

of universal serviceability, but a poison whose effect may be beneficial under certain circumstances."

I think the general notion about hypnotism is that it weakens the will-power of the subject, but it would appear that the real object of hypnotic treatment is, on the other hand, the development of the will-power of the patient, and of his control over his own organism. Many mental illnesses represent the culminating point in a life which has been characterised by a lack of discipline and self control. I will close with an allusion to the psycho-therapeutic movement in America referred to by Dr. McDonald in the April *Journal of Mental Science*. You have probably all read the article, and I will not weary you further, beyond saying that there is no doubt much can be done and has been done by purely psychic methods in cases which would otherwise undoubtedly have become insane. Unfortunately we of the asylum service are placed under tremendous disadvantages as regards opportunity for the study of incipient insanity, and the community at large is at a corresponding loss, by the short-sighted restriction of our field of work.

This paper was discussed by Drs. SHUTTLEWORTH, MOTT, BOND, ELKINS, FENNELL, and STEEN, and Dr. DIXON replied.

The meeting directed a vote of thanks to be forwarded to W. T. Hatch, Esq., for his courtesy in exhibiting plans, and with votes of thanks to Drs. Jones and Shuttleworth for acting as chairmen, the meeting terminated.

After the meeting Mrs. Elkins entertained the members to tea in the medical superintendent's house.

In the evening a good number of the members dined at the Café Monico.

SOUTH-WESTERN DIVISION.

A MEETING of the South-Western Division of the Medico-Psychological Association was held at 2, Bladud Buildings, Bath, by kind invitation of Dr. MacBryan, at 3 p.m., on Friday, October 30th, 1908.

The following members were present: The President (Dr. Mercier), Drs. Aldridge, Baskin, Bullen, Goodall, Lavers, MacBryan, Macdonald, Morton, Nelis, Paul, Pope, Prentice, Rorie, Rutherford, Soutar, and the Hon. Divisional Secretary (Dr. Aveline).

The chair was taken by the President.

The minutes of the Spring Meeting were read and signed.

The following candidates were elected members of the Association: George Hooper Rains, L.S.A.Lond., Assistant Medical Officer, Brislington House, near Bristol. Proposed by Drs. Morton, Aveline, and Rutherford. William S. Graham, M.B., B.Ch., B.A.O., R.U.I., Assistant Medical Officer, Somerset and Bath Asylum, Cotford, near Taunton. Proposed by Drs. Aveline, Rutherford, and Morton.

COMMUNICATIONS.

CARDIFF HOSPITAL FOR MENTAL DISORDERS.

Dr. GOODALL made an interesting statement on "Consideration of Possible Medical Interest Connected with the Opening of the City of Cardiff Hospital for Mental Disorders." He stated that it was not his intention to deal with the architectural features or administrative arrangements of the City of Cardiff Mental Hospital. As the title of his address indicated, he proposed to deal only with certain medical aspects of the Institution. He, however, showed a block plan of the institution, which was handed round, so that the members were able to observe the general arrangement of the institution and the manner in which it was built, in horse-shoe shape, with the wards arranged round the convex aspect of the horse-shoe, all communicating, and nearly all facing south. The administrative block, power-station, laboratories, etc., occupied the centre, and there were detached buildings for the staff outside. At the outset Dr. Goodall observed that the plans were not submitted to a public asylum medical superintendent prior to erection, and when he asked the Chairman of the Committee why that was so he said they

