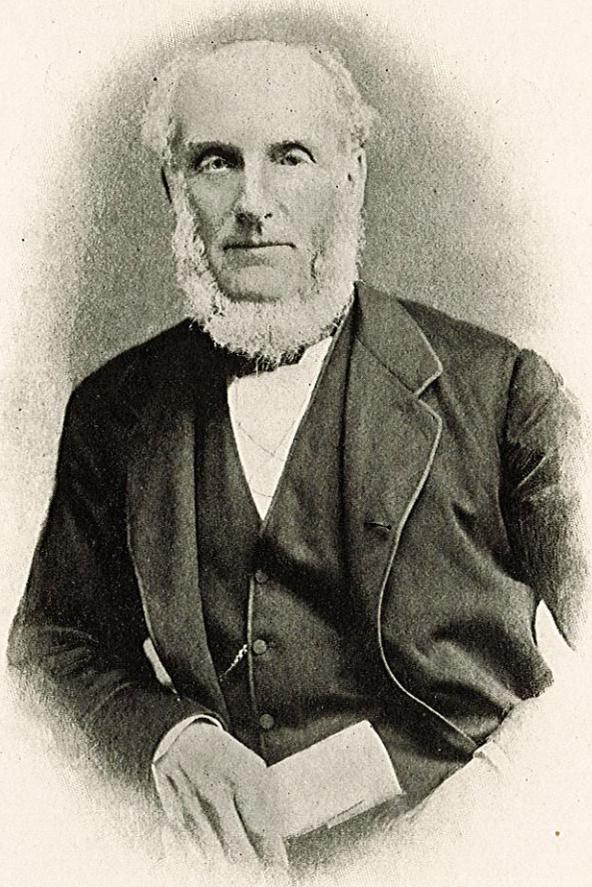


THE FIRST EPILEPTIC
HOME IN ENGLAND..

AN ACCOUNT OF TEN
YEARS' PIONEER WORK
IN THE TREATMENT OF
EPILEPTICS IN HOMES OR
COLONIES IN ENGLAND.



FOUNDER, THE LATE HENRY COX.

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OR COLONIES IN
ENGLAND.

LIVERPOOL:
D. MARPLES & CO., 50A LORD STREET.

HOME FOR EPILEPTICS,
MAGHULL.

1899.

Committee :

WM. RATHBONE, PRESIDENT.

H. H. HORNBY, CHAIRMAN.

WM. ALEXANDER, M.D.,

E. W. CROPPER,

JOHN BRANCKER,

CAPTAIN EATON, R.N.,

FRED. J. HARRISON.

WM. GRISEWOOD, HON. SECRETARY AND TREASURER,
2 EXCHANGE STREET EAST, LIVERPOOL.

Medical Staff :

WM ALEXANDER, M.D., F.R.C.S., ACTING HON. CONSULTING MEDICAL
OFFICER.

E. R. BICKERSTETH, F.R.C.S., HON. CONSULTING SURGEON.

WM. CARTER, M.D., F.R.C.P., HON. CONSULTING PHYSICIAN.

J. E. GORDON, M.D., LOCAL MEDICAL OFFICER.

CHARLES G. LEE, M.R.C.S., L.R.C.P., HON. OCUList.

H. NEWTON HINDLEY, L.R.C.S., L.D.S., HON. DENTAL SURGEON.

Matron :

MISS CHILTON.

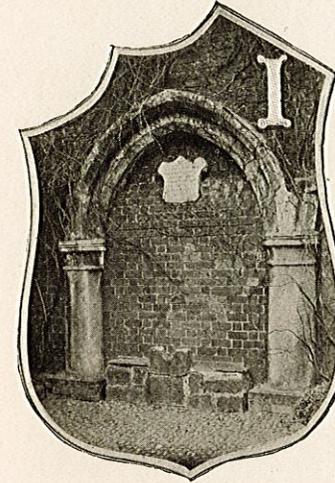
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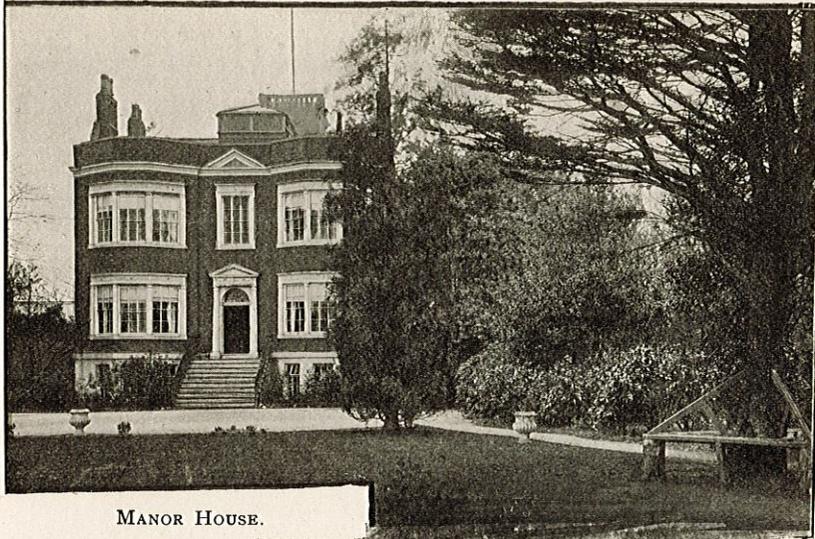
ORIGIN OF THE HOME.



IN the early summer of the year 1888, the late Mr. HENRY Cox, of Liverpool, became impressed with the desirability of establishing a small hospital for sane Epileptics in Liverpool, and generously offered to defray the expenses of such an institution for three years. It was, however, pointed out to him that Epilepsy is generally a very chronic disease, and that in its successful treatment the habits, occupations and modes of life of the patients have to be taken into account; that mere dosing with drugs in a hospital, whilst it would check the attacks, would not prepare the patient for the performance of every-day duties, and that long periods of hospital treatment would, in the end, not be satisfactory.

