

## IRISH DIVISION.

THE SUMMER QUARTERLY MEETING of the Irish Division was held at Ardee Mental Hospital, by kind invitation of the Committee of Management and Dr. P. Moran, Medical Superintendent, on Thursday, July 19, 1934.

In the forenoon the members were conducted over the newly erected Hospital by Dr. Moran and his staff, and were given an opportunity of seeing every phase of the Hospital's activity. Later the members and guests were kindly entertained to luncheon.

Dr. John Mills presided (in the absence of the Divisional Chairman, Dr. Gavin).

The minutes of the previous meeting were read, approved and signed by the Chairman.

The following candidates were, after ballot, declared unanimously elected members of the Association :

ARTHUR ROSS BOYD, M.B., B.Ch., B.A.O.R.U.I., Resident Medical Superintendent, County Mental Hospital, Antrim.

*Proposed by* Drs. S. J. Graham, L. Gavin and R. R. Leeper.

CORNELIUS J. MCCARTHY, M.B., B.Ch., B.A.O.N.U.I., B.Sc., D.P.H., D.P.M.; Bonanza, Rathfarnham Road, Terenure, Dublin.

*Proposed by* Drs. J. Kearney, R. Taylor and R. Thompson.

Dr. MORAN submitted his report as to the present position regarding the contemplated Central Pathological Laboratory. He stated that he had received a number of replies to his questionnaire on this subject, and that these would be duly considered when it was found necessary to call a meeting of the Sub-Committee. He did not propose to call such a meeting until he had received a formal request for a deputation to place evidence before the Sweepstake Authorities.

The SECRETARY submitted the replies he had received to the circular dealing with the adequate medical staffing of mental hospitals. These replies were, in the main, considered a very satisfactory response, and several members reported that, as a result of the Division's representations, additional medical officers had been, or were about to be, appointed to their respective institutions.

The SECRETARY also brought to the notice of the meeting two letters from the Secretary of the General Nursing Council (Irish Free State), requesting that representatives of the Irish Division of the Royal Medico-Psychological Association should meet representatives of the General Nursing Council in conference, to discuss certain matters in relation to the admission of mental nurses to the Council's Register, and also wider matters relating to the present reciprocal arrangement between the General Nursing Council and the Irish Division of the Royal Medico-Psychological Association.

These letters were discussed at length by the members present, and it was finally decided that the request of the General Nursing Council should be acceded to, and that the present Advisory Committee to the General Nursing Council should meet representatives of the General Nursing Council, and should report back to the Autumn Meeting of the Division.

In this connection Dr. Moran stressed the lack of co-operation between the general hospitals and mental hospitals and the difficulties which confronted a mental nurse who wished to obtain general training. It was agreed that this question should be brought to the notice of the General Nursing Council at the contemplated interview.

The Autumn Meeting of the Division was fixed for Thursday, November 1, 1934, at the Royal College of Physicians, Dublin.

At this stage Dr. Martin brought to the notice of the meeting the sad bereavement which had been sustained by the Minister for Local Government and Public Health (Mr. S. T. O'Kelly). The Chairman and Dr. Greene also associated themselves with Dr. Martin's sympathetic references, and the meeting expressed its deep sympathy with the Minister, the members standing in silence.

Paper: "**Medical and Administrative Aspects of Mental Hospital Design.**"  
by Dr. P. MORAN, Resident Medical Superintendent, Ardee Mental Hospital.

I HAVE undertaken to open a discussion on this subject, not because I have any special knowledge of it, rather the reverse, but because it fell to my lot to open and administer this new mental hospital, where I have had a special opportunity of realizing the importance of design from the medical and administrative points of view.

The big schemes of mental hospital extensions, replacements and reconstruction now projected, or being carried out, make the subject one of special interest to our branch of the profession at the moment.

A big proportion of our existing accommodation is antiquated, most of it is more than 75 years old and much of it has passed its centenary.

The stimulus of the general house-building revival and the present stimulus of the Hospital Sweepstake funds have accelerated the mental hospital replacements and extensions, which in many cases were long overdue.

We shall have to organize and administer these new hospitals, and it behoves us to take an active interest in their design, and try to have them in keeping with modern developments in treatment and administration. Practically every detail of design is important from the medical and administrative point of view, and a close collaboration between architect and medical administrator is most desirable.

It seems a pity that there are not some standard criteria generally accepted as embodying modern requirements and facilities for the various types of hospital. For the purpose of discussion I propose to merely enumerate the points of special importance, and make short comments or queries on each.

*Size and lay-out.*—The ideal size to my mind—from the medical and administrative point of view—for a public mental hospital is accommodation for from 600 to 750 patients.

The relative merits of the villa and the block systems, or a combination of both, is a subject I should like to hear debated.

*Admission hospitals.*—Everyone is agreed that special admission hospitals are most desirable, and that, if possible, these should be completely detached.

The generally accepted idea as to size is accommodation for 25% of the annual admission rate. Such a hospital should have all the recognized therapeutic facilities, and should be liberally provided with open verandahs.

*Infirmary wards.*—Generally speaking, these should be able to cater for about 10% of total population, and should, as far as possible, conform to general hospital standards.

*Pharmacy, surgeries, dental, etc., and operating theatre.*—These should be grouped centrally, in such a position as to be conveniently accessible to both male and female departments.

