as good as those he left in an asylum. That was a difficult matter from pauper asylums, but it did not exist amongst private patients. Every now and again cases occurred in which improvement happened up to a certain point and there they stuck, and yet when they were sent home recovery was effected. Many owed their recovery to the fact that they were sent out on trial. He was delighted to hear Dr. Batten—they in this district always were. He did not altogether agree with certain of Dr. Batten's remarks, but he might be mistaken as to the drift of them. The asylum doctors had no desire to be marked out from the general physicians; their desire was to be recognised as general physicians. He thought in his paper he laid considerable stress (thus showing they were not quite so hopeless as considered) on the fact that their recoveries were the victories of the physician over disease. It was, of course, absolutely impossible to treat their patients in their own homes. Until the general public began to recognise that there was no more disgrace in being treated in an asylum than there was to be treated for, say pleurisy, by Dr. Batten in the infirmary, they (the specialists) must continue to do everything they could to break down the feeling now existing. (Applause.)

Housing the Insane. By H. Rayner, M.D., Lecturer on, and Physician to the Out-Patient Department for, Mental Diseases at St. Thomas's Hospital.

Under the term "Housing the Insane" I wish to bring before you for discussion the various plans that have been adopted of providing for the insane in asylums, colonies, homes, &c., the extent to which they are practicable, the medical supervision they necessitate, together with the size and form of institution which might result from their combination.

The number of lunatics housed in County and Borough Asylums in England and Wales has increased from 15,844 in 1859, to 63,957 in 1896. The increase since 1892 has been 8,448, giving an average of more than two thousand per annum. The housing of these patients in asylums costs from £150 to £250 per head, so that the mere monetary question is one of considerable public interest.

Its importance is recognised by the fact that the London County Council has appointed a Committee to consider the whole question of dealing with the insane, and I think this Association would be neglecting a public duty if it omitted to discuss, and if possible to formulate its opinions on this subject, in regard to which no other body of men in this country can have had equal experience.

The provision of accommodation for the insane has been hitherto too much a question of local expediency, and few counties can be said to have followed the lines of a definite consistent plan, based on skilled forethought. The result has been, it is to be feared, that experiments of a vast and costly character have been undertaken, in regard to the

value of which considerable doubt exists. It is most desirable, therefore, in the interests of the insane and of the community at large, to consider whether some improvement cannot be made on the plan which now obtains of aggregating such vast numbers of lunatics in one building, by adopting plans of segregation in the degrees in which they are respectively useful and practicable.

Mental disease, viewed as a whole, can be divided into groups or classes, each of which demands special conditions for its care and treatment, the numerical proportion of each requiring to be estimated in making any comprehensive scheme for dealing with them as a whole.

The most important group is the acute condition of mental disorder, which requires all, and more than all, of the nursing and medical attention given in a hospital. This may be termed the hospital class.

Next to this is a group in which the mental disorder is still active, the loss of conduct still so great that constant control is necessary. This, for convenience, I would term the asylum class.

The next group would comprise those whose self-control admits of their being employed to a greater or less extent, and of their being trusted with more or less liberty of conduct—the employed or employable class.

Beyond this there is the helpless group, whom, for convenience, we may term the workhouse class, with a terminal group—the infirmary dement.

These classes of necessity shade into one another, individuals passing from one group to another, and the relative proportion of each varying considerably, not only in urban and rural populations, but with the means of care and treatment adopted.

These classes may briefly be said to represent different degrees in the power of control of conduct, and although in all of them, and at all times, careful observation and attention are required in improving physical health by hygienic and therapeutic means, yet skilled moral treatment is equally necessary for the re-education and redevelopment of this power.

Success in treatment is evidenced, indeed, not only in the percentage of absolute recoveries, but by the proportion of those who have improved so far as to be trusted with a great share of liberty.

I am inclined to think that the latter is as great a test of success as the former.

The redevelopment of self-control in the insane is best aided, we shall all agree, by their being afforded constant and repeated opportunities or inducements for exercising it under conditions of observation, in which any abuse of the opportunities given can at once be checked. I believe, too, that we shall all agree that the opposite plan, of keeping the insane cribbed and confined to wards and airing-courts, under rigid and unvarying conditions, is certain to result in uncontrolled, restless, destructive, and dangerous forms of insanity.

In the former plan it is necessary that the conditions of treatment should afford the means of advancing the patient step by step from one stage of self-control to another, and this can only be satisfactorily accomplished by continuous individual attention and direction by skilled supervisors.