The substitute recommended was a home in the country convenient to Liverpool, where the benefits of hospital treatment could be obtained in combination with a healthy out-door life, regular habits, suitable employment and recreation.

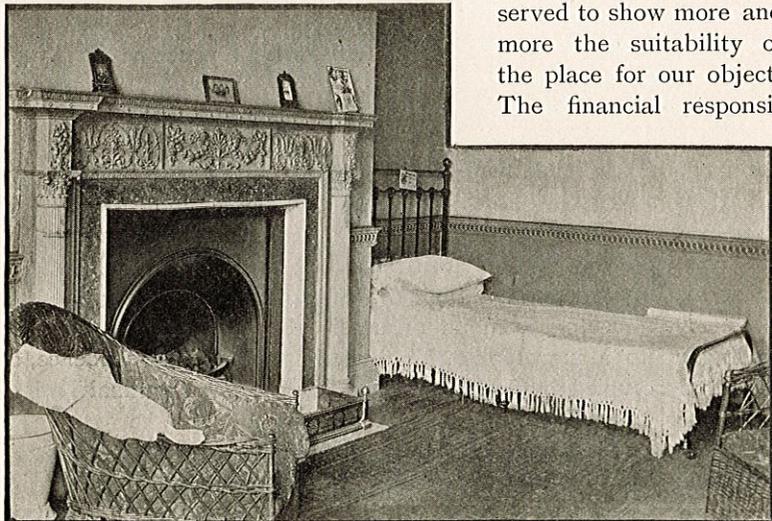
Mr. Cox was pleased with the idea, and at once transferred his offer to such a Home, and steps were taken to find a suitable place in the suburbs of Liverpool for this purpose. Many places were visited with this in view, but nothing suitable was found until one day our Secretary, returning from an unsuccessful quest, passed the gate leading up to Manor House, Maghull, an old country residence, at one time occupied by W. G. Unsworth, Esq., the nominal lord of the manor, and which bears on one of its door lintels the date 1638. In a directory of Mid-Lancashire, dated 1854, it is said to bear the date 1780, so that the former date probably belongs to an earlier structure. The house proved to be a good substantial dwelling,



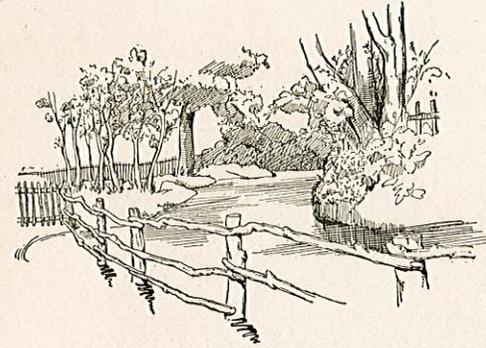
MANOR HOUSE.

with several carved and moulded mantel pieces, and tastefully decorated rooms, and to be remarkably dry and airy. The secluded walks, the sleepy woods and shady groves, seemed the desired haven for the class of patients we were interested in, and

further inquiries only served to show more and more the suitability of the place for our object. The financial responsi-



FIRST CLASS BEDROOM, MANOR HOUSE.



bilities were indeed much greater than anyone had hitherto thought of incurring. Mr. Cox, however, settled that matter by a donation of £2,000, of which £500 was to be used for furnishing and current expenses, and the remainder kept as a nucleus for a building fund when the extension

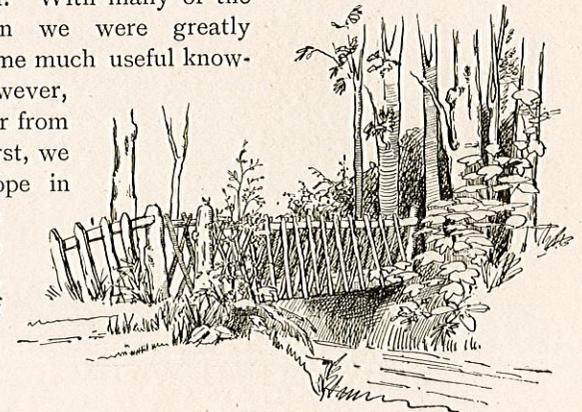
of the premises became necessary, or for other purposes. Unfortunately, Mr. Cox, to whose large-hearted generosity it will be



SITTING ROOM, MANOR HOUSE.

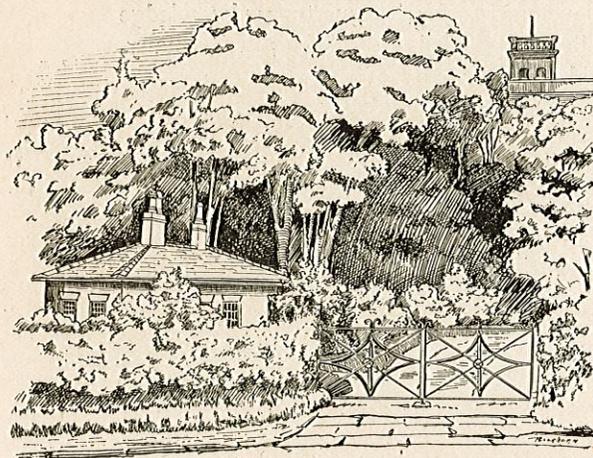
seen the establishment of the Home was due, did not live to see his kindly thought bear even its first fruit.

