

aware of these dangers, but they were of the very same kind as those that attended treatment by toxic drugs. Both were perfectly safe if administered intelligently by those who understood the action of the substances they were using. He strongly deprecated the use of living vaccines. He recognised with Dr. Chalmers Watson and Dr. McRae that vaccine treatment was an adjunct to other treatment. It rarely interfered with the carrying out of ordinary medical treatment. It was, however, often capable of effecting a cure after all other measures had failed. It was not sufficient to say that asthma and bronchitis could commonly be cured by drugs without vaccines. Very many cases would not yield to ordinary therapeutic measures, and it had been precisely in chronic infective conditions of this intractable nature that vaccine therapy had won some of its greatest triumphs.

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*The Villa or Colony System for the Care and Treatment of Cases of Mental Disease.* By T. E. KNOWLES STANSFIELD.

WHEN, towards the end of August, your Secretary wrote and asked me to give you a paper to-day on villa asylums, I was just arranging to start on my holidays, and I hesitated at first to accept his invitation, as I saw little or no prospect of being able to give the time necessary for the preparation of a paper worthy of the occasion. But, on the other hand, feeling more or less the responsibilities of a parent, seeing that this institution was in a great measure the outcome of my advocacy of the villa system, I felt compelled to make a special effort and try and give you something which would at any rate form a basis for what I hope may form a useful and interesting discussion.

Patients in asylums may be roughly divided into two distinct groups, namely, those who have a prospect of recovery, forming about 10 *per cent.*, and the hopeless chronic cases who make up the remaining 90 *per cent.*

For the first group we want acute hospitals, where we can concentrate our most experienced and most skilled medical and nursing staff, and which can be so arranged that each case will receive individual study, special care, and the full benefit of all the therapeutic methods available to facilitate and expedite recovery.

The detached hospital villa system which we have had in operation at Bexley Asylum since its inception, and which affords all these facilities, has proved eminently successful in every way, and has been reproduced at Horton and Long Grove, so that those of you who have not seen the system in

operation may possibly be able to visit one or other of these sister institutions to-day.

It is to the second group that I particularly wish to draw your attention to-day—the large bulk of our patients who are fated to spend the remainder of their lives in an institution. For these poor unfortunate creatures we want a home where they may enjoy ordinary comforts, and have their lives made as happy as their condition will admit of, at the least possible cost to the ratepayers.

I think you will agree with me that there is nothing so conducive to happiness and contentment as congenial occupation. It is not difficult to find suitable occupation for our patients, whatever the type of asylum structure we have to deal with, if we only have a large enough farm, and sufficient work-shop and needle-room accommodation. But it is difficult to collect the patients from the various wards, assemble them, count and hand them over to the various workmen, without the prison element of asylum life being constantly in evidence. Whereas in a villa asylum a large percentage of the workers can be intrusted with freedom of entrance and exit to their respective villas, and go to and return from work as ordinary beings. At Bexley I have both types of building, and the contrast is so patent.

In the barrack type of asylum, where all the wards are under one roof and more or less connected, it is practically impossible to give graduated degrees of freedom leading up to complete parole of the asylum estate. Whereas, in the villa asylum, each building may vary from its neighbour as to the amount of freedom which can be allowed to its inmates.

One invariably finds that those patients who are given the greatest amount of freedom are the most contented, are the happiest, and do the best work. The converse is equally true, for the more a patient's liberty is restricted, the greater is the discontent, unhappiness, and dissatisfaction. As you are all aware, it is the unemployed who always supply the chronic grumblers—the people who are always dissatisfied with anything you give them or do for them, and who are constantly railing against their incarceration.

At Bexley I have four villas for chronic male patients, and we have an average of about 170 male patients who have complete parole of the asylum estate. If I had more villas I could considerably increase this number. On the female side,

the only villa which I have besides the Acute Hospital is the Convalescent Home, and there the patients have an open door and parole of the large grounds around it.

