Resumed Discussion on Dementia Præcox.

The President called upon Dr. T. Johnstone to continue the discussion on the subject of Dementia Præcox (see p. 64).

Dr, T. Johnstone said that those who had the good fortune to see the demonstration that morning by Dr. Stoddart must have been much pleased by the excellent cases he showed. He was glad his paper would deal chiefly with the psychology of the condition, and although the clinical symptoms could not be ignored, it was not necessary to give them great prominence.

Papers were then communicated by Dr. T. Johnstone and Dr. Stoddart. Following these an animated discussion took place, to which Drs. Bevan-Lewis, Bedford Pierce, Bruce, Bond, Clouston, Devine, J. F. Dixon, Hayes Newington, Middlemass, Menzies, Percy Smith, Savage, Seymour Tuke, F. R. P. Taylor, J. Turner, and Yellowlees contributed.

Dr. Stoddart, at the invitation of the President, replied to the remarks that had been made in reference to his paper and clinical demonstration.

Dr. Robert Jones replied upon the whole discussion.

Dr. Elkins' paper on "Asylum Officials: is it necessary or advisable for so many to live on the premises?"

Dr. Elkins agreed to the discussion on his paper being postponed for the present, and the meeting terminated.

Members afterwards dined together at the Café Monico.

Present at the Meeting of the Council, which was held at 1.30 p.m., Dr. Mercier in the chair; Drs.Adair, Aveline, Bond, Boycott, Fennell, Hayes Newington, P. W. Macdonald, Miller, Outterson Wood, Percy Smith, Rayner, Savage, Steen, Stoddart, and Wolseley-Lewis.

THE BOARDING OUT OF THE INSANE IN PRIVATE DWELLINGS

Discussion at the Annual Meeting, July 23rd and 24th, 1908.

Dr. Milsom Rhodes, J.P., said that about twenty years ago he was very much more in favour of the boarding-out system than he was at the present time. He heartily agreed with the colony system; he had seen it acting very well in many places, especially in America; but he feared that, though the boarding-out system might do in Scotland, it seemed absolutely impossible to make it work in England. The late Sir John Sibbald had told him a good deal about it, and he had been enquiring into the system in Scotland. Many of the boarded-out cases were boarded out in places like Fife, where there was a decaying industry. Linen weaving was formerly carried out extensively in Scotland, but it had now gone, leaving a large amount of spare space, where such patients could be accommodated. Besides in Scotland there was a far greater amount of supervision than in England. He ventured to say, from enquiries he had made in Britain and in Europe, that wherever there was that boarding-out system there must be thorough inspection. Otherwise the system must come to grief. He knew that in Massachusetts the system was not now being carried out as much as formerly. By providing colonies, in the way the author had pointed out, one did better than by boarding out. He felt sure that in England it was impossible to board out anything like a large proportion of cases; and it was better for the cases themselves that they should be taken care of properly in colony asylums, rather than in individual care. Some people made money out of boarded-out cases, and he counselled caution in establishing any such system.

Dr. Elkins expressed his high appreciation of the paper. He did not at all agree with Dr. Milsom Rhodes's remarks. He was at present in charge of a London asylum in which the patients were incurable and harmless, and after a considerable experience in both Scotland and England he declared that very many of his patients would be better out of the asylum than in it. And it was quite feasible that such should be the case. He was first of all in Scotland, at two asylums,