When our scheme had developed so far, it came to our knowledge that a large colony for Epileptics existed at Bielefeld, in Germany, and to this a visit was paid. With many of the features of that Institution we were greatly pleased, and we brought home much useful knowledge. In several points, however, we found it necessary to differ from the German institution. First, we felt that we could not hope in England, even if it were itself desirable, to imitate the plan pursued at Bielefeld, whereby a large staff of



nurses and assistants gave their services voluntarily with no hope of gain. Whilst admiring the beautiful and noble ideals of the men and women who gave themselves to the work there, we recognised that our work at Maghull must be performed on a somewhat lower level, and on ordinary business principles, and that our nurses and attendants would require a "living wage," instead of mere sustenance here, and the hope of a reward hereafter. Ordinary secular work, however, is often accompanied by a devotion of self as great as that given by the unpaid and avowedly religious worker. The difference is that in the former case the devotion is not recognised by superficial observers, and is by most people looked upon simply as duty well done. Secondly, and arising from the first point, we considered it necessary that each patient should be paid for, so as to make the Institution as far as possible self-supporting. This would prevent the necessity for the constant, systematic and often too obtrusive begging for subscriptions. It was therefore settled that our patients should be divided into three classes, first, second and third, paying two guineas, one guinea and 7/6 per week respectively, with the intention that whilst the third class only paid for their food, the charge for first and second class would leave a profit to defray the expenses of the establishment, nursing, etc. Again, we hoped to be able to bring the treatment of the patients into a nearer approach to the requirements of modern medical science than seemed to be aimed at in the German colony, where the affliction appeared to be regarded as one calling mainly for a spiritual remedy, and the medical aspect of the matter to be of secondary importance, whereas both remedies are necessary and act and react upon each other. With these ideas, then,

we took Manor House, towards the end of 1888, and chose our staff on the principle of fulfilment of *duty*, knowing that this would necessarily bring *sacrifice* in its train. We retained the caretaker and gardener, Mr. Tobin, an old soldier and pensioner, who, with his wife, occupied the lodge.



As the head of a Home a lady was of course most appropriate, and we considered such a head especially appropriate for an Epileptic Home. Ladies with missions, vocations, or aspirations were avoided, and Miss Paley was chosen, a trained nurse then in charge of Surgical Wards at the Liverpool Workhouse Hospital, and one who, we felt assured, would do her duty to the utmost of her ability. About Christmas, 1888, Miss Paley went out to the large, empty, rambling, old Manor House, and a few days later the first patient was admitted, a chronic epileptic, a Lancashire farmer, who had just been trephined for epilepsy at the Royal Southern Hospital. The Secretary and Medical Officer then commenced their weekly visits to the Home, which have continued regularly up to the present, and each week discussed in solemn conclave with the Matron, the current business, general and medical, not without serious misgivings as to the statistical progress and ultimate success of the scheme. Towards the end of the first year our anxiety about attracting patients had disappeared. The first Annual Report of the Committee says, "Thirty-one patients have been admitted up to the end of the year, and ten discharged; five were second class, and twenty-six third class. The female side of the Home has long been filled up; there are vacancies for two third class males, and for several more first or second class patients. There is no doubt that the question of more room will soon become a pressing one; for females, indeed, it is so already."

OUR FIRST MATRON, MISS PALEY.



GROWTH OF THE HOME.

The progress of the Institution will be readily seen from the following statement taken from the Annual Reports:—

	ADMITTED.	DISCHARGED.	DIED.	REMAINING.
1st year, 1889 ...	31	10	1	20
2nd " 1890 ...	38	23	1	34
3rd " 1891 ...	19	14	—	39

	ADMITTED.	DISCHARGED.	DIED.	REMAINING.
4th year, 1892 ...	31	20	1	49
5th " 1893 ...	22	16	1	54
6th " 1894 ...	6	8	—	52
7th " 1895 ...	103	30	8	117
8th " 1896 ...	33	31	3	116
9th " 1897 ...	22	17	2	119
10th " 1898 ...	20	14	5	120

It will be observed that the year 1892 showed a considerable increase. This was due to the fact that the roof of the house having sustained damage, our landlord, Mr. Thomas Mather, who has always met the proposals of the Committee in the most liberal spirit,



GROUP AT AN ANNUAL MEETING.

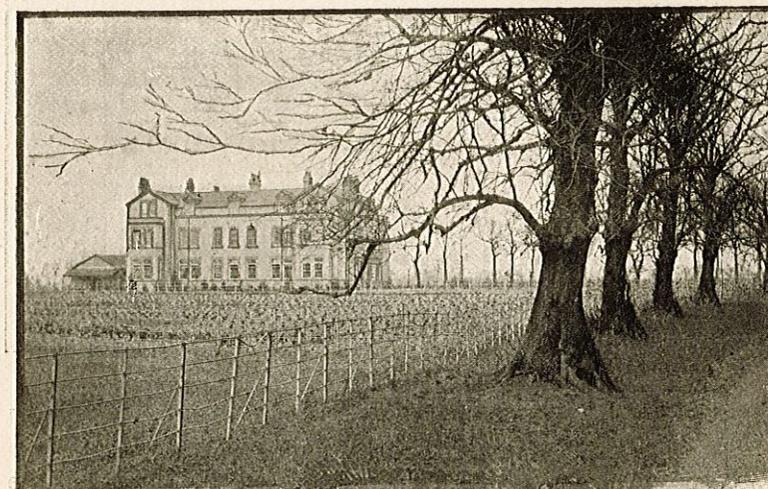
shared with us the cost of raising the roof by building a lantern upon it, and thus giving us an airy and well lighted dormitory. At a later date, he also assisted the Committee in putting additional windows into two basement rooms, and flooring them with wood blocks, thus greatly increasing our sitting-room accommodation.

The increase in the year 1895 was due to the opening of the new building for male patients, referred to below.

We commenced our Home prepared to take in both sexes, and three classes of each sex, being as yet ignorant which sex and which class would be most likely to take advantage of such a home. Before the end of the first year the female third class accommodation

was entirely occupied, and afterwards, the third class accommodation for both sexes was always filled up. The following table shows the proportion of sexes and classes at the end of each year:—

	FIRST CLASS.			SECOND CLASS.			THIRD CLASS.		
	M.	F.	TOTAL.	M.	F.	TOTAL.	M.	F.	TOTAL.
1889 ...	—	—	—	2	0	2	12	6	18
1890 ...	1	—	1	3	4	7	18	8	26
1891 ...	1	—	1	6	5	11	21	6	27
1892 ...	—	1	1	9	6	15	26	7	33
1893 ...	—	—	—	12	7	19	26	9	35
1894 ...	—	—	—	11	6	17	26	9	35
1895 ...	2	—	2	19	7	26	47	42	89
1896 ...	3	1	4	16	10	26	46	40	86
1897 ...	5	1	6	17	10	27	45	41	86
1898 ...	3	2	5	18	10	28	46	41	87

