excessive staff for any other hospital of 300 beds in this country. Up to date in Indian Central Asylums, the work of Sub-Assistant Surgeons is practically confined to the treatment of the injuries and bodily disorders of inmates, and the administration of medicines by direction. They therefore do not fill the position of the Assistant Medical Officers of Asylums at home, who each note and study especially the cases in the wards of which they have charge. This is the sole duty of the usually highly qualified Assistant Medical Officers of English Asylums. The Superintendent could, I think, be relieved of a great deal of unnecessary and unproductive work if the Steward were given more extended powers and responsibility than has been the case up to now. At least the signature of the Steward

to such papers as indents on contractors, supplies for diets, &c., might be considered good. In an English asylum the Steward arranges independently for diets, extras, &c., as ordered by the Medical Staff.

The question of the proper education of asylum attendants is a very important one. It is very difficult to induce Indians of good class to take kindly to asylum work, and still more so to get those who are employed to learn the rudiments of asylum nursing. I think the passing of a simple examination in "the duties of attendants on the insane" should be insisted on before any attendant is confirmed in his appointment.

Finally as regards the work to be expected from asylum inmates—the employment allotted to them must vary greatly.

If the asylum contains a large number of "Criminal lunatics" and consequently a large proportion of sane inmates, such occupations as weaving, durry-making, matting, cane-work, milling, &c., can be carried out with profit both to asylum and inmates. With a non-criminal and hence an insane population a little milling and loomwork may be possible, but the main form of employment must be weeding and gardening, and such asylums—indeed all—should be so situated and supplied with water that a good income can be derived from the sale of garden produce. Personally I am very strongly against any kind of compulsory labour for the insane, and think it a crime to expose recent cases to any form of tiring or absorbing work. Asylums should be as self-supporting as possible, and suitable inmates can be easily encouraged to perform useful work.

In conclusion, I would remark that many of my "Generalization" may appear elementary, obvious, or dogmatic.

To those of this manner of thinking I would however reply that my main object in this paper is to call attention to the main ideals of asylums for the insane, and the broad results of my experience of several asylums, with the object of assisting in the necessary standardisation of asylum construction, &c., in this country. Certain main principles must be decided upon before the smaller details come up for consideration, and I can point to asylums in which nearly all the "desiderata" I have mentioned—simple though they appear—have been absent or ill-considered.

NOTES OF TWO CASES OF HYSTERIA IN MALES.

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First Case.—A. B., European, father Spanish, mother English, aged 22, admitted to the Madras

Asylum as a voluntary boarder on 13th September 1913.

History.—Patient was transferred from a vessel in Madras harbour to the General Hospital, Madras, for "fits;" and, as his case was considered unsuitable for that institution on account of his violent behaviour while in the "fits," he entered the asylum voluntarily.

Appearance, etc.—A handsome well set-up gentlemanly young fellow, had a deep scar on left forearm which he said was due to his rolling on a glass tumbler while in a fit in his cabin. Stated that he was educated at (an English public school). Is perfectly rational, and gave an excellent account of his illness.

According to his account, he had been getting fits of a peculiar nature for four months before admission. He had his first fit on board a steamer at Aden (on his way to India). He was on his way home again when sent off his boat at Madras. Meanwhile he had been under the treatment of several medical men. He was given a special cottage, a low epileptic cot, with a mattress on either side, and two warders were detailed to observe him constantly.

He got fits daily from the night after his admission; as a rule he had several in succession. Immediately preceding an attack, he became dreamy, would not respond to questions, and usually lay down. Sometimes he subsided quietly on the floor, but never fell as if shot. After a short period of clonic spasm, the attack proceeded in one of three ways. Most commonly the "arc en cercle" position was assumed, patient rested on his heels and his occiput, and jerked his pelvis up and down in a manner suggesting the movements of coitus. Less commonly he rolled over and over from one side of his room to the other, or got upon his feet and ran round his room as if trying to escape, upsetting and breaking any articles of furniture which came in his way. The duration of the attacks varied from a few minutes to three hours.

When patient came to himself he was dazed, pale, and often bruised, and professed complete amnesia for all that had occurred.

The occurrence of the fits was in no way affected by the administration of bromides; a Wassermann reaction gave a negative result.

After the patient had been in the institution a week, and the diagnosis established, the following story was elicited after considerable resistance.

Patient, previous to leaving for India, had been engaged to be married. One day, when accompanied by a male companion, he met his fiancée, and had, perforce, to introduce his "friend"—a thing which he would not otherwise have done, as he did not consider him a suitable person for