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where the boarding-out system was in active progress. He saw it at Greenock, and at Morningside, Edinburgh, with Dr. Clouston, and he became convinced as to the importance of doing it, from the standpoints of both the patient and the community. Since then he had been thirteen years in England, at two asylums as medical superintendent, and his views had been confirmed by that experience. He felt convinced that a mistake was being made in England by omitting to start the method. He did not know which particular form would be best in making the experiment, but in regard to Leavesden he believed that if, in the first instance, some members of the staff could take patients in their houses, a judgment could be formed on that. In other asylums it might be tried in a different way. The whole question was, as yet, in the experimental stage in England, and it might be found that the Scotch system was not practicable south of the border. Dr. Milsom Rhodes had expressed the fear that it might not be a good thing for the patients themselves to be sent out. He had had the pleasure of visiting the Scotch boarded-out patients with the present senior Commissioner, Dr. Fraser; he had also had many conversations with the late Sir John Sibbald, whom Dr. Rhodes quoted, and his own impressions were the reverse of Dr. Rhodes's. He was convinced that dementia was deepened by contact with dementia; that the patients became more imbecile by contact with each other. Speaking as the Medical Superintendent of a very large asylum, he was convinced that it was a mistake to herd such people together. He appreciated the fact that public opinion was more or less against the view he had expressed, but that was because Medical Superintendents in England had not tried to educate the public. He thought that they in England, more especially in the metropolis, were so big and so all-sufficing and self-satisfied in London and district that, from very bigness, it was impossible to cast the eyes further out and see and profit by what had been done in Scotland and elsewhere. He would be very glad to see a beginning made with the system, to see experiments tried. He felt sure that boarding-out of patients would come before very long.

Dr. MILSOM RHODES desired to offer a word of explanation. He was as strongly opposed as anybody to the great barrack asylums, and might claim to have done more in favour of the small villa system than perhaps anybody else. The danger was in boarding such patients out a long way off, where there was no inspection. He could point to cases in which grave cruelty had occurred under the boarding-out system. Nobody hated the great barrack asylum more than he did himself, and he had pinned his faith to the villa system, not to boarding-out.

Dr. CLOUSTON said he would like to offer a word or two on the question, as he believed he knew the whole genesis of the boarding-out system in Scotland, from the time when Sir James Coxe first visited the Colony of Gheel onwards to the present time. To some extent he looked upon the subject from an outside, judicial point of view. He thought he had seen the advantages of the boarding-out system, but ne had never regarded it as an absolute cure for all the ills which the chronically insane were subject to. The obvious financial advantages were the saving of an enormous amount of capital expenditure, and a diminished maintenance rate. But if, as Dr. Milsom Rhodes said, the system was unsafe, they had no business to save money at the expense of the patients. To hear the remarks of some superintendents of asylums one would think that England was a very small place indeed, and that the conditions were very much the same in every part of it. That was not so. In England there were plenty of thinly-populated places, such as Wales, while in Cornwall there were no large cities at all. He did not accept the definition of England as a manufacturing city where patients could not be boarded out on account of excess of population. He maintained that in England there was plenty of opportunity of boarding out, and it could be carried out there if it was thought to be the best system. He quite agreed with Dr. Milsom Rhodes that the method required a good deal of supervision. It could be asserted that boarding out could not be safely done without it. And therein he thought Dr. Milsom Rhodes and others were needlessly afraid of the system; they thought that because, in certain places, it had been attended with cruelties and other disadvantages, there was a tremendous risk. But, after all, the risk was a question of degree, and with thoroughly good supervision and good guardians it could be worked very well. It was necessary first to select the guardians, and then lay down strict rules for those guardians. Then the supervision should be carried out from some place near, and the local doctor would look in from that place. He was inclined to agree

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with Dr. Elkins that contact with demented patients led to increased dementia, and that, given a suitable case and a suitable guardian, the environment which could be secured under that system produced a greater degree of happiness in the patient, rendering him less insane than he was in the asylum. If all those things were done, it went without saying that boarding out was a first-rate system, and should be initiated in England. The Commission appointed to inquire into the care of the feeble-minded and imbecile had not yet reported, but he understood that when the Report did come out it would include strong recommendations in favour of boarding out for suitable cases. He did not at all deprecate the cautions which Dr. Milsom Rhodes uttered; his own advice was to exercise all the caution and precautions possible. When that was done the system would be found to be a very good one, and would result in the saving of much money.