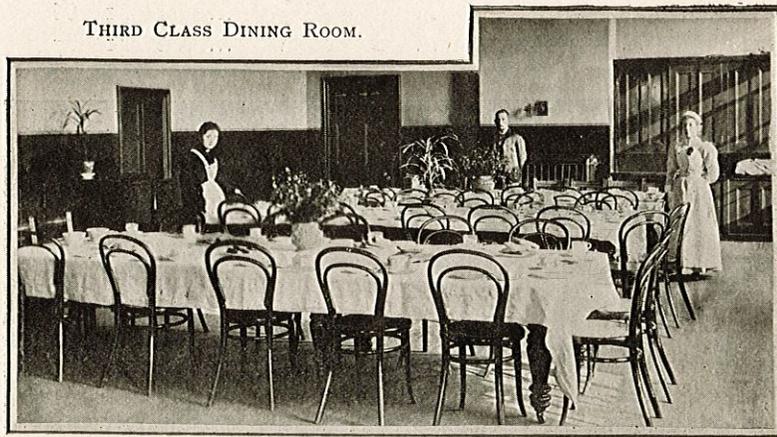


THE NEW BUILDING AND AVENUE.

Our expectation was that third class males would need a home more than third class females, as the latter would probably be more amenable to a mother's care, and, consequently, could be retained at home longer than male epileptics could. This we found was a mistake. Epileptic daughters are just as unmanageable as sons,

and mothers will often devote themselves more to the care of their epileptic sons than of their epileptic daughters, especially after the latter have become women. At any rate, applications from both sexes, in the third class, were soon far in advance of any hope of their being admitted, and not only was it unnecessary to advertise, but we ceased to issue application forms, so as to avoid raising hopes of an early admission that might require years to realize. It now became evident to the Committee that there was an urgent need for the work which Mr. Cox had initiated, and that they would be fully justified in further extending it. Accordingly, in 1894, they purchased from their landlord a field adjoining the grounds of Manor House, containing about eight acres, and erected

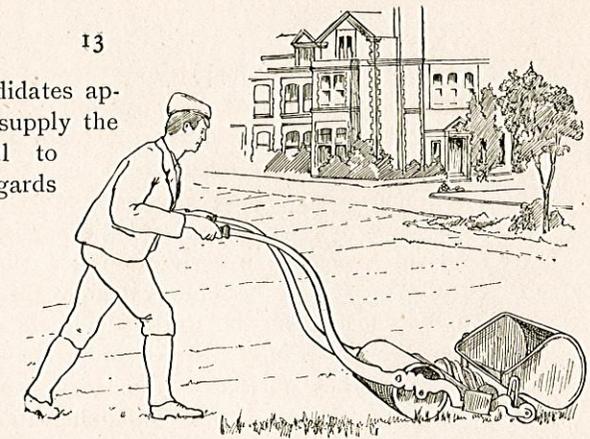
THIRD CLASS DINING ROOM.



another building, the cost being defrayed by the £1,500 in hand for the purpose, £2,500 subscribed by generous friends of the movement, a sum of £2,500 raised on mortgage, and an advance of £1,000 from the bank. Mr. Fred. J. Harrison acted as Treasurer of the Building Fund, and gave a donation of £250. With the aid of a generous donation of £500 from Sir Thomas Brocklebank, Bart., and other contributions, they have since been able to repay the bank advance and £500 off the mortgage. In the spring of 1895 the new building was opened, and seventy beds added, making the total number 123. In anticipation of this extension of the Home, advertisements and forms of application were once more called into requisition, but by the end of that year the pressure was as great as ever. According to the accommodation

made for each class, candidates applied, and our ability to supply the want was quite unequal to the task, especially as regards third class patients. Our movement, in providing accommodation for epileptics, has had the effect of stirring up Boards of Guardians and philanthropists to provide additional accommodation for the pauper and for the poor epileptics, and we believe that soon many counties and large towns will have colonies such as ours provided for epileptics.

When we rented Manor House, with accommodation for about fifty patients, we possessed a lawn, an old-fashioned garden, an orchard, a wood and a small paddock. These gave sufficient area on which our male patients could work and play. For the few women



we were able to take, sufficient employment was always to be found in household duties. For the larger number of males accommodated by the enlarged institution some land was necessary, and we have since either purchased or rented about thirty-two acres, and engaged a farm bailiff, Mr. Hughes, and an assistant, in addition to the gardener, as the out-door staff. We have now two horses, seven cows, three calves, nineteen pigs, sixty-two head of poultry, and the



farmyard is well stocked and furnished with all appliances. The farming operations are a leading feature of the colony, and during the greater part of the year, but especially in hay time, the fields present a very busy appearance. It was a most gratifying sight on a brilliant July afternoon in the present year to see over a dozen patients actively engaged in raking, loading, and carting the hay from the park—patients, most of whom,

in their own homes, would have been merely idling their lives away. The enlargement of the Home has also furnished our female patients with abundant household work in the two buildings, and in assisting the laundry maid with the laundry work of our large family. A new laundry, fitted with modern apparatus, and a drying and ironing room, were duly added to the building when necessity arose. We have also had several patients instructed in basket making, cloth mat making, and simple joinery.

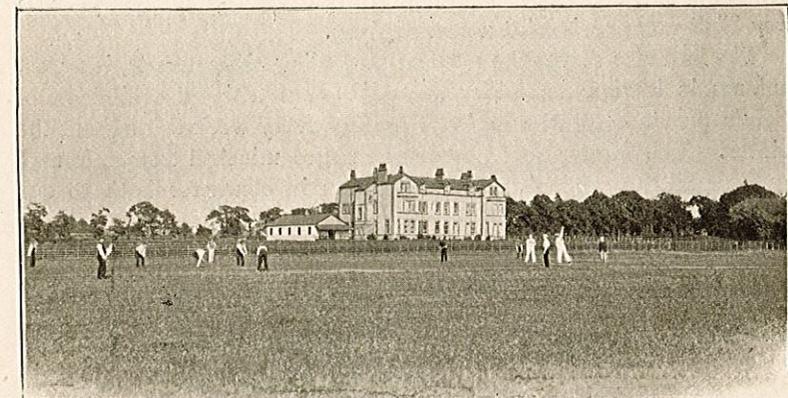
EPILEPTICS AND REMUNERATIVE WORK.