It is no doubt due to the difficulties which the barrack type of building presents that the parole system has not been more generally adopted in this country. Indeed, unless such structure is supplemented by villas, or at least one or more blocks of the main building be favourably situated for the purpose, it is practically impossible to introduce the system. But another reason which I believe exists in the minds of some asylum administrators is the idea that such freedom offers opportunities to patients to escape from custody altogether, which they would not be slow to make use of. This theory, however, has by no means been borne out in practice at Bexley. I personally see every patient before he is given parole, and when I have taken his promise not to break his parole, I hand him a card on which I have written his name and which I have signed. This card the patient carries with him so that he can produce it at any time, and so avoid the annoyance of being questioned as to his right to be walking about the grounds. I am glad to say that during all the years the parole system has been in force with us, not *2 per cent.* of the patients have broken the promise which they have given me. It is a new experience to many of these patients to be told, as patients, that they are trusted, and our experience shows that it is an honour which they guard very jealously. The effect on a simple-minded youth, for instance, on realising that he has been placed on his honour not to do a certain thing, is a side-study which is very interesting.

It is in human nature that a man should endeavour to overcome any material obstacle to his own freedom of action ; and with every evidence around him in the form of locked doors and barriers that he is not trusted, a patient loses not one atom of self-respect when in such circumstances he makes a more or less successful attempt to escape.

Placed on their honour not to overstep a moral boundary, many such patients will lead a far higher mental and moral existence, and will enjoy comparative contentment and happiness.

From the point of view of the care of the chronic patient I cannot, I think, do better than describe briefly the institution

which I consider approaches most nearly to the ideal asylum for this purpose that I have ever had the opportunity of seeing—that of Toledo in Ohio. I saw this asylum in 1894, during a holiday which I spent in visiting the principal asylums in the Eastern States of America.

This institution was built entirely on the villa system. It consisted of forty separate buildings, twenty-six of which were occupied by patients. The buildings were arranged in the form of a hollow rectangle, bisected by the administrative buildings, the one side being occupied by female patients and the other side by male patients. The buildings at either end, completing the square, were occupied by the noisy and violent patients. The cottages each had a verandah overlooking the square. The size of these squares, each of which formed a recreation ground, was large enough to allow of baseball, cricket, and football being played there. Without leaving their cottages the sick and infirm were able to witness the games played. The refractory patients in like manner were able to watch the games without leaving their verandahs. Each cottage was a simple two-storied brick structure, and they were placed about twenty yards distant from each other. They were not connected with each other in any way or with the administrative buildings, and the arrangement of each cottage depended upon the class of cases to be treated there. The cottages accommodated from twenty-eight to fifty patients each. The general plan was to have a sitting-room, reception-room, workroom, and nurses' or attendants' rooms on the ground floor, and dormitories and nurses' or attendants' rooms on the first floor. There was a large dining-room for the males and another for the females, each capable of seating 500 patients. To reach the dining-room the patients had to pass out into the open, the distance varying from 50 to 300 yards.

In the grounds were three ornamental lakes, each about two acres in extent and from four to five feet deep. These lakes were said to be a source of great pleasure to both patients and staff. They served for rowing and swimming during the summer and for skating during the winter. Whilst I was there, a number of patients were amusing themselves by catching the fish in one lake and transferring them to another lake just completed, to stock it. Over 20 *per cent.* of the patients had parole of the grounds. The gardening was done entirely by patients, without

the assistance of paid men, the head gardener himself being a patient.

The general appearance of happiness and contentment I have never seen equalled in any asylum. This I attributed to the great amount of liberty given, and the manner in which the patients were employed there. In a word—they enjoyed a maximum of all that is best in the life of a model village, whilst, on the other hand, the irksomeness and restraint of institution life was minimised to a degree.

I do not think that our best efforts in this country to alleviate the monotony of the lives of our chronic insane by elaborate and tastefully laid-out airing-court gardens are comparable in value and effect for this purpose to the broader conception exemplified at Toledo with its communal life, and its larger human outlook. One finds, of course, that the efforts which we make to bring a little sunshine into the lives of our patients by beautifying their surroundings are amply repaid ; but I was much impressed at Toledo with the fact that, for the reasons I have stated, greater opportunities were afforded for normal social intercourse and the development of those common human sympathies which are so markedly lacking in the majority of our institutions for the insane in this country.

