

The Rev. H. HAWKINS, Hon. Secretary of the Association, read the report, containing a summary of the history of the Society, together with a statement of some results of "After Care."

Dr. ROBERTSON observed that the allowance which Visiting Magistrates were empowered to give to convalescent pauper patients conferred valuable assistance—the amount being about ten shillings a week during a limited period.

Dr. BUCKNILL urged the importance of restricting the offices of the Association to such convalescents as were thoroughly recovered, as he considered that *complete* recovery should be a condition of introduction, by the "After Care Society," into domestic employment. He referred to the importance of influencing magistrates to exercise their power of granting convalescent allowances.

E. H. LUSHINGTON, Esq., spoke of the assistance which might be rendered by the Charity Organization Society.

Dr. ANDREW CLARK directed attention to the circumstance of the Association not being a *begging* institution. He said that recovery was, in some cases, a disaster, for want of a convalescent resort. What a sad thing it was, he remarked, under some conditions, to recover! He considered that there should be a medium of communication between this Association and Convalescent Homes.

W. G. MARSHALL, Esq., also addressed the meeting.

The Earl of SHAFTESBURY said that there should not be *separate* Convalescent Homes for mental cases, as the inmates would thereby be prejudiced.

A vote of thanks was given to the CHAIRMAN, who remarked that it was the 53rd year of his association with the subject of lunacy treatment.

It was proposed and carried, "That a Sub-Committee of the Association be appointed to communicate with the Convalescent Committee of the Charity Organization Society, in order to obtain information for carrying out the objects of this meeting; the sub-committee to consist of Mrs. Clifton, Miss Alice Gladstone, Rev. H. Hawkins.

Thanks were offered to Dr. Andrew Clark for his kind reception of the Association, and the meeting then separated.

Correspondence.

THE "OPEN DOOR" SYSTEM.

To the Editors of "THE JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—In the July number of the Journal there is a communication from Dr. Needham, asking some details as to the mode and results of the open-door system.

At the outset I would recommend a perusal of Dr. Rutherford's annual report for the year 1880, which answers most of the queries put by Dr. Needham. The Commissioners in Lunacy on reporting on this asylum also enter largely into the subject. There is also a communication of great value, and throwing much light on the system, in a recent number of the "Fortnightly Review," from the pen of the Honourable Francis Scott. The reports of the Fife and Kinross Asylum while under the superintendence of Dr. Tuke and afterwards of Dr. Fraser treat specially of the subject, as also the reports of the Lochgilphead Asylum while under the superintendence of Dr. Rutherford.

Concerning asylums devoted to the care of persons in good circumstances, I am unable to speak; but I may be pardoned giving my expe-

rience of the system as carried out at the Lenzie Asylum, which is solely for pauper patients, and of which I am the Assistant Medical Officer. Before assuming this appointment I had been Assistant Physician for eighteen months in an asylum with locked doors, and managed in the usual way. I had also interested myself in the subject, and was prepared thoroughly to examine the new system, and to form an unprejudiced opinion regarding it.

Passing over, then, Dr. Needham's first enquiry, we will attempt to answer his second, viz., Whether the system has been tried sufficiently long to test its utility? Here we may quote from Dr. Rutherford's report for last year, "All the doors of this asylum were originally constructed to open with ordinary handles and without a key. An unfortunate accident occurred shortly after the opening, due to a patient escaping, not through a door, but through a window, and it was considered prudent to alter those doors opening to the grounds by removing the inside handles. Two years ago (in 1878) these locks were restored to their original condition, and the asylum has since been conducted with open doors, with fewer accidents, a smaller proportion of attendants, and with fewer attempts at escape than formerly."

During these three years, 598 patients have been admitted, many of them being acute cases, and the average population has been 417 in 1878, 430 in 1879, and 470 in 1880. We must also consider the fact that the population of this asylum is drawn from the large commercial and manufacturing city of Glasgow.