A magnificently built and perfectly organised asylum, complete hygiene and diet, numerous and well-trained attendants, are splendid advantages in treating the insane when they have passed the hospital stage, but all these are useless, may be worse than useless, if they are not accompanied by this skilled individual attention and these personal opportunities of progress in self-control.

That *skilled individual attention is the basis of treatment*, should be written in letters of gold in the board-room of every asylum. With this, the poorest structure, the scantiest means, may yield success; without it, the grandest structure and the most lavish expenditure may result in failure, in becoming, indeed, a factory of chronic lunacy of an intractable type.

I do not think it is superfluous to dwell on and emphasise a fact which is so familiar to all alienists, since its familiarity leads to the assumption that others are equally acquainted with it.

I fear, however, that too many members of asylum committees regard the medical functions as beginning and ending with the administration of drugs, or the maintenance of discipline among the attendants, and are consequently inclined to attach little importance to special experience and to set no limit to the power of supervision.

The former view has been demonstrated quite recently by the appointment of non-specialist superintendents, and of the latter I believe that all present have also seen examples or have had personal experience.

Experience in the treatment of insanity is the necessary

antecedent for the acquisition of the necessary skill, but no amount of experience and skill will enable a physician to give the requisite individual attention to more than a certain number of cases.

The amount of individual attention required varies greatly in the different groups, and with the amount of assistance that can be gained from others, without weakening the *responsibility* for results, which alone can bring out the best efforts of the physician.

Individuality of responsibility is the corollary of individuality of attention. It demands that where large numbers of the insane are treated under the general direction of one physician, there should be an absolute delegation of responsibility for treatment, to assistant or deputy physicians, in as many classes as the director cannot undertake. In the largest institutions this delegation should probably extend to all classes, the physician director limiting himself to general supervision and the co-ordination of the various divisions.

The need for such an arrangement is, I think, emphasised if we enter on an estimate of the medical attention needed by the various classes.

Thus, Griesinger estimated that from 60 to 100 acute cases of what I have termed the hospital class, would fully occupy one physician, and I estimate that a physician and two or three assistants would be fully occupied by the care of 200 such cases; in the asylum class probably 300 might be dealt with, and in the other classes still larger numbers.

Various other questions have, however, to be considered before approaching the question of size of asylums.

The association of the sexes in the same asylum is one of these.

The moral advantages and disadvantages of bringing the sexes together are nearly balanced, but probably the advantages are the greater. The mutual deprivation of occupation in some directions is also probably balanced by increase in others. The argument, however, in regard to the restrictions which this association entails on women is much more cogent, but would disappear in great measure if the means of outdoor and other occupation were more liberally provided for the women. I am certainly not as yet prepared to advocate the disassociation of the sexes.

Still more important is the question whether the hospital class should be treated, apart from the asylum and other classes, in a lunatic hospital in large towns.

A lunatic hospital in London, for example, to be efficient, would require such considerable space for airing grounds and isolation from its neighbourhood, that its construction would be very costly, and even then it would do little more than act as a receiving house.

It is indeed not a lunatic hospital that is needed, but receiving houses, or infirmaries, or even special wards in connection with general hospitals, in which cases not yet certified or certifiable could be received for treatment, and from whence if necessary they could be sent to the asylum.

Preventive treatment in the stage that precedes the certifiable condition is, I consider, the great need in dealing with mental diseases at the present day, and I am very strongly of opinion that with adequate provision in this direction a very respectable proportion of cases might be saved from becoming bad enough to need asylum treatment.

Patients in this early stage will come voluntarily, or under the pressure of their friends, to an ordinary hospital, but I am assured that they will not go equally early to a lunatic hospital.

The receiving houses, mental infirmaries or wards, which I wish to see established, should be if possible affiliated with the general hospitals and infirmaries. They should be staffed by alienists, and while obtaining the assistance of the hospital specialists would in return afford opportunities of clinical instruction in early mental disease, which would be most important to the general practitioner.

The establishment of lunatic hospitals for certified lunatics in the centre of large towns, even apart from the extravagant cost, would I consider be antagonistic to this possible advance in preventive treatment and would hence be a retrograde step.

The hospital class indeed should be closely associated with what I have termed the asylum class; the interchanges between the two classes being much too numerous and frequent to warrant the one being in the town and the other in the country.

The importance of rapid and easy transference, from one class to another, similarly necessitates the close association of the asylum class with the early or colony stage of the employable class.