were advised that if they employed expert advice the superintendent they appointed would differ from the expert, it being well known that all lunacy doctors were faddists and differed on almost every point. (Laughter.) He ventured to say that on essential things they would not be found to differ, and he pointed out also that the plan of asking for expert advice had been adopted at other institutions with very good results. If he had been consulted he could have made suggestions which he believed were not in the nature of fads. Dr. Goodall pointed out various omissions, one being the absence of a separate block for private patients, and another the absence of a separate ward for imbeciles and defective children. At the time the buildings were erected the Committee were approached by the medical men of Cardiff and urged to put up separate blocks for private patients, but unfortunately they did not adopt that course, though he hoped that later on they would do so. Similarly, they were asked to put up blocks for imbeciles, but economy was the chief reason for not doing so. Now they had the imbeciles mixed up with the other patients, and the Committee would like to see their withdrawal, but this was not feasible. Taking things as found, the object had been to give the Institution as much a hospital character as possible. The title was adopted on his suggestion. He went on the basis that for the asylums of New York the term "hospital" had been adopted, and he thought in some of our colonies, such as New Zealand, it had been adopted too; also at Croydon, London, and Chichester, the latter in a modified way. These illustrations demonstrated to him the advantages that were to be derived from the title of "hospital for mental diseases." He urged the title, and the Committee were unanimous with the exception of the Chairman, and he was over-ruled. The speaker thought there was a good deal in a name in this connection, which they as psychologists should make use of—it was better for the patients, it was better for their friends, and it was better for the nursing staff. The question was raised at an interview they had with the Local Government Board in connection with the borrowing of money, and Mr. John Burns asked him personally why they used the term "mental hospital." "Do you expect to pay more for it?" he asked. He replied that the question of expense had not to do with him (Dr. Goodall). Dr. Goodall, continuing, said he found the Royal Commission on the Feeble-minded recommending that the terms "asylum" and "lunatic" be dropped and "hospital" and "mental defective" substituted, and he thought himself that was in the right direction, and he was very glad to see the recommendation. Dr. Goodall went on to refer to the various advantages from a medical point of view which accrued to an institution in the neighbourhood of a city; Cardiff was only distant a journey of fifteen minutes, with frequent communication by rail and motor 'bus, having an infirmary with specialists attached, having a medical society and library, and equipped with a pathological and bacteriological laboratory with an experimental licence, and later on, when a medical school was fully equipped at Cardiff, the advantages in this direction would be greater. The rules of the Hospital provided for the calling in of help from the specialists available, and when they wanted such help in various ways they could get it very easily—a thing that was very much appreciated by anyone who had been far from assistance of that kind in the country. In the original plans an operating room costing some £600 had been provided, which had been cut out on grounds of expense. He, however, urged the desirability of having a small, properly-equipped room for operations, and having a room at disposal which was not required they adopted his suggestion at a cost of £500. The arrangements of this and an adjoining anæsthetising room were described. A loan to cover the cost of the room was disallowed, the Commissioners at the same time refusing their consent to a fire-station (to serve as a gathering point for the fire brigade), but as the buildings were nearly completed at that time they went on with them, and the cost would have to be borne out of the rates. The Commissioners said the operations were few, and one observed that operations were often done in private bedrooms in London. He (Dr. Goodall) pointed out that they had allowed one designed, he believed, by their own architect at the Long-Grove Asylum, and he produced to them a telegram from Dr. Bond saying that he had an operating room, so that such had recently been allowed. Dr. Goodall pointed out the evils which resulted from the want of a small and properly-equipped room for operations, and related that he had seen cases that needed operations left alone because the doctors from the neighbouring towns did not care to operate

