

came back, and she gave the other man a good scolding. There was then no mark of scalding on Crosthwaite's back.

Bertie Bowles said he washed Crosthwaite about a fortnight ago in the same yard. He thought Nurse Kaye instructed Metcalfe on that occasion to see to Crosthwaite himself.

The Coroner: Metcalfe, when Nurse Kaye went away, did she tell you to wash Crosthwaite?

Metcalfe: Yes, sir, she did.

Dr. McGrath, answering the Coroner, said there was nothing wrong in leaving the patients alone for a few minutes, but it was wrong to wash patients in the yard, and it was a breach of the regulations for a patient to be washed unless an attendant was present.

Dr. Felix A. Kerr, Assistant-Medical Officer, said he found Crosthwaite suffering from extensive superficial burns, extending from the back of the neck to the hips. He collapsed on Sunday morning from the effects of the shock of the burns. The patient said he had done it himself, but witness did not believe he had done it. Crosthwaite had no thinking ability.

The jury returned a verdict that Crosthwaite had died by misadventure, having sustained scalds owing to another patient throwing hot water over him. They expressed the opinion that patients should not be washed in the yard, and that they should be washed in the presence of an attendant, and the regulations strictly enforced.

It is intolerable that such a condition of affairs as is disclosed in the above report should be possible in any public Asylum. We should like to say it is inconceivable, but unfortunately this would not be in accordance with facts.

Any want of care of insane patients who in their own interest have been deprived of their liberty is especially reprehensible, and it is incumbent on the authorities of the Asylum responsible for their welfare to ensure that they are adequately cared for and protected.

According to the evidence of the patient Bowles, Crosthwaite had a fortnight previously been washed by him in the same yard, so that the incident which terminated in the death of the unfortunate patient is not an isolated one. Nurse Kaye's evidence that by "preparing" Metcalfe for his bath she meant taking off his boots and stockings is irreconcilable with her statement that she told Metcalfe "not to start washing Crosthwaite till her return," for even a certified lunatic would surely not start washing a patient who was fully clothed. Nor should she have left him in the care of a fellow patient. The practice of allowing one insane patient to bath another, whether a nurse is present or not, is absolutely to be condemned. Lastly, the Asylum authorities should not require—or permit—a woman nurse to bath able-bodied male patients. They should employ a male bath-man to attend to these cases.

We commend this case to the attention of the Minister of Health, and trust that the points we have mentioned above will receive his consideration in connection with the question of reforms in lunacy administration and treatment.

## PROFESSIONAL REVIEW.

### THE EXPERIENCES OF AN ASYLUM DOCTOR.

(Continued from page 136.)

#### REGULAR ASYLUM GARB.

Dr. Lomax criticises the custom of dressing all patients in a regulation asylum garb with the exception of the ex-Service patients. Thus, on a cold, foggy day in December described, the patients in the airing court wore a fustian coat and waistcoat, white drill trousers and ill-fitting asylum-made boots. Though it was raining fairly heavily, none of the patients wore overcoats, nor, indeed, did the attendants. In both cases it is against the regulations, though in very bad weather macintosh capes are sometimes worn by the latter. "Few things are more deeply resented by the ordinary pauper lunatic and his friends than the depriving him of his own clothes and the compulsory wearing of what he and they regard as 'prison' attire. There is no possible justification, legal or other, for such an indignity, and there is every moral and personal reason against it. Nothing is so destructive to an insane patient's self-respect as the deprivation of his own clothes, and it must be remembered that we are dealing with a patient, and a mental patient, not with a criminal." One result is that "the asylum authorities while depriving the pauper lunatic of his overcoat, when he has one, do not provide him with a substitute. The consequence is that in wet and cold weather the unhappy patients, with health already undermined by their malady in many cases, and by the coarse and innutritious food supplied in most asylums, suffer grievously in winter time. Should they get wet while at exercise, as they often do, they have no change of clothes, and little chance of drying those they have on."

The "behind the table" cases take their exercise in an enclosed space or "pen," in front of which paces an attendant on constant guard.

Dr. Lomax is of opinion that the real but unacknowledged official view of what asylum treatment chiefly exists for, disguise it or deny it as we may, is to detain or restrain demented paupers, never, except accidentally, to treat and, where possible, cure them, though there may be exceptions in the case of individual asylums. Detention and restraint as cheap and effective as possible, and cheapness the keynote. Dr. Lomax says: "I would beg of the reader not to go away with the impression that war-time economies are chiefly responsible for these evils. They existed long before the war, and unless public opinion intervenes, will exist long after it. The war has made them more prominent, but that is all."

#### SINGLE ROOMS.

Under the heading of "mechanical restraint" Dr. Lomax refers to the "single rooms," or "cells," as the patients call them, six or more of which are attached to each ward. In the daylight, unshuttered, scrubbed and disinfected, they pass muster on the annual visit of the Com-

[previous page](#)

[next page](#)