During the time I have been in the asylum, now more than a year, I have never, on going over the house, required to use a key except during the night. I do not think that any one can say that so far as this asylum is concerned, the system has not had a fair trial.

The next enquiry, as to whether it has involved such an additional expense as to render it practically incapable of general application can be answered decidedly in the negative. The expense is diminished. The cost of maintenance in this asylum for the year 1880 (deducting the cost of keeping in repair or upholding the buildings, which in Scotch District Asylums and in English County Asylums is charged to the county rate) was eight shillings 2'48 per week, a low rate, and one which compares favourably with other asylums. Those in Scotland average about ten shillings per week. During last year, with a fuller development of the "non-restraint" system, the cost has been less by 7d. than that of 1879, and by 1s. 8d. than that of 1878. Dr. Rutherford says in his report, "The more this system is carried out, the plainer need be the food, and the fewer the extras required to maintain the standard of health, because the patients are brought more into the condition, and demand rather the fare of ordinary labourers than of lunatics kept under the irritating and depressing influences of forced confinement. Under this system, moreover, the breakage and destruction of property is diminished."

Dr. Needham's fourth enquiry is, "Whether it is essential that patients should be occupied in physical labour the whole or greater part of the day?" There can be no doubt that unless the patients are well occupied during the day the difficulties of the "open door" system are much increased. This physical labour, however, need not necessarily be out-door work. Here all the male patients who are physically able, without respect to mental or moral peculiarity, are out of doors a considerable portion of the day. From full employment and increased liberty (which last naturally results from the former), with their accompanying diminished manifestations of insane acts, there proceeds a greater capacity for self-control. The females, however, also enjoy the benefits of the "open door" system, though they do not work out of doors, but are busily employed indoors, knitting, sewing, in the laundry, kitchen, &c.

Dr. Rutherford further says, "Many years ago I used to adopt short hours of work, and had the patients more in the house; but my experience is, it is more satisfactory to keep to the hours that working men are accustomed to, as it makes the work more natural and real. The patients and attendants rise at 5.30 A.M. All are house cleaners until the breakfast hour, which is half-past seven. At half-past eight all go to chapel, where morning prayers are read. At nine o'clock the various working parties are arranged, and inspected by the medical officers, after which they go to work. At one o'clock all return to dinner. At two o'clock all leave the hall and after having been drawn up in line, and again inspected by the Medical Officers, resume their work as in the morning. At six o'clock all return to tea." The indoor amusements are held in the evenings. "This full employment of the patients renders it possible to give greatly extended liberty, and to do away with all remaining forms of mechanical or chemical restraint, such as walled courts, locked doors, stimulants, narcotics, and sedatives."

The fifth enquiry of Dr. Needham is rather an extensive one, and has been more or less answered in the replies to his second, third, and fourth questions.

We require no special contrivance to protect quiet patients from those who are noisy—in fact, excepting in cases of acute disease, we have little noise or excitement in the house. In the article before referred to by the Honourable Francis Scott, Dr. Mitchell, Commissioner in Lunacy, is quoted as having said, "The manifestations of insanity are diminished by the diminution of restraint; common sense would predict what experience shows to be true in this matter." Dr. Fraser, Deputy Commissioner in Lunacy, is also quoted as having said, "There is good reason for the belief that many of the violent maniacs and chronic lunatics which crowd our asylums have been developed by a system of indiscriminate restraint, which in one man excites refractory opposition, and in another fosters inactivity of the brain," and Dr. Sibbald, in his last report on this asylum, dated 9th and 10th February, 1881, says—"No patient was found during the inspection under restraint or in seclusion;" and, again, in the same report, "Very few manifestations of irritability or excitement were seen during the inspection, and this must be regarded as due to the regular and healthy employment in which the patients are kept whose mental condition is apt to produce such manifestations;" while Dr. Rutherford says, "From fuller employment and increased liberty there results a greater capacity of control."