Dr. McDowall desired to offer a few words in support of the idea of boarding out a certain percentage of the cases which had accumulated in county asylums. He was certain, from both his Scottish and his English experience, that a very considerable proportion of the pauper lunatics might be boarded out in private dwellings. He would specially call attention to one great advantage, namely, their increased happiness. It was well known that when people were detained in an asylum their one cry and desire was to get home, and it was a very natural desire. Their associations with a particular district made certain spots in it very dear to them. And, in suitable cases, nothing so improved a chronic lunatic and increased his personal happiness as returning to his native place. He most heartily approved of the idea of reducing the population of asylums by boarding suitable cases out.

Dr. Rayner said the experience of Scotland in the last forty years was such an irrefragable proof of the advantage of the system of boarding out, that one could say nothing to add to the arguments in favour of it. With regard to the objection which had been raised to it on the score of the failure of supervision, the necessary supervision should be found. It had been found in Scotland, and therefore he did not see why it should not be found in England. He thought the great reason why they in England were so frightened of it was feebleness in point of numbers, and therefore of working power of the Lunacy Commissioners. If the English Lunacy Commission had been numerically adequate to its duties, he thought they would have seen their way clear to urge on the various asylums and governing bodies the desirability of establishing more boarding out, and he hoped that before the subject was left that day a resolution would be moved asking the Council of the Association to appoint a Committee to consider in what way they could urge, in England, the adoption and developmnet of that most valuable and important means of treatment. The system was, in his opinion, good, whether it was considered from the point of view of the patients, or from the standpoint of public economy, as Dr. Clouston had so ably pointed out.

Dr. Sankey said he felt great diffidence in addressing the meeting, as all his hearers were much greater authorities on the subject than he was. But he had studied the question under discussion, and it seemed to him that, in endeavouring to board out patients, they were commencing to reverse the process which had been carried out for a great many years till the present day, which had been to certify every person who was certifiable, and place them in asylums, and keep them there. He thought it would be a very good thing to reduce the number of patients in all county asylums. (Hear, hear.) He did not think it was possible for any man, however clever and however eminent in his profession, to treat 2000 patients as he would wish to treat them. And if asylums were too big, there were only two ways of reducing their population, as far as he could see. One was to send out those chronics who were incurable and board them out, and the other—which would be better—was to increase the recovery-rate. He saw no method of reducing the number of pauper patients in asylums except by boarding out; unless there were provided separate asylums for acute cases, using the present asylums simply for the accumulation of chronics, for which they were already largely used. Boarding-out was a procedure which he thought England might very advantageously copy from Scotland.

Dr. Hayes Newington said he thought it a pity there was an idea, as there seemed to be, that boarding-out was definitely either good or bad. It was regarded as a sort of bone of contention, one side saying all that was good of the system, and the other all that was bad. The truth lay between the two. In certain cases the

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system was bad enough. There could be no question that in Invernesshire it was good, whereas in Sussex, he felt sure from his own personal experience, that it would be difficult to board out an adequate number. He had seen it stated that in the north of Scotland, and in Scotland generally, the terms which could be offered for receiving these patients were so small, and the margin so narrow, that a good deal of work was expected from them to enable the people in charge to keep him. If that was so, then at once there arose a question in considering who should be sent to board out. An old woman could not be sent, because she could not do work; and that narrowed the field of selection. It would be a very good thing if, as Dr. Rayner suggested, a Committee of the Association could be appointed to study the question thoroughly, to look at it as a matter of theory, not only in regard to one locality, but all localities. Supervision was talked of as necessary to provide against ill-treatment, but it could not be had without a large annual expense, which would go to reduce that saving in capital cost which Dr. Clouston rightly made a point of. He seconded Dr. Rayner's motion for the appointment of a Committee of the Association to study the matter.