The question of Epileptics being able to perform remunerative labour is one about which opinions differ very much. In our visits to several Institutions on the Continent last year, we enquired closely into the matter, and found the question generally answered in the negative.

Either the work of the patients was nominal, or if they did any real work the cost of the skilled attendance necessary to enable them to do it far more than swallowed up any profit that could possibly arise. All the places we visited were financed either by the State or provincial authorities, or by voluntary contributions, and the idea of work was everywhere played with except at Uitspringe, where a *bona-fide* attempt was being made to turn the labour of the patients to profitable account. While making this criticism we should add that in some other respects

we found the plans carried out in the various establishments to evidence a very thorough treatment of the subject.

The difficulties that were experienced elsewhere also very much discouraged us, but we persevered, and a strong effort was made three years ago to overcome the listlessness and inertia of the patients, due partly to the disease, but partly to years of inaction and want of an object, and the amount of success attained has been most gratifying. Last year we held a Sale of Patients' Work, consisting of art and plain needlework, baskets, articles of woodwork, fruit, &c., and realized £47, which, after paying for cost of material, left a balance sufficient to purchase an American Organ for use at the Sunday morning services. In the present year our farm



THE CRICKET FIELD AND NEW BUILDING.

operations are not only supplying the Home with milk, potatoes, green vegetables, fruit, eggs, and chickens, but we are able to send produce to market for sale. We have made up the labour book for three years, and find that about 27 per cent. of our male patients, and 28 per cent. of our female patients are able to work well and regularly; 32 per cent. are half-time males, and 33 per cent. half-time females, that is they can do only half a day's work. The remainder are irregular and spasmodic in their work, and 12 per cent. of both sexes will never be able to do any work through incurable physical infirmity. In other words, under suitable conditions, nearly one-third of our patients could earn their living,

and another one-third could earn wages if placed in such positions that their energies could be made of marketable value. We will return to this subject again.

NEW IRON HALL.

To meet the spiritual needs of the patients a simple religious service, conducted by several lay friends, is held each Sunday morning, and this year arrangements have been made with Rev. F. J. Hocter to hold an additional service in Maghull Church on Sunday afternoon specially for our patients.

The services at the Home, as well as other meetings, were, till recently, held in the third-class dining hall, but this entailed so much rearrangement of heavy tables and other furniture, that last year an Iron Hall was provided at a cost of £313.

The hall also serves the purpose of holding the concerts, lectures, and magic lantern and other entertainments which the kindness of friends provides for the patients usually every week throughout the winter. The Home now possesses a negro minstrel troupe, formed by the patients, who give entertainments in character both to our own patients and elsewhere.



STAFF OF THE HOME AND THEIR WORK.

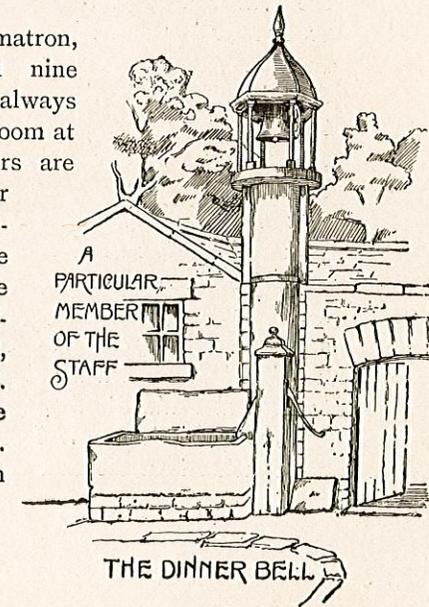


OUR Staff must now be noticed. The choice of attendants upon epileptics is one of supreme importance. The virtues of wisdom, forbearance, tact, and patience, with firmness and kindness can never be allowed to rust, but must all be constantly exercised. We have been extremely fortunate so far in our staff, and our first matron, Miss Paley, devoted herself to the work so assiduously that her health broke down under the strain, and, to the sorrow of all, she felt com-

pelled to relinquish her charge. Our new matron, Miss Chilton, has made a most auspicious beginning.

As a general rule, our attendants of all classes have taken a pride and interest in the place, and it is this spirit that must be fostered and cherished in all who have to do with epileptics. An Epileptic Colony is the last place for any one to pass through life in an easy, indifferent, or selfish manner, and the social atmosphere there brightens up and refines the officials in much the same way that it does the patients.

Our indoor staff now consists of matron, assistant matron, housekeeper, and nine nurses, of whom one in each house is always on night duty, walking from room to room at short intervals all night. The others are engaged in the day time looking after the indoor workers, and always prepared to give their services to anyone in a fit. In order to facilitate the training of the nurses a small hand-book has been prepared and printed, with which every nurse is supplied. This explains the nature of the disease and its treatment in popular language. The Committee thought well to publish



