

Lomax asserts that "our asylums detain, but they certainly do not cure; or if they cure it is only by accident, so to speak, and in spite of the system, not as a result of it. He emphasises that it is the *system* he is attacking and not individual asylums; it is principles, not persons.

One of the chief defects in our system of asylum government against which Dr. Lomax protests, is that it permits the Medical Superintendent to combine in his own person the dual offices of Medical Superintendent and Executive Chief, and he maintains that the result is, in ninety-nine cases out of a hundred, to cause the purely medical duties of a Superintendent to be largely subordinated to his executive responsibilities, thus entailing an enormous loss of efficiency in the medical organization of the asylum, and in the remedial treatment of the insane.

As the book deals with the pauper lunatic and purports to be an examination into the working of the Lunacy Acts and the Mental Deficiency Act, Dr. Lomax gives briefly a *résumé* of the terms most commonly used and as legally defined, as well as a short description of the local bodies concerned in asylum administration, the officials appointed by the Legislature to supervise and report upon their work, and the legal formalities necessary for the certification and reception of pauper lunatics.

Dr. Lomax is of opinion that "however much we may conceal our ignorance by learned phraseology, we know little more concerning the real nature of insanity at the present day than was known to the ancient Greeks and Romans," and that this fact "has important bearings on the question of treatment, and explains much of the apathy and indifference shown not only by the public, but by the medical profession itself, to all efforts directed at asylum reform, as well as much of the confusion that exists as regards our legal and moral responsibility to the insane."

WARDS AND GENERAL ROUTINE.

Dr. Lomax describes the wards of an asylum, the first being the Reception Ward through which each patient is passed. It is in the same block as the hospital, and that part of it in use contains a number of open beds, and six single rooms. Patients who are violently maniacal or noisy, or who have a bad record, or who for any other reason (such as parasitical affections, skin disease, venereal infection, &c.) require isolation, are put in the single rooms until such time as they are considered fit for the open ward. These single rooms are features of all the wards. Those described by Dr. Lomax have a floor area of about 9 ft. by 12 ft., and about 12 ft. high. The floor is composed of wooden blocks, and none of the rooms are heated. Each contains a coir mattress laid upon the floor, but no bedstead. The bedding consists of coarse canvas rugs, though the better behaved patients are allowed blankets when necessary. As many refractory patients tear up their bedding, canvas rugs are imperative in these cases. The doors are provided with an observation aperture strongly glazed,

and the rooms are lit in the daytime by a window placed high and opening for ventilation purposes. These windows are shuttered, and the shutters lock back when open. At night the rooms are lit by an electric light bracket over the door, protected by a sheet of wire gauze. The doors of these particular rooms are none too strong, and have been burst open before now by violent patients. The walls have also been scaled by active and agile occupants, who have squeezed themselves through the wire-protected aperture over the door, and thus effected their exit. But these have been very exceptional cases, and for most practical purposes the rooms are sufficiently strong. They are not provided with locks, but have an outside handle and drop latch, the latter being a concession to the Board of Control, who disapprove of locked doors in single rooms, but which are just as effectually closed with an outside latch as with a lock.

The next step is the removal of a patient (who is presumed in this instance to be suffering from melancholia, with suicidal tendencies) to one of the general male wards. The removal of a patient from the Reception Ward owing to limited accommodation, and often before he is fit, is commented on later, and is described by Dr. Lomax as one of the most serious defects in asylum organisation which it is his object to expose.

"The general ward alluded to is a mixed ward containing some ninety or a hundred patients of various types of the more demented class, and a few actively homicidal or suicidal, and is under the care of an experienced and responsible attendant, or Ward Charge as he is called, with three or four attendants under him. For reasons of safety, our patient, who may be quite mild-mannered and inoffensive in appearance and behaviour so far, has been placed on what is called the "SS" or special suicidal list, which means that he must never be left out of the attendant's sight, night or day. Under this category he has also to be put "behind the table" when in the ward, *i.e.*, his freedom of movement is absolutely curtailed; he is not allowed to walk about, or mix with the other patients, but must sit behind the table, and against the wall, where he can be more closely watched and restrained if necessary.

Dr. Lomax condemns in strong terms this "behind the table" treatment. In his judgment, were there a sufficient number of attendants, or were the patients properly graded and classified, it would be totally unnecessary.

It is simply an inhuman device to save the attendants trouble, and to diminish their responsibility. Picture the scene. Perhaps a dozen of the worst cases in the ward. Behind the table they sit all day with their backs to the wall, and only leave their place to satisfy the calls of nature. In front of them is an attendant always on duty. They have no amusement, no exercise, no employment. Yet not even for meals do they change their places or surroundings.

(To be concluded.)

[previous page](#)

[next page](#)