without proper means. Anyway, they had got at Cardiff a well equipped room with an electric fan and about £360 worth of operating and clinical instruments, and within a fortnight of the operating room being opened their Night Sister sustained a fracture of the base of the skull and she was operated upon in that very room. He would have preferred that the nursing in the male infirmary should have been carried out by the female staff under the matron had the arrangement of the wards permitted it, but it could not be worked. He agreed that in any case some subordinate male help would have been necessary to assist with the rough and difficult work, as where it came to moving and struggling with resisting patients. In appointing a matron a successful endeavour had been made to obtain a trained hospital nurse and asylum nurse in one and the same individual. Provision for a housekeeper had been altered to accommodate a deputy to the matron. The housekeeper was not missed, the claim of the nursing was more important. The night staff was supervised by a Night Sister and Night Inspector respectively. The day nurses were classified as Ward Sisters, Staff Nurses, and Probationers. The nurses, and as many as possible of the attendants, signed a three years' engagement on the understanding that they were properly trained and prepared for the nursing examinations. Outdoor nursing uniforms were worn by the female nursing staff on the service of the institution, and also in their own time, unless forfeited for misconduct. The plan was adopted of changing probationers from ward to ward on each side every three months, so as to give them all the experience possible, and also of making them take night duty for the same period. One advantage of opening a new institution was that one could start with a good outfit of scientific apparatus. Care was taken that in the schedule of equipment sufficient allowance was put down for clinical, pathological, and operating instruments and apparatus. The whole of the fittings of the pathological laboratory were put up by local carpenters under direction. In addition to the usual apparatus in this laboratory there were sterilisers and an incubator, and the essentials for elementary bacteriological work. A library would be formed in due course in connection with it. The hospital possessed a good photographic studio with a room which had been prepared for X-ray work, for which purpose a very efficient outfit had been supplied by Mr. Leslie Miller, Hatton Garden. Dr. Goodall added that he got Dr. Lewis Jones, of St. Bartholomew's Hospital, to advise him as to this and all the electrical plant. The X-rays had proved most useful in some cases of fracture already. The cost (electrical plant) was about £150. In this room also laryngoscopic and ophthalmoscopic work could be carried out, for which suitable lamps had been provided. A room had been set apart for electric bath treatment, following up a line of work upon which the speaker had been engaged at the Joint Counties Asylum, Carmarthen. The method of production of current and the apparatus used was briefly described. A useful trolley (K. Schall's) for faradic and galvanic currents to be worked off the main plug had also been provided, and this could be taken to the wards when necessary. Dr. Goodall referred to the objects of the bath treatment, and incidentally related the suggestive influence of the bath upon a patient with hysterical paraplegia who had not moved for five years when she was brought to the new institution, but who had been discharged cured. A Swedish drill class was held on both sides, and extra pay given to the ward sister and the charge attendant for conducting the same. The exercises were collected from Ling's suggestions. The patients and instructors were dressed in suitable uniforms. In accordance with the experience of others he had found prolonged warm baths useful in some cases, and he considered it unfortunate that the use of a lid for the bath had practically been abolished by the declaration of this practice as restraint. Undoubtedly the use of the bath had been thereby restricted. It was still seen on the Continent, and was not considered to be restraint there. He said unhesitatingly that it was a misfortune, and perfectly unnecessary. He thought that in this country the importance of the liberty of the subject was exaggerated. At Cardiff it was only possible to give such warm baths in the ward bath-rooms, no open baths being available in the general bath-room, where the spray system of bathing had been adopted. The ward baths were, however, supplemented in any given ward by means of baths on wheels moved from one ward to another. The spray system of general bathing was referred to, and the remark made that a shower bath might with advantage be placed at the head of one of the ordinary fixed baths off each ward, as was done in

private houses. The great advantage which resulted from the provision of large verandahs in connection with the dormitories off the sick wards on both sides was pointed out. Beds could be wheeled direct from the dormitories under these verandahs. The case-books were kept on the loose-leaf principle, with which some of his hearers were familiar, the case being taken in accordance with printed headings for mental and physical states. Specimens of these leaves were handed round for inspection, and Dr. Goodall explained that histories were kept in separate binders and were taken on forms, of which specimens were also shown. When the case was finished it was taken from the live case-book and put into the chronic case-book, and when death or discharge took place it was put into the death or discharge book, and so only one, or possibly two, books were in active use on each side. The Commissioners had looked at the books and expressed themselves as pleased, which was gratifying. When all was said and done he felt that the institution was a good compromise, because, so far as his own personal views went, he regarded the arrangement of, and the work being carried out at, the Royal Psychiatric Clinic at Munich as far superior to anything this country could show, but unfortunately we could not yet conduct scientific work in psychiatry on these admirable lines, even in London, let alone in provincial towns. He believed that in the interim much could be done, more especially in asylums in close touch with large towns, by the employment of specially-selected young men in the capacity of *internes* for the following-up of lines of research work, who, however, must be provided with suitable clinical and laboratory facilities and trained laboratory assistants, and receive proper guidance from the director of the mental hospital. As far as he was concerned, however, this plan was *faute de mieux*, the psychiatric clinic with associated asylum in the proper sense (for chronic, aged, and decrepit patients) being the object for which, he believed, they should work.

The PRESIDENT described Dr. Goodall's paper as a "breeding ground of ideas," and observed that few people had the opportunity of opening a new asylum equipped in the most modern manner, but he supposed that they had all their aspirations as to what they would do if such an opportunity came to them.

