

was baptised with her baby by a monk named Gerebern. Soon after this the mother died, leaving the girl's education in the hands of the monk. When Dymna, as the child was called, arrived at a marriageable age she was very beautiful, and her pagan father sought her in marriage. To avoid this terrible fate she fled by the aid of the monk Gerebern over the seas to Antwerp, and arrived as far as Gheel. Here she was overtaken by her infuriated father, who captured and beheaded her on the spot. She was buried at Gheel, and a church was erected to her memory, and shortly after her death it was found that many miracles were worked at her tomb, so that she was canonized. The cures that occurred were principally of insane people, so that the place gained a great reputation, and lunatics were brought there by their relations from all parts. Those who sought cures stayed near the church and made a novena, and at the end of that time, if the patient was not cured he remained longer. So as to house and board these patients a Religious Order built some simple little rooms that may still be seen, the patients' relations paying towards their board whenever they could.

The reputation of the cures grew so that the accommodation soon proved inadequate, and the patients and their relations were boarded out with the villagers. This system continued under the control of the religious until 1833, when the local authorities made rules and regulations with regard to patients and *Nourriciers*.

In 1849, the Belgian Government took over the entire control of the colony, leaving the religious to nurse in the infirmary only.

At present, if a patient has a severe illness that requires nursing or if they have a mental relapse, they are removed to the infirmary until they return to their usual condition of health. There is very little sickness in the colony, and at the time that I visited the Infirmary, there was not a single sick person there; only a few mental cases that had relapsed and a few newcomers.

The infirmary consists of a male and a female side, offices, and a simple but adequate laboratory and beautiful gardens. The wards of the infirmary are bright and not too big, consisting of about six beds, including that of the nun in charge. There is also a night-Sister who periodically visits each ward. In each of the few single rooms that exist there is an iron lattice-window, without any glass, opening into a wide corridor which has a window opposite the rooms looking into the garden, so that the patient not only gets fresh air through the lattice, but can be observed in the night. During the day-time the patients and the nuns live out in the garden. The Sisters and the *Nourriciers* have to attend regular courses of lectures on anatomy, physiology, and care of the sick and insane, and they are carefully taught to recognise early symptoms of a relapse, and many instructive leaflets are printed for and distributed in the colony. Each *Nourricier* has to keep a written report of her patients, which is read and signed by the medical officer during his visit. The *Nourriciers* are excellent women who are devoted to their patients. One of those I saw had two idiots as boarders, one of whom was a very poor type, but the *Nourricier* showed her to me with great pride and explained what improvement she had made; the other was clean in her habits and ways, but very dull; she took the *Nourricier's* baby out and was very attached to it, and the baby seemed to return her affection. I inspected the bedroom and bedding of each of these idiots, and in both cases the bedding was clean and fresh, and the patients were happy and well-cared-for.

Not only are the foster-mother and her family good to the patients, but they extend their hospitality to the patients' relatives, who, whenever they wish to, come and stay with them, and are boarded and looked after by the *Nourricier* for a small fee.

M. le Directeur has a house in the grounds of the infirmary, and receives a salary of £400. He has five assistant doctors, each of whom has a house to himself in different parts of the village and has a salary of £240 per annum.

#### Methods of Treatment.

The village is divided into four districts, and each district has a doctor of its own, who is allowed no private work and has to give his whole time to the colony. Not only has he to know and keep in touch with his patients and their *Nourriciers* and inspectors, but he keeps up an active correspondence with the relations. Each patient has to be visited once a month, and new and improvable cases once a week or oftener. Besides the doctor, there are two non-medical inspectors for each district, whose business it is to visit each patient once a fortnight or oftener if necessary, and who keeps in touch with all the *Nourriciers*. The doctors and inspectors bring daily reports to the medical superintendent, who in his turn is bound to visit each case once a year at least and oftener at his discretion. One doctor devotes his whole time to the laboratory and post-mortem work. Each district has a bathing establishment of its own, and patients are encouraged to have baths as frequently as possible, but it is obligatory to be bathed and weighed once every month, and when the patients are aged or infirm they are driven in a conveyance from their home to the bathing establishment. The Dutch, I am told, held the best record for cleanliness. A doctor is in attendance during the bathing hours, and weighs the patients, and if there is a loss of one pound or more in weight, a medical examination is

made, and if the cause is found to be neglect, under-feeding or over-working, the patient is removed from the *Nourricier*, and the house put on the prohibition list. So keen is the competition amongst the *Nourriciers* that this is the only punishment required. The prices charged for the patients vary according to accommodation. First class, £80 a year; second class, £48—£72 a year; third class, £28—£40 a year; fourth class, £20—£24 a year.

