

tegration: What on the lowest level are (1) centres for simplest movements of the limbs become evolved in the highest centres into the physical bases of volition; what on the lowest level (2) are centres for simple reflex actions of eyes and hands are evolved in the highest centres into the physical bases of visual and tactual ideas; what on the lowest level are (3) centres for movements of the tongue, palate, lips, &c., as concerned in eating, swallowing, &c., are in the highest centres evolved into the physical bases of words, symbols serving us during abstract reasoning. (4) What on the lowest level are centres representing the circulatory, respiratory and digestive movements are evolved in the highest centres into the physical bases of emotions. So to speak, the lowest level does menial work; the highest level, evolved out of it, becomes in great degree independent of it and is the anatomical basis of mind.

Negative affections of consciousness are supposed to imply paralysis consequent on loss of the motor (or sensory) elements in the most complex of all sensori-motor nervous arrangements, those entering into the physical bases of the four "faculties" (really four different aspects of object-consciousness) (dissolution). The positive mental symptoms are supposed to be the lower homologues of the patient's normal Will, Memory, Reason, and Emotion (object-consciousness). They are the mentation going on on the lower, but then highest, level of evolution, &c., and imply slight sequent activities of less complex, &c., sensori-motor nervous arrangements representing parts of the body, than those lost.

East Riding Asylum, Beverley. Plans and Description of a Detached Hospital for Cases of Infectious Disease. By M. D. MACLEOD, M.B. Edin., Medical Superintendent.

Among the descriptions which have appeared from time to time in the "Journal of Mental Science" of buildings arranged for the treatment of the insane, I have not observed any which show details of a building, in connection with an asylum, set apart for cases of infectious disease.

The plans of the building here shown were drawn by Messrs. Smith and Brodrick, of Hull, architects, under whose supervision it has been erected. The plans have received the official sanction also of the Secretary of State through the Commissioners in Lunacy.

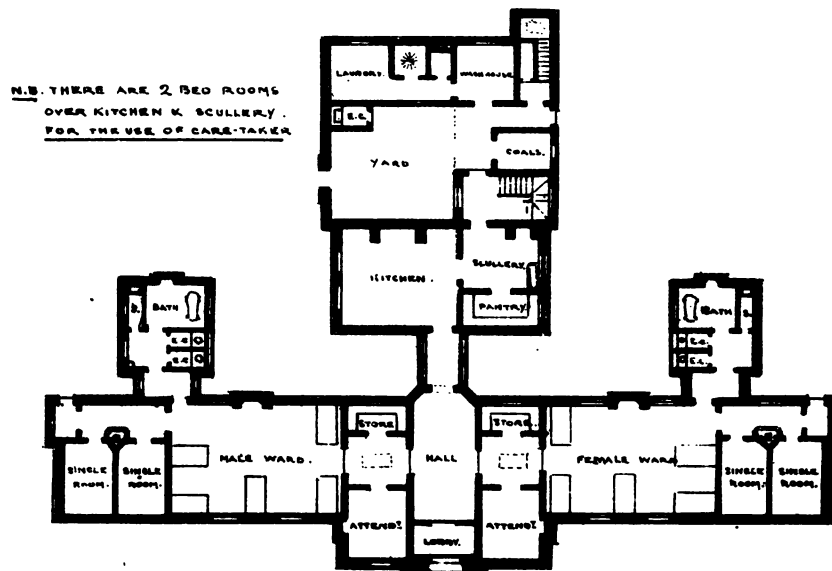
EAST RIDING ASYLUM YORKS.

NEW DETACHED HOSPITAL.

DR MACLEOD, MEDICAL SUPERINTENDANT.



FRONT ELEVATION



PLAN.

SCALE 32 FEET TO 1 INCH

SMITH & BODRICK
ARCHITECTS. HULL

Whitman & Dean, Photo-Litho London

This hospital is situated at a distance of 130 yards to the south-east of the asylum, that site being for local reasons the best available on the estate.

The building will accommodate seven male and seven female patients, or about five per cent. of the average inmates in the asylum. There are rooms for two nurses, and the hospital is complete with stores, kitchen, scullery, wash-house, and laundry. Over the kitchen and scullery are two bedrooms for servants. Attached to the laundry is a stove for disinfection of clothing and bedding by heat.

The hospital proper is a single-story building, having at each end a dormitory for five beds. These dormitories are separated from each other by a spacious entrance hall and two short corridors. The nurses' rooms and store-rooms are placed in these corridors, so that separation of the sexes is amply provided for in the event of there being patients of each sex in the hospital at the same time. The dormitories are fourteen feet high, well lighted on each side, and warmed by open fire-places, having thus good provision for natural ventilation. Ventilation is also further provided for by means of Boyle's ventilators in the roof to exhaust foul, and wall-tubes to admit fresh, air from outside.

At the farthest end of each ward is a passage, into which open two single rooms. These single rooms are warmed by a stove placed at the end of the partition-wall between them, and separated from the rooms by perforated terra cotta bricks.

Behind each dormitory and attached to it is a small annexe in which the closets, baths, and sinks are placed. These are divided from the wards by a passage having windows on each side, obviating the entrance of emanations into the wards from the closets. The closets are on the dry-earth system, but the arrangement is equally suitable for water-closets. The hot water for the baths is provided for by a boiler connected with the kitchen range.

The building is constructed of red bricks, and has hollow walls. Ornamental effects are got by lines and arches of white bricks, and the cornices and eaves gutters are moulded to suit the general effect of the main building.

The roof of the hospital is boarded and felted under the slates, which will make it a warmer building in winter and a cooler one in summer.

The cost of construction will amount to £1,600, or about £114 a bed.

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The building looks well, and has all the requirements of an hospital arranged in a simple and efficient manner.

The wards on this plan can be made larger, and the whole building made to accommodate more patients by adding additional wards to each end, the offices being arranged in suitable proportion in their present position.

*Concerning a new form of Mental Disturbance, having well-defined characters both clinically and pathogenetically.** By Dr. MESCHÉDE, of Königsberg.

In the classification of the different forms of insanity, it has been agreed to distinguish two chief groups—the first including those recent and curable psychoses, to which the term diseased *process* is of a truth applicable—the second including those incurable cases which have run their course, and which, indeed, scarcely merit the term diseased *process*, representing rather, as they do, permanent vices, the results of past disease. Since, in the first group, the psychoses affect principally the emotional and psycho-motor elements of the nervous system, the diseases belonging to this category have been described as of the character or temper (in its older sense) as against diseases of the intellect, which constitute the second category—these latter being marked chiefly by failure of the intellectual powers.

In consequence of this somewhat schematic arrangement, the conception has gained footing that the disturbances of the intellect are to be considered as for the most part consequential, excepting those forms of so-called primary dementia* which result from direct damage to the brain, excepting also idiocy, which depends on arrest of development. Hence, one has become accustomed to regard all cases of *recent* and *curable* psychic affections as a species of character—or emotional—insanity, and to look upon this, the emotional element, as the essential and determining one; whilst in cases of intellectual insanity one lays less stress on this form of unsoundness, and, as a rule, treats of it as a secondary phenomenon.

This conception I cannot admit as adequate in all cases, for not in all cases of recent and curable insanity does the character or emotional element play the chief part; indeed, in not a few is it just precisely the intellectual upset which is chief, and to be considered as protopathic, *i.e.*, *independent of any emotional*

* In England, Dr. Meschede's cases would be grouped under primary dementia, or mental stupor.—[Eds.]