Dr. MACDONALD said he was sure that he voiced the feeling of the meeting when he said they had listened to Dr. Goodall's paper with the greatest interest. They knew that they were going to listen to original ideas because those of them who had known Dr. Goodall, as he had, for long years knew that he was not usually satisfied with ordinary things. With regard to the substitution of the term "hospital for mental disorders" for "asylum," he personally would rather see the law attacked and altered, and then it would be a simple and easy matter to change the name. Dr. Goodall had expressed his regret that he himself, or someone else who was an expert, had not been consulted with regard to the plans, especially with regard to the making of it possible for the nursing of the male patients with female nurses, because the arrangement of the building did not make it possible for that to be done. He felt sure that that was an arrangement that many connected with the nursing of the insane to-day would like to adopt. Personally he would adopt it to-morrow if it were possible to do so in the building with which he was associated. But he parted company with Dr. Goodall when it came to the question of his staff being compelled to wear uniform when off duty. When on duty let uniform be worn by all means, but when members of the staff, whether male or female, were enjoying their own time, he did not agree that they should have to brand themselves as belonging to any institution. However, when he came to the pith of the whole thing and saw the delightful way in which Dr. Goodall had got his institution equipped with every scientific apparatus, he could only say that he envied him, and he could only hope that Dr. Goodall would live many long years to see the fruit of his labours in the place which he had taken so much delight in equipping, and which he would endeavour to keep in the front rank of such institutions in this country.

Dr. POPE said he would first of all like to express his agreement with Dr. Macdonald absolutely as to the admiration they all felt for Dr. Goodall's energy in equipping the Cardiff institution as he had done. With regard to his remarks about electric baths and Swedish drill he envied him heartily, and especially the Swedish drill. From the effects he had seen of an experiment with it, he believed it to be one of the greatest physical improvers any institution of the kind could have. He thought, for one thing, it would banish tubercle.

With regard to Dr. Goodall's tenderness about the application of restraint, he would remind him that the stringent rules were instituted because of flagrant wrong-doing and as a safeguard to patients. The jaunty way in which restraint was sometimes applied made it one of the greatest abuses. If they wanted to seclude or to restrain let them do so—only it must be recorded. If Dr. Goodall would put his restraint lid on, nobody would abuse him for doing so, and he would not object to recording it if he was not ashamed of it. He did not approve of the change of name to "hospital," though he could not understand the meaning of Mr. John Burns as to the cost, because the maintenance rate was a certain amount and the name would not alter it, call it what they might. But he pointed out the grave frauds that were sometimes committed against marriageable young men by young women who had been discharged from asylums, and he said that it would add to this danger if asylums were known as hospitals, because to admit having been in a hospital need not imply anything more than a broken arm, and would not indicate mental trouble. It was a matter which required great care. He was interested in the observations about the loose-leaf system, being one of the first to carry the point with the Commissioners and get them to approve of it. At his institution they had brought the books down to three on each side, and they used boxes for cases that were recent. With regard to the wearing of uniforms when off duty, he would rather the use of the uniform was confined to the boundaries of the asylum, otherwise he did not know what use was being made of them. He had found histories to be a total failure, and if the answers that Dr. Goodall got were within miles of the truth it would be very good. He himself would not be very much inclined to tell anyone whether his father or mother had syphilis. It was all very well in theory, but they found they could not get reliable answers and they had abolished the system. People who drank thirteen quarts a day would be represented as just taking a "sup" now and then, and such answers as that were of no use and never would be. With regard to clinical assistants Dr. Pope spoke doubtfully, though he hoped Dr. Goodall would find them as successful as they were on the continent. Although he had appeared somewhat in the *role* of a critic he admired the work that Dr. Goodall was doing, and looked upon him as a giant in scientific work as compared with himself.