this for circulation, and copies may be had on application to the Secretary. In addition to the nurses, every patient knows how to help a fellow patient, and it is a rule that patients are not to work alone, or to go out of the grounds alone, so that first help is always at hand, and skilled help always within call. It will give some idea of the extent of the affliction, and of the nursing required to be undertaken when we mention a few statistics relative to the attacks. The number of attacks recorded during 1898 was 26,391, of which the males (67 in number) contributed 14,310, an average of 213; and the females (53 in number) contributed 12,081, an average of 227 per patient. The males had 4,780 light attacks in the daytime, and 1,784 at night; and 4,568 severe attacks in the day, and 3,178 at night. The females had 3,472 light attacks in the day, and 1,300 at night; and 4,084 severe attacks in the day, and 3,225 at night. The total light attacks numbered 11,336, and the total severe attacks numbered 15,055. Amongst the males, one boy contributed 2,966 attacks, another 599, another 393, and so on to smaller numbers, until we come to 5 patients who had no attacks during the year. Amongst the females, one patient had 2,698 attacks opposite her name, whilst a new case takes the second place with 1,638 attacks. Still another old patient, who formerly stood first, now takes third place with 1,139 attacks, six females have had no attacks, and between these extremes we have many gradations. It may be said that generally speaking these fearful cases of the disease run the greatest risk to life, and the little girl, Annie A—, with 2,698 attacks in the year can be said to be just living and no more for a week or two during and after a series of attacks. Were we to reject such cases or send them home, our mortality would be much diminished, but Annie, and such as she are happier at the Home than they would be elsewhere, and the relief to friends is so much the greater. The mere suggestion of the patients being returned on their hands leads to great consternation and distress amongst the friends and relatives. After due consideration, we therefore retain such cases whilst we can see that we are doing them good, and that the work of the Home does not suffer. Hopeless, bedridden patients are, however, just as happy and as much benefited in a city infirmary, and to fill up this Home with such would be to convert it into a hospital instead of a working colony. Where epilepsy is secondary to general brain disease, the cases are unsuitable, and we do not knowingly admit them. In many of the application forms, however, no mention is made of the underlying diseases that are sometimes

present, and in these the presence of such diseases has to be ascertained after admittance to the Home. Several times the condition of the patient has been so grave that he could not be removed, and consequently died in the Home a short time after admission.

MORTALITY.

The mortality statistics during the ten years are as follows:—

1889.—A girl died of post epileptic cerebral congestion, a fortnight after the Home was opened.

1890.—A boy died in the *status epilepticus* 6 days after admission, and after 97 attacks.

1891.—No deaths occurred.

1892.—One death—an adult—a hydrocephalic patient, with dilated ventricles and severe attacks.

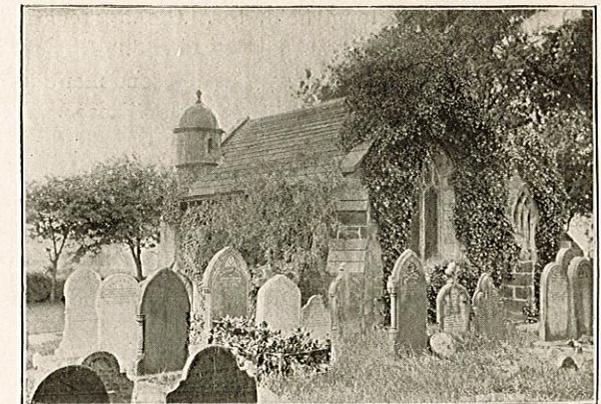
1893.—An adult, aged 42—a sudden and severe attack, after five months freedom.

1894.—No deaths.

1895.—In this year there were 8 deaths, the population of the Home being 120. About 70 new patients were received, and several were unsuitable. One girl had diseased glands, and died of blood poisoning. Another, a boy, whom we had successfully nursed all winter through an attack of broncho-pneumonia, suddenly relapsed and died of acute pulmonary congestion. An adult with a latent cerebral abscess died a few days after admission by its bursting through the base of the skull. Two patients died of cerebral tumors; and three from epilepsy (porencephalic brains).

1896.—Three deaths. One, an old patient, with cerebral and general atrophy, died this year. The second, a similar case; and the third had meningitis when he came to us, and died from that disease.

1897.—Two deaths. A boy died of acute conges-



MAGHULL CHURCHYARD.

tion of lungs, with hematemesis; and a girl, the subject of most severe attacks, died in one of them.

1898.—Five deaths. Male, about 30, coma, probably cerebral apoplexy. A boy died comatose. A gentleman whom we had saved from death, *status epilepticus*, soon after he came, by bleeding, died comatose, in spite of all efforts to save him in a second attack. A girl, epileptic coma, just after an attack on getting out of bed in the early morning; and, lastly, a patient who met with a fatal accident.

If we analyse the mortality we find that eight patients died suddenly from the force of the attacks; ten died from accompanying brain disease; three from other diseases; and one case the result of the absence of mind due to his being an epileptic. In all the ten years no contagious or febrile disease invaded the Home, and this, in spite of the fact that many epidemics were raging around us at different times.

RESULTS OF OUR EXPERIENCE IN DEALING WITH EPILEPTICS.

After ten years' experience, we offer in the following propositions the practical results of our experience in dealing with epileptics in colonies, and close our report with certain other propositions, deductions from our experience as to the best method of treating such cases in the future.

1st.—The epileptic colonist lives in a world where his complaint is a common one, and only varies in degree of severity. Any disability that attaches to the one colonist attaches to all, and the feeling of loneliness, of isolation, of special disablement that must strike an epileptic very painfully in presence of healthy companions, is here absent. Our Home has disproved no fallacy more completely than the one long held, that the aggregation of epileptics would act disastrously on the individual. Aggregation has the very reverse effect, and for the simple reasons mentioned.

2nd.—Except insanity, no disease has such an effect on the life of the patient and his friends as epilepsy. It shakes to the foundation, and often dislocates completely the social machinery by which people live and move. The disease is so mysterious, so sudden, so unpleasant to witness, that the serenity of the home into which it enters is at once and often for years destroyed. The beneficent and lovingly applied laws, under which the son or daughter hitherto