In regard to escapes, we may again quote the Commissioners' last report. Dr. Sibbald says, "The question as to whether it (*i.e.*, the open door system) is accompanied by an increase in the number of escapes is one which has been naturally regarded as important. It is difficult to arrive at a conclusion by merely comparing the statistics of different institutions, as there is not a perfectly uniform understanding of what constitutes an escape—that is, to what extent a patient must have been beyond supervision to make it proper to record the circumstance as an escape. Perhaps as true an indication of the facts may be obtained from the impression on the minds of those who have had personal experience of the various systems, and in regard to this it seems proper to record that the statements of three of the principal officials in the asylum, persons who have had experience of different systems in other asylums, are to the effect that open doors do not increase the number of escapes, and that they greatly decrease the desire to escape." With full employment and freedom from restraint the staff of attendants and nurses must be carefully selected, as much depends on their watchfulness.

The mere fact of having open doors makes them, I think, more vigilant and attentive to their duty.

In regard to the last question as to whether there is anything in the Scotch character rendering an experiment of this kind possible, I would reply that I do not think so. We have a large proportion of Irish patients, and the Irish

are generally regarded as most intractable. No special difficulty, however, is found in their management. They fall into the ways of the house, and are as quiet and orderly as the others. Again, we have a good many patients belonging to the criminal class, some returned convicts, and even with those no difficulty is experienced. Instead of disorder and confusion existing from open doors, as Dr. Needham would *a priori* imagine, let him visit this asylum, and he will find that order and quietness prevail to as great a degree as in any asylum with which I am acquainted, and to a greater degree than in most asylums drawing their patients exclusively from a large city.

Yours, &c.,
 Woodilee Asylum, Lenzie, Sept., 1881. JAMES R. DUNLOP, M.B.

THE "OPEN-DOOR" SYSTEM.

To the Editors of "THE JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—In the last number of the "Journal of Mental Science" there appeared a series of queries on the part of Dr. Needham, with reference to the "open-door" system in some of the Scotch Asylums.

In the Midlothian District Asylum for nearly two years past most of the doors have been "open," and the success attendant upon this system was such as to induce me last year to substitute locks with ordinary handles for the old spring locks on all the doors. It is now possible to enter the asylum by the front door, or by any of the others (with occasionally one or two exceptions), and to traverse the entire building without requiring to use a key.

I now wish to briefly record the results of my experience of open doors, and before doing so, I may mention that I found no difficulty in conducting the management of the institution on the new principle, without possessing the advantage of a lengthened asylum experience. During the last two years the average population of the institution has been about 240 patients, mostly paupers, and exhibiting fair samples of all varieties of mental disorder. The change to open doors involved no additional expense; the staff had not to be augmented, and the management of the patients continued very much the same as formerly, except in this particular, that the new system entailed on the part of the attendants a greater amount of vigilance, and more attention to their charge. The attendants, in fact, became to those requiring restraint what the lock and key were formerly, while to the orderly portion of the community there was afforded the boon of untrammelled ingress and egress. The unruly element forms but a very small percentage of the population of asylums, and it is a pity that the iniquities of some two or three should be visited upon all the inmates of a ward, the great majority of whom are quiet and well behaved. I believe that the very fact of the doors being unlocked has a sedative influence on many patients, and diminishes restlessness and the desire to escape. Out of a total of sixteen escapes for the past year, two only were attributable to open doors. It may be that seclusion in single rooms may have to be more frequently resorted to, but this is usually a benefit to the patient secluded, as well as a blessing to those who have got rid of a nuisance in their midst, and is surely better than the gigantic system of wholesale seclusion which obtains when the patients of entire wards are locked up, innocent and disorderly alike. One of the best proofs of the feasibility of the open door system is to be found in the fact that, in any asylum in which it has been tried, a reversal to the old system of locked doors is almost unknown; and certainly in my own case it is the last thing I should think of. This, of itself, is sufficient to dispose of many objections urged against the system by those who have not yet given it a trial.