Dr. AVELINE added his thanks to Dr. Goodall for his very interesting paper, with its illuminating ideas on treatment which he had introduced to them. He thought one of the principal things upon which they could congratulate him was on being near a centre of medical education like Cardiff. It was unfortunately the fashion to hide asylums far away from any centre of civilisation, and being thus situated himself he (the speaker) knew how the opportunity to compare views with those engaged in other branches of medicine was a thing to be ardently desired. He was going to ask Dr. Goodall whether any specialists were attached to his hospital, more especially whether there were any dental specialists. That was a point to which it seemed to him attention could be given very usefully. He had adopted the loose leaf system, and was glad to support Drs. Goodall and Pope in what they had said about its usefulness.

The PRESIDENT said, as they would have expected, Dr. Goodall's paper was teeming with ideas, some of which he heartily agreed with and with some of which he heartily disagreed. He thought that the attempt to change the name of the malady from which the insane person was suffering, and of the institution in which he was treated, was destined to be unsuccessful, and it seemed to him, if he might venture upon so strong a term, to be rather childish. They had seen the same thing done again and again with madness. "Madman" was the name that used to indicate the man suffering from madness, and in the old days the place in which he was kept was called a "mad-house." That name gathered round it a number of associations of an objectionable kind and so it was softened down, and instead of the sufferer being called a "madman" he was called a "lunatic." That, at the time it was introduced, seemed a much less objectionable term, for the reason that it was quite fresh and did not connote those evil associations that clustered round the title of "madman." But it very soon became just as bad as the former term, and so for "lunacy" was substituted the term "insanity," and for a certain time that sufficed to satisfy people who were scared at the titles of "lunacy" and "madness." Now they found that "insanity" had the same evil associations adhering to it, and they were endeavouring to find a new term, and the Royal Commission were

seeking to substitute "mental deficiency." The same process would go on. They could not alter the thing itself; it was the thing that was so terrifying, it was the fact of a person being mad, or being a lunatic, or being insane or mentally deficient. It was not the name, and whatever the name they attached that name would gather round it the same unfortunate associations and the same dreaded significance as before. The same thing had gone on in other directions. Their forefathers used to attend the calls of nature in a privy—that is, a privy place or private place. What name could be less objectionable? But it soon gathered unpleasant associations, and when the water-borne system was brought in it was called a "water closet," and that for a time was quite a genteel term to which nobody felt any objection to referring in polite society. But "water-closet" became as objectionable as the old "privy," and so it was made more elegant and softened into "w.c." But "w.c." soon had the same odorous associations, and now we called them "lavatories"—a most inappropriate name, for a lavatory was the place in which one went to wash, and the term was a misnomer as applied to the ordinary water-closet. The notion of rendering a thing less objectionable by applying a less objectionable title was a futile endeavour, and was destined to end in failure. Just in the same way now it was being pressed on the Departmental Committee, on which he had the honour of serving, that for the term "drunkard," "inebriate" should be substituted. It was a less objectionable term only because it was comparatively new, but as soon as it became as intimately associated with drunkenness as "drunkard" it would be looked upon as much askance, and he hoped in time the inebriate would be looked upon with as much disgust as a drunkard was now. Perhaps, however, that was hunting the hare to death. He was surprised to hear that the Commissioners offered opposition to the introduction of the loose-leaf system. As to baths, he was not strongly in favour of keeping patients in baths by means of the lid, but he was in favour of giving the medical man every latitude possible in the treatment of his cases, and he did not think it was consistent with the dignity of the medical profession that hard and fast regulations should be made by which it was impossible for doctors to treat their patients as they desired to treat them. He was much in favour with the suggestion of the psychiatric clinic; it was what they wanted more than anything else to stimulate progress in their science. Dr. Goodall had an unexampled opportunity, because he was only a quarter of an hour's journey from a great town with laboratories and ample materials at his disposal, and with the influence that he could bring to bear he could, no doubt, have an out-patient department at his asylum, and gather in a larger amount of material than could those who were engaged in London hospitals. In the hospital he was attached to, it was a new experience to see cases of mental disorder which he had never seen in the course of his experience in asylums. Not only did they get cases earlier, but in new forms, which would throw a light in various directions on cases of insanity. The mental disorder which was not insanity was just what they did not see in asylums, and yet it was just what they wanted to see if they wanted to find out the beginning and the progress of the malady. It seemed to him that in that respect Dr. Goodall had an unexampled opportunity, of which, no doubt, he would avail himself. The only thing he hoped he would not do was to be led astray by the splendid opportunity and the equipment he had to deviate from the path of psychology and to go in for futile experiments on physiological psychology, which consumed an immense amount of time, which required expensive apparatus, and which led to no conclusions of value.