lived, and was being trained for usefulness in the future are, when once epilepsy appears on the scene, even in the most wisely conducted households, immediately relaxed, and overflowing love and pity, and self sacrifice take the reins of government amongst the best people, whilst indifference, neglect, or despair govern the actions of the less thoughtful crowd of parents or guardians. Over-indulgence and indifference alike produce bad results, both on the patients and on their guardians. The time may come, probably will come, when the cure of such cases can be performed with certainty, and within a reasonable time. The medical officers and Committee are and have been devoting their attention to secure this end, and in order to do it more effectually they have recently associated the Home with the staff of the Thompson-Yates Laboratory of University College, whereby they will have the services of Professor Boyce and of the recently appointed Fellow, Dr. Arthur Griffiths, and all the facilities afforded by those splendid laboratories to prosecute inquiries into the causes and means of cure of epilepsy. At present the prospect of certain cure in chronic cases is about ten per cent., although much greater, probably nearly fifty per cent. if all people who have ever been epileptics are included. When the best efforts of science have failed to enable the patient to continue his training as a healthy independent member of society, the next best thing to be done is to have him *trained as an epileptic*, and in many cases this can only be done by transferring him from the ordinary world to an epileptic world, by which is meant a colony such as ours. Obtrusive epilepsy, we know by experience, cannot be tolerated in ordinary life, either in the family, the school, or the workshop, without injurious consequences. In colonies, a fit produces no shock to companions and friends, because they are accustomed to it; the ordinary daily life, education, and recreative employment of each patient are so arranged as to provide for an attack; the kindly discipline of the colonial life is unaffected by an attack, and the patient, instead of being spoiled, both mentally and morally, by having some of his dearest relations allocated to him as his half-willing, half-frightened, and all-loving slaves, whose lives are sacrificed to him, learns to become an independent, self-reliant member of society, and his relatives are freed from the incubus of the dread disease at home, lead their natural lives, and rejoice in the more natural conditions in which their boy or girl is now placed.

3rd.—The effects of home training of epileptics are varied, according to the prominent influences exercised by the parents, and the temperament of the offspring, but are rarely satisfactory. We

have had a long series of babies of 12 to 20 years of age, or even older, whom the mothers have never weaned from their arms. We remember one ludicrous case where such a big helpless baby, age twenty-one, was brought to the Home. In a few months he had gained a large amount of independence and manhood, and the mother came to visit him. She did not recognise her boy, who was standing open armed to receive her as a man, and not as a baby, but went and fondled another helpless newcomer until her real son called out, "Mother, what are you doing, crying over Tommy. He is not your son." We have the greatest trouble sometimes with the mothers of these aged nurslings, who cannot recognise that the undeveloped state is largely due to their prolonged loving but injudicious and too assiduous care. The *example* of his companions, and if not, their wholesome chaffing and ridicule, soon arouses the proper independent feeling, unless in a few cases the result is frustrated by unwise mothers, who cannot stand the idea of their darlings being thus weaned.

In another class of epileptics, of which we have many examples, the patients are independent enough, and manly enough, so much so that they are solely intent upon having their own spoiled way. Any course of action supported by others is for that very reason strongly opposed by them, and fits or violence may be threatened unless everybody gives way. When they find, however, that being contrary and stubborn does not avail, the habit is soon given up, and they learn the golden rule of "give and take" like everyone else.

Still another class, and a very large one, are, on admission, constantly engaged in various useless introspective lines of thought. These dwell too much on the depressing idea of being an epileptic, a reflection of the terror which they were accustomed to see depicted on their mothers' faces after a fit had occurred. Such patients are in the depths of woe because of a fit, or proportionally elevated if the usual interval of freedom from attack is prolonged, owing to the maternal, medical and quack modes of treatment. Many of our new arrivals are hypochondriacs, anxiously debating whether to take pills or powders, and learned in the relative merits of cascara, senna, liquorice and other drugs, in the use of which they are rather intemperate. Deeper physical questions than these, and to which we cannot further allude here, vex very much the minds and consciences of others; and again, some of our patients have consulted us about purely ethical points with such an air of anxiety and alarm, that we wondered, until the trifling point was disclosed, what dreadful secrets we were about to hear. Mental or religious introspection

does not, however, affect our patients much; physical introspection is more common, and we have great trouble in turning the attention of the patients on the outside world, instead of on themselves, especially as they thoroughly enjoy a long chat about their feelings, aches, and pains.

MENTAL EFFECT OF HOME LIFE ON THE PATIENTS.

Some time after the Home commenced we wondered whether we would ever be able to make and keep the patients happy. Brooding discontent seemed to sit on every brow, letters home over-flowed with complaints, and the desire to leave us was almost universal.



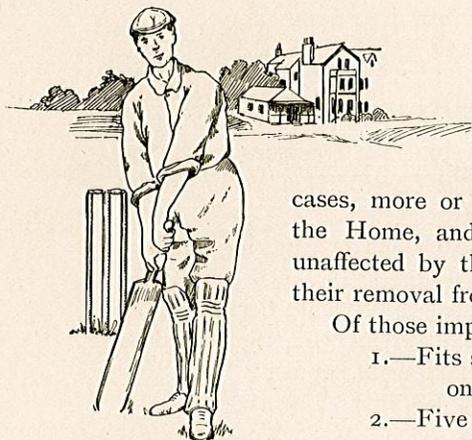
THE TENNIS LAWN, MANOR HOUSE.

At the end of ten years, and for many years past, the difficulty has been overcome. The great majority of the patients have pleasant looks, are evidently happy, their life is fully occupied; whilst work, gossip, and recreation, engage their faculties nearly, if not quite as thoroughly, as they do those of healthy people.

REPORTS FROM OLD PATIENTS.

We are glad to be able to record that several of our former patients have become useful members of society.

Miss Paley sent a circular note to old patients asking them or their friends to report their present condition, and what benefit had



been derived from the Home. Seventeen replies were received, and are arranged below. In ten cases, more or less benefit had been derived from the Home, and in seven the patients were either unaffected by the stay there, or became worse after their removal from the Home.

Of those improved the reports are as follows:—

- 1.—Fits still every month, health good, works on a farm.
- 2.—Five attacks in eight and a half years; no attacks for two and a half years.
- 3.—Very much better, working in a timber yard.
- 4.—Very much improved (a lady).
- 5.—One attack in nine months, works as a baker.
- 6.—Keeps a shop, attacks very much less in number and severity.
- 7.—A supernumerary postman, two fits in eight years, both at night.
- 8.—Three fits in three years, a groom.
- 9.—A gardener, five and a half years free.
- 10.—Improved, no occupation. Sorry that the patient was unable to stay longer at the Home.