Dr. DAWSON said that in Ireland, for some years past, a good deal of consideration had been given to the subject. It was of particular importance to them, because in that country there was rather less money than on this side of the Channel, and there were also more lunatics in proportion to the population. Hitherto they had tried to accommodate their lunatics either by building large asylums or increasing the size of the existing ones, or, in one instance, by modifying and adapting an old building for the reception of such as were harmless and not troublesome. Therefore any method which promised efficient treatment of the insane, together with relief to the ratepayer, was to them in Ireland of even more importance than to those on this side of the Channel. Their late friend, Dr. Conolly Norman, went into the subject fully, and he was definitely convinced of the necessity and importance of establishing some form of family care for the insane, such as were harmless and chronic. Some years ago a conference of asylum officials in Dublin, at which were assembled some of the ablest men belonging to the different asylums committees throughout the country, passed unanimously a resolution in favour of it, and called upon the Legislature to legalise it, so that it might be tried. That step had not yet been taken, but from the feeling in the country he could say it only awaited legalisation before it was tried. Many people, among those who knew best, were doubtful of its success, on account of the condition of the peasantry in Ireland. And he thought it must be said that there were parts of Ireland, such as Connaught and the West, where the conditions were too unfavourable and uncomfortable to allow of boarding-out, as practised in Scotland, being carried out with prospect of success. There were other parts, such as the North of Ireland (where there was a decaying weaving industry, such as had been alluded to in Fife) and along the east coast generally, especially in co. Dublin, in which there seemed a good prospect of some form of boarding out being attended with success. With regard to the Dublin district, a somewhat analogous system of family boarding-out of workhouse children had been adopted with great success for many years; and if those children could be properly looked after, under supervision, there was good reason to hope, at all events, that the older people, *i.e.* harmless dements, would be equally well looked after in such homes. In Ireland, therefore, opinion was in favour of trying the experiment. But he thought it was a mistake to speak only of boarding-out. Dr. Brown's paper dealt with a number of forms of family care, yet many speakers had spoken as if boarding-out was the only form of care which could be adopted. He thought it was possible to bring all parts of Ireland under the operation of some form of family care, simply varying the system according to the social conditions of the neighbourhood. For instance, in places like Dublin or the eastern counties of Ulster, where there was a considerable standard of comfort, ordinary boarding-out, such as that employed in Scotland, might be tried, whereas in the poorer counties it would be possible to place some of the insane in the families of married attendants and others living near the asylums. It did seem as if, in one way or another, family care could be adopted, varied in different parts of the country according to the standard of social comfort and other circumstances. He had been greatly pleased to hear what Dr. Clouston said about the probable recommendation of some such system by what had come to be generally known as the "Feeble-minded Commission."

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Dr. HUBERT BOND said he was in sympathy with Dr. Cunyngham Brown's contention, and would always be willing to give the system a trial if opportunity were afforded. There were, however, a number of items in the paper which he did not think ought to be allowed to pass without a friendly challenge. For instance, Tuke's remarks were quoted, but they were twenty years old, and he doubted whether Tuke's strictures were now deserved. Individual treatment was a somewhat vexed question, but his feeling was that in the modern asylum, where an effective and proper classification was maintained, individual treatment was as easily attained as in the case of ordinary hospitals attached to the great medical schools. Then with regard to overcrowding, it existed to some extent in a few asylums, but in quite a small minority. As to extravagance in construction and equipment, certainly the authorities in the case of the asylums with which he was personally familiar had striven, with unabated efforts, to construct and equip them as cheaply as possible. Any comparatively expensive articles of hospital equipment existed specially for the recoverable cases. Statistics were always dry things, but he could not allow those now used to pass unchallenged. The statement that the recovery-rate in asylums was declining might be capable of various explanations, but he would be a bold prophet who would with any confidence foretell a real increase in it by the abstraction of a number of chronic patients. "Enormous death rates" had been spoken of, but he was not aware of any asylum where such a term could be fairly applied, and he regarded as very fallacious the attempted comparison between the death-rate of those "boarded out" and that of the residual asylum population. Those commets were offered in all friendliness, but he did not think the forefront of the paper should go unanswered, although he was in entire sympathy with the aim of the paper.