Dr. GOODALL, replying to the discussion, said it was a source of gratification to him that his remarks had aroused so much interest. As to the use of the name "mental hospital" which had been criticised, he recognised, of course, that there were varying opinions, but at any rate he felt that he was in good company, because he thought he was quite correct in his opinion that in New York and elsewhere they had altered the name of their institutions. Dr. Goodall said the fact that the Royal Commission had recommended the term in this country was also in support of his position. They did not, he supposed, conceive themselves to be legislating for the present only, but for the future. It was beneficial for the patients, for the patients' friends, and the staff. He had not so much experience to go upon as some, but believed that the change of title might lead to more expense, and the question asked him by Mr. John Burns was based upon the same assumption

—that by the adoption of the term “mental hospital” expenses would increase, because, for one thing, they would not get nurses to go for the same money to a mental hospital. They would get a better class of persons coming to a hospital for mental diseases, and he thought that was in Mr. Burns’s mind when he asked the question. At the same time, he thought that it was their duty to demonstrate that madness was not so different from other diseases that it should be put apart. It was a mediæval idea that the mentally-afflicted must be isolated. The disease attacked the highest organ of the body, but it was still an organ of the body, and for that reason he said that the acute cases ought to be treated like other diseases—in hospitals. As a member of his council said to him, he had never been able to understand why these people were put away and treated differently to other sick folk. There was no essential difference—it was only a figment of lay imagination. As Dr. Macdonald said, they would have to use the term “asylum” for official purposes. He asked the Commissioners their view, and they replied that they saw no sufficient reason why the term “asylum” should not be adopted, and by that name the institution at Cardiff would be known in their books. But on no other paper than the official notepaper did they use the term “asylum”; otherwise they carefully avoided it. With regard to the kitchen, he was aware that some superintendents preferred the housekeeper, but he himself thought that the lady with the large bunch of keys and the prosperous appearance was an anachronism. If they could have one as well as a matron and a deputy to the matron, well and good, but in a middle-sized asylum they had to choose between a housekeeper and a deputy matron. The kitchen was under the direction of the matron, the store-keeper and himself. With regard to the three years’ engagement, he got the idea from the Sunderland Borough Asylum, from which two nurses wanted to come to him as Ward Sisters after completing a three years’ engagement there. No doubt at the end of the three years there was a tendency for the members of the staff to leave, and he thought they must put up with the discomfort. He knew that some medical superintendents had given up lectures in consequence, and that others would not give testimonials until nurses resigned, but he regarded that as a narrow-minded proceeding and a policy that would defeat itself in the end, and he hoped it would. On the subject of uniforms Dr. Goodall said he did not find their use abused, and he did not see why it should be more than that of the ordinary nurse’s uniform. The staff were not compelled to wear them when they went home for the day or anything of that sort. With regard to recording restraint, he remembered a Commissioner saying, “I hope that doesn’t deter you from using it,” but he said it did deter the majority, because of the constant reporting of these things in the books and the giving out of restraint-notices to the nurses. All that was a nuisance, and whatever they might say people did not care to see in the Commissioners’ report, “300 hours of restraint” or some such statement, and if it got into the papers (and these things did in his case) the public did not understand, and all that was a deterrent. He quite agreed, of course, that it was not right to fetter a doctor in his measures. As to the loose-leaf case-books, whatever the Commissioners might have thought formerly they seemed to have strongly approved of them latterly. They all knew the shortcomings of histories, but if they gave up taking histories they would lose a lot of valuable information. Not all people were unconscientious.

Dr. POPE: My people are ignorant, you know.