Two pence a day is deducted by M. le Directeur for administration and medicine, the rest going to the *Nourriciers*, so that in the fourth class the *Nourricier* receives for a clean, well-behaved patient 8d a day, and for a dirty, troublesome one 1s, a very small sum, you will think, and yet there is not only much competition for patients, but the *Nourriciers* are really fond and proud of them, and the whole family look upon them as a real advantage to the home. The *Nourriciers* all know one another's business in the most pleasant sense, and are proud of showing each other their patients, and compete in their treatment of them.

Each district has one or more churches, and patients are allowed to go there unattended whenever they wish. One Dutch lady whom I visited (a case of religious melancholia) spent most of her time going to the different churches; she was in no way prevented as she would have been in an enclosed asylum, and certainly obtained some pleasure from it—and who shall say, no profit?

There is no restraint of any kind, either in the infirmary or outside it. No padded rooms, no strait-jackets, and certainly the results are excellent. The patients are very happy and healthy, the mortality only 5 per cent., the recoveries 25 per cent., and as there are so many chronic cases sent here, this result compares favorably with other systems. In thirty-one years there have only been four deaths from accidents, and all these were patients who were killed by the train when the line was first opened.

There are every year two or three attempted escapes, but they do not get far away as the whole village is on the alert and turns out to find them, and the mere suggestion to a patient of sending him to an enclosed asylum usually has the effect of preventing his running away.

Besides the baths in the infirmary a central bathing-house is being erected for the sole use of the better paying patients.

The whole colony has the exclusive service of a priest. The Protestants are visited by a Lutheran minister, and the Jews by a Rabbi.

Patients are taken from all parts of the world. In one house I saw a Polish prince who had the use of a pleasant sitting-room and a garden full of flowers. Another, a Dutch lady, was having a lesson from a singing mistress, who was coaching her for a concert that was shortly to be given at the Town Hall. Further on I saw a West Indian, and an Englishman, and even the latter seemed quite contented, and not at all desirous of returning to his native land.

A sheet of twenty-five questions is given to the relations of each patient to answer before they are admitted to the colony, and care is exercised so that this is accurately answered, as the replies help the authorities to understand, not only the mental condition of their patients, but their general circumstances, and to decide the most suitable home for them.

#### The Welfare of the Patients.

The welfare of the patients lies mostly in the hands of the *Nourriciers*, and one must not run away with the idea that all village wives are suitable for this special work. Besides a great deal of hard work and a considerable amount of knowledge and shrewdness, it requires unselfishness and personal devotion. And all this for 1s a day!

You will think the Gheelers are exceptional: one knows our English villagers would not readily put themselves out, even for twice this pay, but these conditions can gradually be altered. There is, of course, something in temperament, and besides, our tradition lies more in the direction of every man's house being his castle, and every non-relative a stranger, if not an enemy. The history of Gheel has built up a strong public opinion which has made this special treatment a happy possibility; there is no doubt about it that for ordinary mental patients it is an ideal state. They are not all submitted to the many rules that must be enforced in an enclosed asylum. They are not always depressed by the constant sound of the key locking the door which they know they can never pass except with an attendant. They have a family life which they enter into, and do the work that they have been used to. The cottages are homely, and do not frighten them with their grandeur and vastness, as many of our large asylums must necessarily do.

The difference between the insane and the feeble-minded is so radical that the latter are entirely unsuitable for this boarding-out system, as in it they lack the stimulus of being and working with patients of their own mental calibre, and become depressed by the companionship of their mental superiors. They also require special teaching, which cannot be obtained except from trained teachers, and in most cases both at work, at play, and during the night they require more supervision than can be obtained in a cottage.

There have been other colonies started on these lines at Liernieux in the Ardennes, and three in France, at Dun-sur-Anon, D'Aunay, and at De-Livet, all of which have been successful.

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