Dr. YELLOWLEES said it was true that it was not a warfare between two opposite camps, because in the main the various speakers were agreed. There were certain things absolutely necessary, and all would agree about that. Firstly, the person to be boarded out must be a suitable person for boarding out, and must not have proclivities which would make him dangerous to those into whose home he was received. And equally important with the selection of the patient was the selection of the guardian. As a matter of fact, he knew that in many of the houses the boarder was treated as a member of the family to all intents and purposes, and a great deal of mutual regard and affection sprang up between them; when by any chance the boarder was taken away the same family wanted another boarder like Willie or Mary, as the case might be. He was sure that, in favourable cases, boarding out answered very well, and it would be a great calamity if the 2500 patients boarded out in Scotland were to be sent back to the asylums. It would be a great hardship to the patients, and a great and needless burden on the ratepayers. He was sure that what Dr. Clouston said was true, that the lunatic living outside the asylum with a family was a happier being than the same lunatic in an asylum, mixing with demented companions. No one who had known patients in both circumstances would doubt this. There was also another question, which Dr. Hayes Newington had pointed out; the success of boarding out depended very much, indeed, upon the locality and upon the amount of money in it. For example, Wales had been mentioned as a boarding out ground. That might be true in North Wales, where there was not a dense population, and where there was freedom and friendliness among the villagers. But in South Wales, where there were large numbers of men earning high wages, it would not be practicable, because the people would not take such boarders. That factor was not usually taken into account sufficiently; and he was sure that in many of the wealthy counties of England the people would refuse to receive such persons into their homes. But he believed there were other districts, such as Dorsetshire, where any number of patients could be placed. It was said of some places that the difference between the patient and the guardian would not be very great, as both would be so slow. Dr. Clouston was right as to there being, under such treatment, a great and important saving of money, and that supervision could be perfectly and efficiently carried out, partly by the Commissioners in Lunacy and partly by the officers of the Parish Council, who, with a large experience among the poor, knew very well how they should be treated. They were in the habit of boarding out their non-insane paupers, and could therefore work on similar lines to board out their insane folk. The supervision in Scotland was, he believed, exceedingly good, and

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cases of crime, fault, or accident were very rare among them there; so that, in Scottish experience, it was a thing to be very much commended. He thought that 25 *per cent.* of chronic lunatics were better and happier, as well as more cheaply cared for, by being boarded out or put under family care than if they were kept in an asylum. He admitted both the difficulties and the possible dangers, and the necessity for supervision, which, he still thought, would not be anything like as costly as the Treasurer, Dr. Newington, feared. But it was not a question for absolutely positive views. Very much depended on the locality and on the wisdom with which patients were selected for it, as well as on the care with which the guardians were chosen. The idea of establishing colonies of insane folk was another matter altogether, and of that there was in this country no experience available. That our asylums are far too large was absolutely true, and if only a beginning could be made *de novo* a very different scheme would be chosen. All populous centres would have a small Mental Hospital or Cure Asylum specially equipped with every appliance which would assist recovery. As soon as it seemed likely that a patient would not recover he would be sent off to another Institution if unfit for family care. This second Institution, the Chronic Asylum, should be plain and cheap, capable of indefinite extension, and surrounded by very ample grounds for outdoor labour. Much has been gained by the removal of the hopeless dements to a branch asylum at a considerable distance from the parent Institution, as has been done at Glamorgan. The retention of such cases in our costly County Asylums is sheer extravagance, and tends to interfere with the proper treatment of new cases.

The PRESIDENT said that at present there was no seconder of the resolution, but he thought it would be better that the proposer should consider the matter and bring it up again on the following morning with the terms of reference definitely settled and set forth if the project to appoint a committee were pursued. If not, the debate would be considered to be at an end.

Dr. HAYES NEWINGTON seconded the resolution.

Dr. YELLOWLEES said he did not think it was necessary to reconsider the matter. It had been very adequately put before the meeting.