Dr. GOODALL: I hope you will get them educated in time, but you cannot open a book, English or foreign, which advises the giving-up of the taking of histories. The taking of histories is like the examination system—it has its evils, but one cannot do without it. One must sift the chaff from the wheat. He did not think there would be much difficulty in getting clinicals if young men knew what advantages they were going to get, if proper opportunities were given, and if there was somebody to guide them. There were no specialists attached regularly to the Cardiff hospital, but they could call in whom they pleased. Dr. Goodall gave reasons why it would not be well to have specialists attached to the staff, but said he engaged the most suitable man he could. They would certainly call in dentists. Referring to Dr. Macdonald’s criticism of the name of the institution, Dr. Goodall asked if he called his private block “the Lunatic Asylum” instead of “Herrison,” would he get as many patients? Sauce for the private goose was also sauce for the pauper gander, or should be.

LV.

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Dr. MACDONALD said that was not his point, which was that there was no use in calling it a hospital if the Commissioners would only call it an asylum in their forms.

Dr. GOODALL, with regard to the President's remarks, said he did not think that the change of name could be properly compared with a change in the name of a vice, because they could not alter the conception of a vice by altering its name, but he did not see why they should not alter the conception of a disease. He was glad to know that the President approved of what he said as to psychiatric clinics; it was undoubtedly the most important question of the day for them.

The PRESIDENT, taking advantage of his right to the last word, said he would call Dr. Goodall's attention, without resting any argument upon it, to the fact that the name "asylum" was given to these institutions originally in substitution for the name "mad-house," and the term "asylum" was chosen as being the one most completely free from all objectionable association. An asylum was really the place to which one fled for safety, but now an asylum had got to be definitely associated with lunacy, and they only thought of it in that way, but when it was first adopted it had no such significance.

Dr. EDEN PAUL contributed a paper on "Dr. Bloch's Views on Psychopathia Sexualis," as set forth in the volume which Dr. Paul has translated into English, and which is entitled *The Sexual Life of our Time in its Relations to Modern Civilisation*.

Drs. Goodall, Soutar, and Mercier took part in the discussion which ensued, and Dr. Paul replied.

The proceedings closed by votes of thanks being accorded to Dr. Mercier for presiding, and to Dr. MacBryan for his hospitality.

The members subsequently dined together at Fortt's Restaurant, Bath.

NORTHERN AND MIDLAND DIVISION.

The AUTUMN MEETING of the Northern and Midland Division was held, by the kind invitation of Dr. Archdale, at the East Riding Asylum, Beverley, on Thursday, October 22nd, 1908. Dr. Archdale presided.

The following 14 members were present:—Drs. Archdale, Anderson, Cross, Gane, Geddes, Hitchcock, Hopkins, McDowall, C., McDowall, T., May, Merson, Pierce, Simpson, Adair, and 3 visitors—Drs. Bailey, Ranson, and Stephenson.

The minutes of the last meeting were read and confirmed.

It was proposed by Dr. Archdale, and seconded by Dr. Geddes, that Drs. Hitchcock, T. McDowall, and Bedford Pierce should form the Divisional Committee for the next twelve months. This was carried unanimously.

The place of meeting for the Spring Meeting was left to the Secretary to arrange.

Dr. French was unfortunately prevented from being present to give his paper as announced on the Agenda.

Dr. ARCHDALE read a paper entitled "Remarks on Hospital (*i.e.* Asylum) Treatment of the Acute Insane." He first reminded the meeting of certain ætiological factors in the causation of acute insanity. From these he deduced the following principles or aims of treatment—to afford rest as complete as possible, to eradicate parasites and assist excretion, and, finally, during the stage of convalescence, to exercise all faculties in a gradual manner. He then went on to show the details of methods by which such principles might be carried out in practice. This he did by remarking on the following subjects:—Confinement to bed in the fresh air, isolation and observation, psychic treatment or suggestion therapeutics, sepsis in the mouth and other parts, disturbed metabolism, antiseptics and sanitation, regulation of the bowels, water drinking and saline injections, milk and simple diet, observations of urine and weight, hypnotics and sedatives, and exercise.

Dr. T. W. MCDOWALL remarked that the paper traversed the whole field of treatment, and offered many interesting points for discussion. He was gratified to see that Asylum Medical Officers were taking so much interest in the treatment of the acute insanities.

Drs. HOPKINS, HITCHCOCK, GEDDES, and PIERCE joined in the discussion. Dr. Hitchcock emphasised the fact that the elimination of toxins and the use of rest were most beneficial.