

attendants with a shovel when they pursued him. Dr. Fleming, the Superintendent of the Institution, states that, when he took charge on October 1st, 1889, he found him a quiet patient, although he complained of the diet. He laboured under visual and auditory hallucinations, and had delusions of persecutions. He again escaped September 16th, 1890. On the 26th, that is ten days after his escape, he walked into the asylum, revolver in hand, and demanded his property. Dr. Fleming was in the office alone. Dr. Lloyd, at this juncture, entered the room, and Dr. Fleming requested him to get Dougherty his property, which he did. He was then asked to sign a receipt for it, upon which he laid his cane on the desk, transferred his revolver to the left hand, and signed. It was thought by the medical officers that he brought the revolver to prevent his being retaken, but he was informed that his name had been removed from the books. Dr. Fleming heard nothing more of him until October 9th, when he was told he had been seen in New York two days before, and that he behaved in a surly manner. On the same day, Dr. Fleming was informed that the patient had returned to the asylum, and almost immediately afterwards two shots were heard, followed by the sound of hurrying steps. On entering the office from which the sound proceeded, Dr. Lloyd was found on his side by the desk, and the blood pouring from his body. The patient was seen walking rapidly to the gate. He was subsequently given in charge at the police-station and locked up. On examining Dr. Lloyd, it was found that one ball had gone through the heart and the other into the throat.

Dr. Lloyd was only 29, and had been appointed to the post which he held July 1st, 1890. Dr. Fleming writes: "He was a loyal friend, a competent and painstaking official, and had a peculiar faculty of gaining the love and respect of all who came in contact with him—even those who had met him but once or twice had mentioned that quality. His taking away is deeply deplored, especially by his associates and personal friends."

We join in the sympathy expressed by the "American Journal of Insanity" for the mother who survives, and whose grief has been intensified by the death of a daughter from diphtheria twelve days afterwards.

#### Correspondence.

##### MOSCOW ASYLUM.

We have received a communication from Dr. Korsakoff, Private Docent of Psychiatry in the University of Moscow, drawing attention to what he regards as inexact statements made by Dr. Robert Jones in his report on the Lunatic Asylum of Moscow, published in this Journal, April, 1890. Dr. Jones stated that mechanical restraint was rare. Although Dr. Korsakoff does not belong to the administration of the institution, he delivers a course of clinical lectures, as "private docent," and consequently considers that he knows perfectly well that this and other statements are incorrect. In proof of this he encloses a letter, describing the clinique in the asylum, written by the Superintendent, Professor Kojewnikoff. It is as follows:—

*Refutation of Dr. Robert Jones's article, "Russian Retrospect," referring to the Moscow Clinic for Mental Diseases.*

GENTLEMEN,—I consider it my duty to state that the account of the Moscow Clinic for Mental Diseases, given by Dr. Robert Jones, and published in this Journal in April, 1890, page 295, is incorrect in many respects. In the month of August, 1889, Dr. R. Jones stopped at our Clinic for less than half an hour, so he could not become acquainted with its organization. Without entering into the details and the tone of his description, I will merely point out the chief errors in his article.

Dr. R. Jones says that our University Clinic "is the acute asylum for Moscow;" this is a mistake, as our Clinic is exclusively a clinical establishment designed for the purpose of lecturing on mental diseases. Therefore, in summer, during the vacation, when there are no lectures, patients are not admitted into the Clinic, and only those remain whom it would be inconvenient to discharge. There is accommodation at our Clinic for 50 inmates—30 males and 20 females; during lecturing time the number of patients is complete. In August, 1889, there were 19 inmates—eight men and 11 women.