Dr. ROBERT JONES demurred to Dr. Clouston's suggestion that Wales was a very suitable place to which to send chronic lunatics. South Wales had been excluded by one speaker, and he, Dr. Jones, claimed to know something of North Wales, which was absolutely unsuited for the reception of such cases, because there was a dearth of cottages and proper habitations from one end of North Wales to the other. If chronic lunatics were to be boarded out, he thought the accommodation for them should be something better than was at present available. In those parts where there was good housing, visitors flocked from various parts of England during certain seasons.

The debate was adjourned until the following day.

July 24th.—The PRESIDENT expressed his regret that Dr. Cunyngham Brown was not present that morning, as he hoped that gentleman would have had an opportunity of replying to the criticisms which were made yesterday on his paper. He did not know whether Dr. Brown had deputed anybody to submit the terms of reference to the Committee.

Dr. RAYNER said he wished to bring forward a recommendation that a committee be appointed to consider the practicability of extending home care in England and Wales, the committee to consist of two members appointed by each of the Divisions, with power to add to their number. And that Dr. Cunyngham Brown act as convener and secretary of the Committee.

Dr. DRAPES seconded, and asked why Ireland was excluded. Ireland should surely be included.

Dr. DAWSON said Ireland should be included.

Dr. RAYNER said he was quite willing to amend it by adding Ireland, but it already said the Committee had power to add to their number, and they could be added from any part.

The PRESIDENT said the motion now stood—"That a Committee be appointed to consider the practicability of extending home care of the insane in England,

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Wales, and Ireland, the Committee to consist of two members appointed by each of the English and Irish Divisions, with power to add to their number. Dr. Cunyngham Brown to act as convener and secretary of the Committee." He asked whether Dr. Brown had consented.

Dr. YELLOWLEES said the appointment of such a Committee was a very serious matter, because it implied that the members of it must wander about the country a good deal and see the conditions in various places. He was sure that if the Treasurer was asked he would shake his head and say it meant the spending of a lot of money. He, personally, thought money might be well spent if the time was ripe for doing it. But the Association should know it was entering upon a big thing, because it meant travelling about the country and examining the various social conditions. Certainly it would make large demands on the time of the men who were doing it.

The PRESIDENT said it seemed clear that no such undertaking as Dr. Yellowlees spoke of could possibly come within the scope of the Association. That would be work for a Government Committee. It could not possibly be done by that Association, as it would entail travelling about the country to determine what areas were suitable. Members had neither the time nor the means at their disposal for that.

Dr. MILSOM RHODES asked whether the matter could be allowed to stand over until the Commission on the Feeble-Minded reported, the first week in August. He knew that Commission had taken a lot of evidence on the point.

Dr. YELLOWLEES said he supposed the conditions for boarding-out feeble-minded children would be very much those for boarding-out the chronic insane.

Dr. RAYNER thought it would be better to delete that part of the resolution which referred to the appointment of Dr. Cunyngham Brown as convener and secretary. The seconder of the resolution was agreeable to that.

The PRESIDENT said the terms of reference as drawn would clearly imply a very extended inquiry. He did not see how any Committee of that Association could possibly consider the practicability of extending the home-care of the insane in England, Wales, and Ireland. If they sat in a committee room and evolved the matter out of their own consciousness, they could only make a recommendation in the air. It was quite impracticable for them to visit largely and travel about the country; and that was the only way to determine the matter with any sort of finality. He suggested that the terms of reference should be drawn somewhat differently, so that the Committee might consider, not the practicability of extending the home care, but the measures that had been taken or recommended hitherto for the home-care of the insane, and to consider what additional measures should be taken to have the matter investigated, because the Association could not investigate it. But if it was found that the Royal Commission on the Feeble-minded had not dealt with the matter adequately, it would be open to the Association to approach the Government and have inquiry made. Clearly it seemed premature to make any inquiry or any recommendation of their own until they learned what was the report of the Commission on the Feeble-minded.