I have been a strong advocate of the villa system for our chronic insane ever since I paid my visit to Alt Scherbitz, near Leipsic, twenty-one years ago. Alt Scherbitz may, I think, be looked upon as the mother of the villa system of housing the insane. It is really a village populated by insane persons, though some of the houses were not, at the time of my last visit, the property of the Institution, nor were they or their occupants in any way connected with it. A building which had formerly been the village inn was, at the time of my visit, a home for male working patients. Two main roads run through the estate, and it is bounded on one side by the river Elster, which is unprotected, and on the other side by a railway line. The main road from Leipsic to Halle passes through the estate, dividing it into two portions. On the one side are the receiving-houses, the villas for the refractory patients and for the sick, aged, and infirm patients. On the other side is the colony for quiet working patients, the villas for the men being separated from the villas for the women by the medical superintendent's house and garden, the farm-buildings, farm-

yard, and the industrial buildings. About one-third of the patients are housed in the Colony, and form a hive of industry.

Germany has shown great appreciation of the villa or cottage system, and most, if not all, of the institutions for the insane built in that country during the past twenty years have been of that type. Those that I have personal knowledge of are Gabersee at Wasserburg, in Bavaria ; Eglfing, near Munich, which was opened about seven years ago : Uchtspring, near Stendal, in Saxony ; Galkausen at Langenfeld, near Cologne, and a colony for epileptics at Biesforf, near Berlin. The new city asylum for Vienna is of the detached villa type. Each and all of these are well worth a visit.

Viewed from the administrator's point of view there are no special difficulties to be overcome in conducting the affairs of a villa asylum, and I have not heard any objections raised which I have found by my experience and that of others to be valid. The supervision of patients is quite as easy. The staff who have been accustomed to the barrack type of asylum at first very much dislike having to pass into the open from one building to another, but after overcoming this prejudice, they commonly express great appreciation of the difference, and usually say they feel much healthier and better than under the old system.

An old female officer, who had had long years of experience in asylums of the barrack type, was very antagonistic at first, and made innumerable objections and imaginary complaints ; but after a few weeks these all ceased, and some time later, when the question arose as to the night supervision of a new villa which had been erected, she was most anxious, and made repeated applications to me to be given the supervision of the building. I pointed out that this would entail a very considerable increase in her work because of the distance she would have to travel in the open, but she stated that she enjoyed it, and that since she had to visit the villas she had found herself so much better in health, and the work had not been so monotonous.

With regard to the question of the distribution of food, the chronic patients may be fed either in central dining-rooms or in their villas. I prefer the latter, as being the more homely method. The food is much more palatable, and the cook is able to cater better for the individual likes and dislikes

of the patients. But there is no difficulty in distributing the food from a main kitchen if for any reason that is desirable. At Bexley we have both methods in operation for our villas. The distribution of food to a large number of villas is usually done by means of a wagon specially constructed for keeping the food hot.

*Risk of fire.*—A fire in an asylum is a danger we all fear more than any other calamity which can occur in an institution ; for there is no getting away from the fact that if a fire once gets hold of an asylum of the barrack type a most terrible holocaust will result, however perfect the available fire-fighting appliances may be. For this reason alone the villa or cottage type of asylum is worth consideration, for a fire in one villa would not endanger the whole institution, and the risk to life would be reduced to a minimum.

*Classification.*—I attach great importance to a thorough classification of the chronic patients as a means of promoting their greater happiness and comfort. At the same time by this means the cost of supervision is considerably reduced as compared with what it must be when all classes and types of patients are indiscriminately housed together. The villa system offers facilities for efficient classification which are not yielded by the barrack type of asylum.

As a basis for discussion I submit the following propositions :

- (1) That the communal life of a country village is the ideal existence for the chronic insane.
- (2) That the villa or cottage type of asylum best lends itself to this communal life by affording the best facilities for the employment of the patients and for giving them the maximum of personal freedom.
- (3) That from an economic point of view the villa or cottage type is to be preferred to the common barrack type, as a cheaper form of construction can be employed, and the cost of patients' maintenance will be less owing to the greater value of the patients' labour.
- (4) That the ease with which additional accommodation can be obtained by the building of new cottages should commend the villa or cottage type to governing bodies.
- (5) That the administration of the villa or cottage asylum is not attended with any greater difficulties than are met with in the ordinary barrack type of asylum.



## DISCUSSION,

At the Autumn Meeting of the South-Eastern Division held at Epsom, Tuesday, October 7th, 1913.

Dr. STEWART expressed his cordial agreement with Dr. Stansfield's contentions, and referred to Belfast, where villa and barrack types existed side by side. He thought an undue spreading of villas over an unduly large area of ground might entail increased difficulty of administration.