*Refractory and epileptic wards.*—It has been the common practice to group these two classes together, and this is to my mind undesirable. Epileptics should, if possible, be kept apart. Refractory patients still require a high proportion of special single rooms, but padded rooms for such cases are largely abandoned.

*Chronic cases.*—"Liberty" or "parole" patients should be accommodated in open wards, with open doors and windows, and conditions comparing as near as possible to the liberty of home surroundings.

Other chronics should have the nearest possible approach to normal housing conditions consistent with safety.

*Bathing.*—I am a firm believer in the advantage of central bathing facilities for chronic cases. It is more expeditious, convenient and generally more thorough. With adequate showers and proper equipment, it obviates the possibility of some of the undesirable features of the old-fashioned methods.

*Recreation grounds.*—The "open country" style of exercise ground is now in favour. The restriction of the old type of airing-court had an adverse effect on the patients, and the most artistic, enclosed airing-court is probably not so pleasing to the average patient as the liberty of a big open field.

*Workshops.*—The provision of occupational facilities of every kind is so important that it needs no elaboration.

*Farm and garden.*—Work on farm and garden is most beneficial for both sexes and should be encouraged. For rural population it is the natural avocation and the best one to help the patient to re-orient and re-adjust.

*Engineering equipment.*—The heating, lighting, washing, cooking and sanitation are all most important, and their general lay-out and design, while primarily and largely the architect's and engineer's job, provide many problems which the medical administrator should be allowed to decide.

The cooking and serving facilities, both central and sectional, are of paramount importance, and a good design makes for efficiency in administration.

The laundry is a department which is important from the occupational as well as the efficiency point of view.

*Staff accommodation and amenities.*—Proper staff homes for both sexes, with suitable recreation rooms and study rooms and facilities for the usual outdoor games, should be provided in every mental hospital.

This young hospital was, unfortunately, born a few years too soon. It came before the generous financial assistance from the Hospitals Sweeps Fund was available. It had to be designed and executed down to a price, instead of up to a standard. As you have seen, it is an example of a complete block system, with male and female wings, conveniently connected to a

central administration block. The whole lay-out is designed to give the maximum light and ventilation, combined with accessibility and convenience, in the most compact space.

There are two floors in each wing, the first floor being a replica of the ground floor, and each floor comprises two complete units, wards, day rooms, etc.

The wards are L-shaped and all are uniform, with day rooms, bathrooms, lavatory, boot-room, nurses' room, ward kitchen and stores, similarly grouped in each case.

It was designed to be operated entirely on the "open" system, with windows and doors opening freely, as in an ordinary house.

Prevailing standards of staffing compelled us to adopt means of securing doors and windows in most of the wards, and to add to each wing six special, single rooms, suitable for coping with difficult cases.

We have one ward only operating on the completely "open" plan.

There is, up to the present, no accommodation provided for staff, except for a small skeleton staff, sufficient to deal with emergencies at night. No workshops or outdoor equipment of any kind are yet provided.

As you can see, the grounds are still studded with contractor's equipment, and the laying-out is just barely begun. The open field serves as a recreation ground for everybody for the present. The Resident Medical Superintendent's house is detached—probably too detached.

#### DISCUSSION.

Dr. GREENE pleaded for the greater hospitalization of mental hospitals, with the abolition of locks on doors and windows and the abolition of surrounding walls.

Dr. MARTIN stated that he did not approve of the segregation of chronic patients in a separate building or hospital, as he had heard suggested at a recent meeting of the Association.

Dr. HONAN stated that, in his opinion, the abolition of protected rooms necessitated the use of an undesirable amount of narcotic drugs. He did not approve of collecting all the convalescent patients to a separate apartment for occupational therapy. He considered proper recreational facilities for the staff most important.

Dr. DUNNE pointed out that standard requirements for the building of mental hospitals had been issued by the English Board of Control, and he suggested that the Irish Division of the Royal Medico-Psychological Association should co-operate with the Local Government Department in drawing up standard regulations for the Irish Free State.

Dr. DEANE emphasized that the adoption of the "open system" depended almost entirely on the question of the proportion of staff to patients.

The CHAIRMAN thanked Dr. Moran for his paper, which had aroused such an interesting discussion.

At this stage the members were welcomed to Ardee Mental Hospital by Mr. JAMES T. MCGEE, Chairman of the Committee of Management, who expressed his personal pleasure that Ardee should have been made the venue of the meeting of the Division. The CHAIRMAN suitably replied, and a cordial vote of thanks was passed to the Louth Committee of Management and to Dr. and Mrs. Moran for their kind hospitality.

Later the members were entertained to tea by Mrs. Moran.

#### PSYCHOPATHOLOGY AND PSYCHOTHERAPY SUB-COMMITTEE.

##### Psychopathological References for 1933.

###### *English and American.*

Members are reminded that the Secretary of the Sub-Committee, Dr. J. Ernest Nicole, Winwick Mental Hospital, Warrington, will be pleased to submit further lists, including the *Monthly Bibliography of the National Committee for Mental Hygiene (U.S.A.)* up to 1932, to any who apply for them. The Book-list, comprising all more important works on Philosophy, Pure and Applied Psychology, Psychiatry and Psychopathology, Educational and Social Psychology, Ethnology, etc., is now complete to December, 1933, and includes 4,000 titles. Trade lists of books for the current year are also available.

###### AMERICAN JOURNAL OF PSYCHIATRY.

Alford, L. B.—Localization of Consciousness and Emotion.

Beck, S. J.—The Rorschach Method and Personality Organization.

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