This is a very high percentage of good results amongst the seventeen who have replied. On running over the list of other patients of whom we have heard, or who are still in the Home, we can count up about 30 others comparable to the above, although many of them have not yet been tried away from the fostering care of nurses and attendants. As already stated, many of our patients can work regularly, and ought to be able to earn their own living. Eight, at least, of our former patients are already doing so. Three female patients have been employed as paid servants of the Home. Many of the 30 others could earn their living, but the great difficulty is to find situations for them, and to enable those who obtain situations to keep them. People will rarely take epileptics into their employment, and those who can be persuaded to give one a trial discharge the patient immediately a fit occurs. Epileptics whose fits occur only at night, or whose occupations do not depend on any masters, get on fairly well, and we know many such who earn a livelihood.

CLASSIFICATION OF EPILEPTICS.

To make the system of treating epileptics complete it will be necessary in the future to adopt some classification such as the following:—

Class A.—Helpless epileptics, bed-ridden, or requiring constant nursing and attention.

Class B.—Defective epileptics, such as it would be impossible to train to earn anything, but where occupation could be used hygienically, and to make them happier.

Class C.—Epileptics capable of learning to work, and who are to be trained to whatever kind of work may be suitable for them, or for which they show an inclination.

Class D.—Trained workers who can be engaged on farms or in workshops under supervision, and are capable of earning their own living, or of partially doing so.

HINTS TO PARENTS AND GUARDIANS OF EPILEPTICS.

Before making the recommendations for the arrangement and carrying on of work homes or colonies, we would like to advise those who have the care of epileptics, either in their families or in public institutions, to bring them up as far as possible with the idea that they are capable, under training, of useful independent lives. While not requiring from them anything which an epileptic is evidently unfitted to do, they should be educated and trained like other children. Their education may require special schools, or special classes in existing schools. In their home life the girls ought to be required and encouraged to take an active part in household duties; the boys ought to be put, as early as possible, to some outdoor or manual employment, the kind of work being a secondary consideration, provided it is safe and keeps them actively occupied, and calls out and develops the physical energies of the worker. This education and training will greatly facilitate their further progress should the course of their malady, or the circumstances of their homes, make it necessary for them to be placed in an epileptic institution.

HOMES FOR EPILEPTICS.

With regard to the arrangement of working homes or colonies for epileptics, we would recommend the classification of patients into the four divisions mentioned above, and appropriate treatment for each class.

The first class, requiring medical treatment and nursing, might be located in a hospital for the purpose in the city, easily accessible to the medical staff.

The second and third classes would be most suitable for a home or colony like that at Maghull, where the grounds, stock, and household work supply occupation for such as are capable of work, and give also the necessary training in farm and other work to enable those who are of sufficient physical and mental capacity to undertake such work as a means of self-support. The care of these two classes seems to be the direction in which our work at Maghull is likely to develop.

It would seem best that the fourth class, after a course of preparatory training, should be transferred to a separate establishment, preferably a farm, with market gardens, a carpenter's shop, and other workshops attached. It should be carried on on business lines, the men being paid according to their ability, and the aim being strictly kept in view to make the establishment self-supporting, except as regards medical attendance and nursing, for which it seems probable that provision will always have to be made. It might also be necessary, for some time at least, for the farm to be provided free of rent.

There is little doubt that though the men might not be able to do the full quota of work of an ordinary farm labourer, they could earn enough to cover the cost of maintenance. For the female patients a laundry would probably supply a good means of utilizing their labour.

**APPEAL FOR HELP TO OBTAIN
A FARM TO COMPLETE OUR
MAGHULL SCHEME.**

It will be seen from the foregoing report how we have had to struggle on from small beginnings, and to feel our way as to the best methods of dealing with epileptics in this neighbourhood. Our ambition has never been merely to take



care of these, but also to develop their faculties and resources so that they might become useful members of society, either as citizens of the great world or of an epileptic colony. We now know by ten years of practical experience that the powers of epileptics are capable of development, and that a fair proportion of them can be taught to work so as almost, if not entirely, to earn their own living.

A small number, as we have seen, can earn their living in the open market, but this number is very small, and, with the liabilities which the law now places on employers in case of accident, in addition to other barriers, it will gradually tend to become smaller.

At Maghull, although we can train and are training successfully patients to steady work, the question of payment is a difficulty, as



for many obvious reasons it is impossible to have paid and unpaid workers living and working together on the same ground.

To complete our system, a separate establishment is required which might comprise a farm, market-garden, joiners' shop, dairy, laundry, &c., and to this establishment we would transfer our trained workers under such circumstances that there is ground to hope they would be practically self-supporting. Co-operation, bonuses, and other approved modern methods might be introduced to give every colonist an interest in the success of the scheme, and an inducement to pull together with all the others, and with the heads of the establishment, who will also have similar incentives to success.

We propose to take a farm, of say fifty acres, for five years, to stock it as far as necessary, and chiefly for a market-garden, and put up temporary accommodation for the extra numbers of people

that the farmhouse can not accommodate, together with halls, workshops, &c.

To carry out this plan we propose to ask a number of gentlemen to guarantee a fixed sum towards the expenses of rent and nursing during that period of five years. If these are guaranteed, we have no doubt the patients will be able to earn enough to pay the cost of their maintenance, and, in course of time, something towards the general expenses. If, however, we find that paying the rent and nursing expenses are all that is necessary to make the Home self-supporting, the solution of the epileptic question in regard to large numbers of that class would be easy.

We have, so far, the largest number of patients at any Epileptic Home in England, and yet the work has been carried on so quietly and unostentatiously that comparatively few of the general public know of our existence, a few generous donors supplying our modest wants. We do not doubt that many into whose hands this pamphlet will come will gladly contribute something to enable us to prosecute to a practical conclusion the scheme of dealing with the peculiar class of sufferers for which the Home has been designed, either by donations for buildings, implements and stock, or by joining in a guarantee of two hundred and fifty pounds a year for five years. This would enable us to undertake the responsibility with light hearts, while a further sum of three thousand pounds would enable us to go forward with some necessary extension in our work at Maghull.