In describing our Clinic Dr. R. Jones says: "The doors are very substantially made and the fittings good. They might be hammered and beaten all night without much noise. The padded-rooms are lined with thick, well-tanned hide—leather being comparatively cheap in Russia." The doors are padded only in the single rooms, occupied by violent patients; the other apartments have ordinary doors. As to rooms lined with hide or padded-rooms there are none. Dr. R. Jones goes on to say: "Mechanical restraint is rare, more so than in French and Italian asylums for similar patients. The strait-waistcoat is the method employed." Our Clinic has been in existence for nearly three years, during which time the strait-waistcoat has not been once employed, and in general no mechanical restraints are ever applied. Further Dr. R. Jones says: "Tin plates for dinners, tin pannikins, and much slovenliness might be remedied. The meals I considered execrably served." At the time of Dr. Jones's visit at our Clinic the patients were not having a meal, therefore he could not see how such are served. At our Clinic crockeryware is in general use, but for violent patients there are enamelled iron dishes and plates. Then Dr. R. Jones proceeds to say: "There are no books or newspapers to wile away the terribly long and weary hours." At our Clinic for Mental Diseases three newspapers and nine magazines are taken; there is a library increasing by degrees, and which at the present time numbers 443 books for the use of the inmates. Besides various games out of doors and indoors our patients amuse themselves with reading, music (there are two pianos), drawing, bookbinding, the women with needlework, knitting, embroidery, and similar work, men as well as women with gardening, so that our patients are occupied as much as possible. As for gardens, our Clinic is in possession of a park of almost eight English acres; it is divided in two, one half for men, the other for women; each half is again divided into three parts, the larger of which is set apart for quiet patients, the other of smaller dimension for troublesome ones, and finally a small part, surrounded by walls, for violent ones. All these grounds are exclusively for the enjoyment of the inmates, consequently Dr. R. Jones's statement cannot refer to our Clinic in any way, when he says: "It is probable, as in the University Clinic of Berlin, that other patients, not affected mentally, use the more extensive grounds, the poor lunatics being hemmed into a pen." He then goes on: "I did not see any female patients and, if I remember rightly, I do not think there were any." When Dr. Jones visited our Clinic, there were 11 women there; perhaps he did not see them, as at that time they were in the garden, where he did not go. He then proceeds: "Fortunately for the inmates, there were far more vacancies than inmates. I was informed that there was accommodation for 98 males and 88 females, total 186." As mentioned before, at our Clinic there is accommodation for 50 patients. Dr. Jones goes on: "No suicides have occurred, but the normal mortality is high." In the years 1888 and 1889 the number of patients admitted into our Clinic amounted to 150; of these 10 died. It must be remarked that for scientific purposes very frequently the most serious cases have to be admitted, which rapidly end fatally.

I will not allude to any other particulars, containing many errors. I suppose those I pointed out will be sufficient to prove that Dr. Jones's account of our Clinic is very superficial and does not agree with the real state of things.

PROF. AL. KOJEWNIKOFF,  
Director Clinic for Mental Diseases of Moscow.

Moscow, Oct. 16th, 1890.

Dr. Robert Jones has availed himself of the opportunity we have afforded him to reply to it.

GENTLEMEN,—I beg to express my thanks for your courtesy in affording me the opportunity of replying to Dr. Kojewnikoff simultaneously with the appearance of his protest.

To be able to write a commendatory description of such an institution as the Moscow Clinic, without interposing epithets of abhorrence in due proportion, would either betoken ignorance and inexperience or the possession of intellectual distinctions and contradictory virtues of a very peculiar order.

I have every reason to remember my visit to the Clinic, for it was the afternoon of a long day spent with the insane. I had reached the Slavyanski early that morning from Nijni Novgorod, and commenced by inspecting the new buildings for hospitals in the southern section of the city. Thence I went to the hospital Moquelevitch, where, as described in my impressions, "I spent most of the day with the officers and patients, going over the whole of the asylum according to the plan and photographs before us." After inspecting this hospital (the St. Andrew's of Russia) I paid my visit to the University Clinic, Dr. Moquelevitch accompanying me, the contrast between the two striking us both very forcibly. Dr. Kojewnikoff refers to my visit as being of less than half-an-hour in duration. I need hardly say that the professor was absent on vacation, and whatever he may have heard subsequent to my visit must have been secondhand. An interval longer than that attributed to the whole of our inspection was probably passed in waiting for the pleasure of his deputy (Dr. Korsakoff, the private-docent, a most courteous and able specialist) to take us round, when we saw as much of the establishment—a new, ugly-looking, barrack-like building of two storeys—as the management chose to show us, including about 10 male patients out of a complement of 30, being those probably whom the learned professor "considered inconvenient to discharge," and who gave the tone of a decidedly *acute* asylum to the Clinic.