Mr. CLIFFORD SMITH said: I propose to make but a few remarks on the subject that has been raised by Dr. Stansfield, but as I was one of his disciples when he first preached on the subject he has addressed you upon, I may, perhaps, be allowed to give this meeting some account of the progress that has been made with this type of building he advocated. Dr. Stansfield met with very little support in the early days, as the detached block system was considered disadvantageous to the patients, difficult to administer, and uneconomical in principle, while what is now called the barrack type of institution was considered to be a perfect type of building for the housing and treatment of the insane. However, the advantages of the villa system could not be denied, and the first buildings of the type were erected at my Committee's asylum at Bexley in 1897, and this institution Dr. Stansfield opened; since then villas were included in the original designs of the Horton and Long Grove Asylums, and have been added at the Manor and Colney Hatch, while the Epileptic Colony is a complete villa Institution. At one of my Committee's asylums a proposal to put up detached buildings was not accepted with favour, it being believed that the administration would be difficult, and the staff would suffer by having to go from block to block through the open. The buildings were duly erected and the result is the reverse of what was expected. I am assured that they are more in favour than the original buildings, while the contentment of the patients is such that they object to be transferred when necessity arises. The staff are unanimous in their approval of the new arrangements. With regard to the institution which you have paid us the honour of visiting to-day, these were designed by me to meet the views of a late member of the London County Council, Dr. Cooper, who had the idea of a colony for epileptics very much at heart, and wrote a pamphlet upon the subject. We had nothing to guide us for the preparation of the scheme, as no other place in England existed where patients were treated of the type which it was proposed to take, and I had, therefore, to fall back upon the data which Dr. Stansfield had brought from the German and American institutions he had visited, and my own knowledge of the continental asylums. The questions of the cost of one- and two-floored buildings came very much to the front in the design of the colony, and, as you have seen to-day, all the blocks are but one floor in height, this being because single-floored buildings are cheaper than two-floored buildings if the value of the ground is left out of account. Apart from the question of cost, however, the single-floored building is a necessity for the epileptic, as you know the negotiation of stairs is undesirable for them. The buildings here are arranged about a large open space, which may perhaps be compared with the green in our English villages, and the advantage, apart from the benefit an open space gives, is that, while the able-bodied patients take part in games upon it, those whose condition excludes them from active exercise are able to sit in comfort on the verandahs or at the windows of the villas and watch their fellows at play. Dr. Stansfield's contention that a villa asylum can be arranged as effectively, and designed as cheaply as the connected type, is undoubtedly correct. The villa buildings maintain the individuality of their occupants, and they are as easily arranged as self-contained houses. Here each villa is independent in its heating arrangements, and hot-water services and central fireplaces provide the heat necessary for the day-rooms and dormitories. The single rooms are warmed by hot-water pipes worked from a stove in the ward store-room, while the bathing and hot-water services are either furnished from the kitchen boiler or from a special boiler in the bath-room. All the heating arrangements are of the usual type, and are in the hands of the attendants. The only sections of the colony requiring steam are the main kitchen, laundry, general bath-house and recreation room, and these are supplied from the boiler-house situated within the administrative area. The



eleventh asylum for the county of London, now in course of construction, is designed wholly on the detached building principle. The buildings cover an area of some forty-eight acres, and all except three of the patients' blocks, although detached, are connected by subways with each other and the central boiler-house, for the better working of the engineering, heating and lighting services. Above the ground the buildings forming the main asylum are, for the comfort and convenience of the patients and staff, connected by open-sided covered ways with each other and the administrative buildings. It may be said that I have failed to carry out the idea of the villa asylum by connecting the buildings, and I may perhaps admit that the open-sided corridors show a falling away from the precepts of my teacher, but I put them in as a concession to the staff. At other of my Committee's asylums where closed corridors originally existed, the sides of these have been removed to give open-air conditions, and the older members of the staff, and even some of the doctors, who had been accustomed to the closed passages, did not appreciate the change. The objections raised were gone into very carefully, and none of importance could be found against the open-sided corridors, which were not altered; but the absence of covered ways connecting the wards and administrative buildings has little to justify it, and thus I included the open-sided covered corridor in my design. It may be that my successor will have greater courage than myself and remove these, but my experience goes to show that in the large asylums, where the patients and staff convey most of the food and material from the centres to the ward, the covered way is not only of advantage, but is much appreciated.