Dr. RAYNER said he thought the idea was that that Report would shortly come before their notice, and it would then be necessary to consider whether they could aid in any way in carrying out the recommendations which it made, and that the proposed Committee would deal with that. Of course the Committee could not do what was beyond its power, and he thought that to take up the whole question of inquiring how people could be lodged here and there throughout the country would be beyond its power, and the Committee would at once say so. Giving the Committee the widest power of considering it would also give them the power of rejecting anything they felt they could not do.

Dr. HAYES NEWINGTON said he did not see what harm there could be in the Association considering the question on its original merit. He was sure that a thorough investigation, honestly carried out by the Association, wonld be valuable.

Dr. ROBERT JONES said it seemed a little premature for them, as an Association, to be formulating a Committee for which probably there would be no necessity. He was sure it was much better to wait until the Report of the Commission on the Feeble-minded was issued. That Commission had been abroad, to Scotland, and to many places, and it had taken a great deal of evidence. It was not yet known what that evidence consisted of or what it showed, and to appoint a Committee was a leap in the dark at present. He asked whether the proposer and seconder

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would agree to the decision on the matter being postponed until the November meeting.

Dr. MACDONALD said he had great pleasure in seconding Dr. Jones' suggestion, as an amendment.

Dr. BOWER said he thought it a matter which was likely to be reported upon by the Commission on the Feeble-minded; and when that Commission reported, a very comprehensive committee would be required to go into the subject-matter of the Report.

Dr. RAYNER asked whether it would be wrong to refer the question to the Parliamentary Committee.

The PRESIDENT said he could not take that amendment as there was one amendment already before the meeting.

The resolution to postpone the further consideration of the matter until the November meeting was carried.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the South-Eastern Division was held by the courtesy of Dr. Elkins at the Metropolitan Asylum, Leavesden, on October 6th, 1908. Among those present were Drs. D. Hunter, T. D. Greenlees, H. Kerr, A. Dove, Josephine Brown, F. A. Elkins, H. B. Ellerton, P. E. Campbell, Wolseley Lewis, C. H. Fennell, F. H. Edwards, J. W. Higginson, R. J. Stilwell, A. N. Boycott, G. E. Shuttleworth, Robert Jones, H. E. Haynes, J. F. Dixon, G. H. Johnston, Mary Edith Martin, F. W. Mott, T. O. Wood, C. H. Bond, A. Newington, and R. H. Steen (Hon. Sec.).

The visitors included Rev. A. E. Clark, Drs. Slattery, O'Brien and J. C. Mead.

Apologies were received from the President and other members.

The members visited the wards, Nurses' Home, and other parts of the Institution. In the recreation hall plans were exhibited by W. T. Hatch, Esq., M.I.C.E., M.I.M.E., Engineer-in-chief to the Metropolitan Asylums Board, and in the same building several most interesting cases exemplifying the rarer forms of congenital defect were to be seen.

At 1.30 p.m. luncheon took place, and at the termination of this Dr. Robert Jones proposed a vote of thanks to Dr. Elkins for so hospitably entertaining the Division.

The General Meeting was held at 2.45 p.m., Dr. Robert Jones in the chair.

The minutes of the last meeting having appeared in the JOURNAL were taken as read and confirmed.

The invitation of Dr. Pasmore to hold the Spring Meeting of the Division at the Croydon Mental Hospital on April 27th, 1909, was unanimously accepted with much pleasure.

COMMUNICATIONS.

Dr. F. A. ELKINS read a paper entitled "The Metropolitan Asylum, Leavesden: some notes on recent changes."

In these notes it will be convenient to limit the subjects dealt with to four: (1) the living out of the staff, (2) the change in the character of the patients received, (3) the reduction of the tubercular death-rate, and (4) the structural and estate changes. It is proposed that the living out of the staff shall be more fully dealt with than the other subjects.

The Living Out of the Staff.

In a paper read at the Annual Meeting it was urged that after the hours of duty are over, as many officials as possible should be altogether freed from institutional restraints. The so-called "indoor" staff of an asylum may be roughly described as consisting of—first, those who may be and generally are required to board and

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