I will now take the professor's refutations *seriatim*, and, although our references to the same thing appear to be somewhat contradictory, it is that the one describes through Russian spectacles and the other by the light of British experience. The professor states: "The doors are padded only in the single rooms occupied by violent patients." My contention is that these lined rooms answer every purpose of a padded room. Moreover I will concede that this leather lining is infinitely superior to our rubber or painted canvas. The refutation continues: "The strait-waistcoat has not been once employed and is *general* (italics mine) no mechanical restraints are ever applied." My description states that mechanical restraint was rare, appearing thus to tally with the professor's own words, but surely these verbal quibbles are beside the mark, and I fear that the spirit of restraint still lingers if the letter be in abeyance, and my own observations at the time, in the case of a noisy, maniacal, male patient, struggling near two or three attendants, convinced me of its existence, for he was dressed in exceedingly rough canvas-like material, having every appearance of a *camisole de force*. Considering other things, I am not surprised that, euphemistically, this is recognized not as a "strait-waistcoat," but whatever other term may be applied makes it none the less reproachful and objectionable. Again, during my visit some refreshments—whether a meal or not I cannot state—were being served, the attendants and patients apparently partaking. In the absence of Dr. Kojewnikoff this may have been irregular, and his authority may not recognize its occurrence, but the metal ware was certainly to the fore, and I am amused to find that, being enamelled iron dishes and plates, they are so far superior to tin. In my opinion nothing could be coarser or more slovenly and less conducive to foster self-respect. The three (!) newspapers and nine magazines, apparently omitted during my visit, may be explained not improbably by the fact that vacation time had unfavourably affected the circulation of literature for that class of the insane "whom it was considered inconvenient to discharge," and a knowledge of human

nature might suggest that the attendants would presumably derive more recreation and amusement from their perusal.

In my report a matter of far greater importance than the trivial details referred to is allowed to pass unchallenged, and will bear its own interpretation and reflection upon the management, viz., "a want of homeliness and domesticity, very little furniture, except tables, benches, and beds, no pictures in the wards, no variation in the colour of the rooms" (not even stencils). With regard to the de-scription of the grounds, I must complain that sections have been extracted from my article and separated from the context, so as to (unwittingly, perhaps) distort my meaning. Describing the male side I wrote: "The airing courts are cramped and small, a high wooden hoarding shuts you round, and no glimpse is got of the outer world. A larger airing court beyond this, I believe, used for some patients, and a still larger one with gardens beyond is, apparently for three classes of patients, but they were unoccupied during my visit." The latter evidently owing to their being in their wards, for my statement proceeds: "On a summer afternoon, pleasantly warm out of doors, all the patients (males) were indoors. Such a state of things would hardly be the case in England." The professor quotes me: "I was informed that there was accommodation for 98 males, 88 females, total 186." These numbers I got from Dr. Korsakoff, and were taken down in his pathological laboratory; they evidently refer to the total number under treatment since the opening, which the professor states was about 150, and if he refers to my opening remarks he will find that I quote the University Clinic as having about 50 patients, the number he himself sets down as the limit of their accommodation.

Either a lunatic hospital is for promoting the cure of mental affliction or it is not, and if not there can be no further justification for its existence. The fact, to quote the professor's own words, of importing "very frequently the most serious cases for scientific purposes, which rapidly end fatally," is barbarous, and does not commend itself as humane or justifiable. It would not be tolerated outside Russia.

I considered, and do so still, with a very vivid recollection of the Clinic and having a fair average acquaintance with home and Continental asylums, that there can be no justification for the existence of an institution having such magnificent pretensions and so little performance. There appeared to me a supineness in the management which pointed to a deplorable administration, and I conclude by reiterating my previous description, that "if ever surroundings influence a mental condition, detention for treatment in such an asylum ought to render a victim hopelessly incurable."

I regret, gentlemen, that in the warmth of controversy, I should appear to use harsh expressions; but they are certainly not with a desire or design to affront the learned professor, whom it was my misfortune not to meet.

I have the honour to remain,

Your obedient servant,

ROBERT JONES, M.D. Lond., B.S., F.R.C.S.

Earlswood, Surrey.

#### RATING OF ASYLUMS (LUNACY ACT, 1890).

GENTLEMEN,—Section 263 of the Consolidation Act, 53 Victoria, Chapter V., appears to have given as much trouble to the officials of the pauper asylums throughout England as other portions of that over-carped-at statute have to the authorities of some of the institutions for the reception of private patients. Without going into the entire matter of the rating of asylums, it may perhaps be of interest to many readers of the Journal, who have to consider this subject, if the result of a recent inquiry into one very small, though not unimportant, corner of it, is placed briefly before them. The question asked was to this effect: To which account (building and repairs or maintenance) do you propose to charge the rate levied under the new rating section in the Lunacy Act?