Dr. PASSMORE said: I have listened with pleasure to Dr. Stansfield's paper, and agree with him as to the advantages of communal life on the village system for the insane. In early life, twenty years ago, I had the opportunity of seeing in Scotland the system of the boarding-out of patients at Kirkintilloch among the cottagers there. The patients did the necessary work in the cottage, and moved about in the village, and seemed happy and contented, and were in no way a nuisance. The bugbear in the past, from the economic point of view, has been the expense. The "acute" insane need the highest and most skilled housing and treatment; not so the chronic, whose needs might be summed up in proper housing and supervision. In my asylum, which we call a mental hospital, erected on both the barrack and villa type, patients who have been allowed freedom have never attempted to escape. In 1906, I was asked to give evidence before the Royal Commission on the Feeble-minded, and in my evidence I drew a plan advocating the village system for the feeble-minded. I feel this is the most economical way of dealing with them. A most important point brought out by Dr. Stansfield in his paper is that of fire. With regard to the conflagration at Colney Hatch, I am sure that in the villa system no such loss of life could have occurred. From the moral, economic, and family life point of view, I think the system of the village asylum is one that ought to be adopted by committees, and I trust the paper will bear good fruit.

Mr. HUNTER, of the L.C.C. Asylums Committee, spoke of the early days when Dr. Stansfield and Mr. Clifford Smith and he discussed the villa system, and eventually succeeded in initiating it at Bexley in spite of much opposition and many expressions of doubt.

Dr. SERGEANT asked what was the smallest size of villa that was practicable, and was informed by Mr. Clifford Smith that, after much consideration, a building for thirty-five patients and three attendants was decided upon as the one which could be most effectively worked. This applied only to epileptics. In the wards at the newer asylums the accommodation varied from sixty in the chronic blocks to twenty in the convalescent homes.

Mr. KEENE said that the possibility of boarding out patients referred to by Dr. Steen was seriously considered by the London Asylums Committee many years ago. The boarding-out clause in the Lunacy Act has been found impossible to work. Application to board out a patient may be made to the Committee by a relative or friend, but the consent of the guardians of the union to which the patient is chargeable is necessary, and if the patient is to be boarded outside the limits of the union the further consent of a justice is required. The patient would be no longer under the control of the Committee or the medical superintendent, but would have to be visited by the medical officer of the union to which he is chargeable. In only one case, so far as he was aware, had an application under

this section been granted by his Committee, and that was a failure. The Committee made many inquiries through the Foreign Office as to the boarding-out system in foreign countries and also as to the methods adopted in Scotland. Some fifteen years ago a clause adapting the Scotch system of boarding-out was, at the instance of the Asylums Committee, inserted in a Lunacy Amendment Bill introduced by the Lord Chancellor in the House of Lords, but the Bill was sacrificed at the end of the Session. He was doubtful whether the boarding-out system would be of much use in the County of London, as most of the friends and relatives resided within the county. Other counties with large rural districts might usefully employ this method if the Lunacy Act were amended. In any case it would be well to have the power, in order to make the experiment.

Dr. STANSFIELD spoke of the unanimity of opinion expressed, and the way in which various questions raised during the discussion had already been answered by other speakers.

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*Dysentery, Past and Present*<sup>(1)</sup>. By H. S. GETTINGS,  
L.R.C.P., D.P.H., Pathologist, West Riding Asylum,  
Wakefield.

ADJOURNED DISCUSSION,

At the Quarterly Meeting in London, November 25th, 1913.

Dr. SIDNEY COUPLAND, in opening the discussion, said: I need hardly say that I have read Dr. Gettings' paper with great interest, and have found it, as other readers must have done, very instructive as well as entertaining. What gives particular interest to his graphic story is the fact that it is based upon the continuous medical records of an institution for nearly a century, and in this respect it must surely be unique. From a remark in the paper, apparently more zeal in clinical note-taking was exhibited in the earlier than in the later period of the history of Wakefield Asylum, but I feel sure that, if this be so, the lapse can only be temporary. As regards dysentery, it is certainly remarkable that a disease, once fairly common in this country, should have almost entirely disappeared from the community at large, a disappearance which seems to have coincided with that of the last serious visitations of cholera in the middle of last century. Even if we accept the usual explanation that these diseases, like typhus, have been banished in consequence of wide-spread improvement in urban and rural sanitation, especially as regards drainage and water supply, we yet cannot ignore the fact that many an insanitary area still exists which *à priori* might be