The employable class also gives rise to very important considerations.

How is this class to be dealt with? In Scotland, for

example, we see some twenty-four per cent. of the insane boarded-out in the country; in Berlin boarding-out has been successfully developed in the town; while systems of segregation in farm colonies have been carried out at Gheel for centuries; and in America, Germany and France for many years past. How is it that nothing of the same kind is found to exist in our English system?

These systems are not only practicable but successful, and offer in an especial manner, under proper supervision, the means of redeveloping control of conduct which are so all important. This is especially proved by the Scottish boarding-out system, where it is found that a considerable number of those who have improved thus far, become re-absorbed in the general population.

The Colony system, wherever it has been tried, has been found to reduce the number of those requiring asylum conditions of control to a very small proportion, and thus more than compensates for the cost of land and increase (if any) of supervision. In England, with existing land values, it is an open question whether an estate of one thousand acres or more, with its farm houses, buildings and cottages, would not furnish accommodation for as many patients as could be provided for by the purchase money spent in asylum blocks.

The produce of such an estate should certainly do something to diminish the cost of maintenance; I believe that the economic side of the question would not be found, in practice, any bar to its adoption.

To insure the success of the Colony system, however, especially for the employment of women, it is absolutely necessary that that bugbear of occupation, the fear of competition with free labour, should be got rid of. This is especially necessary in developing such industries as the cultivation, whether in the open or under glass, of market produce, fruit, flowers, etc., in which women especially could be employed.

Probably this objection would be most successfully met by paying the workers,* a plan which I have always believed would do much to stimulate them to exertion and so advance recovery.

Its effect has been tried, and those who have had experience of it are, without exception, enthusiastic in regard to its value.

Boarding-out would seem to be the necessary complement

* A recommendation to this effect has been adopted in the Lunacy Amendment Bill, now before Parliament.

of the Colony system. It has often been said that boarding-out is only practicable in thinly populated districts, with special kinds of land tenure, and so on. I myself was once inclined to this view, but I believe it a wrong view.

In dealing with after-care cases I have had glimpses of the possibility of boarding-out even in our crowded home counties, and I am convinced that I, or any competent person entrusted with the task, could satisfactorily board-out a considerable number of these cases in any one of these counties.

Their surpervision, too, should be much more easy and satisfactory than in scattered rural districts, which medical men visit only at intervals or for the special purpose.

Boarding-out in the country I believe, therefore, to be undoubtedly practicable; and if boarding-out in town is practicable in Berlin as it has been found to be, I see no reason why it should not be equally successful in English towns.

The population by area is much denser in Berlin than in any part of London, and the means of supervision are certainly forthcoming to an equal extent in English cities.

The colony system and boarding-out, both in town and country, should, I think, be tried earnestly as means of relieving our growing institutionalism.

The workhouse class also demands separate consideration.

In the London statistics some 33 per cent. of the insane are described as of this class, nor does this include the whole of it, being only that portion confined in imbecile asylums. When we view 140 or 150 of these poor creatures spending their lives together in one ward or room of the big workhouse asylums, we cannot refrain from asking ourselves whether this is the most humane, if even the most economical method of dealing with these poor people. Surely some considerable proportion of them might be retained in, or returned to their own workhouses, where they could be visited by, or perhaps occasionally visit, their friends, and be as well supervised and cared for as in these teeming wards.

If systematic efforts were made some proportion of these also might surely be boarded-out either with relatives or others, and help to keep alive in our general population that feeling of sympathy and responsibility for the helpless which is too much lost under present conditions.

There was a time when the conditions of treatment of these feeble cases in workhouses justified the pressure that was brought to bear for their removal to asylums. The four

shillings a week grant has, however, carried the exodus from workhouses too far, and under existing circumstances the aspect of this question is entirely changed.

Summarising the facts and views which from necessity of time I have only presented briefly and imperfectly, I would conclude that the defects in dealing with the insane in England are still great and grievous.

1stly. The defect in the provision of treatment in the earliest stages of disorder is utter and complete.

2ndly. The defect in dealing with the improved or occupation class is very great indeed.

3rdly. The helpless workhouse class are massed in too great numbers and too much isolated from their friends.

4thly. The responsibility for treatment is not sufficiently and clearly delegated where the insane are treated in large masses.

5thly. The number of medical attendants is too limited.

The size of asylums still remains for consideration.

The opinion has often been expressed that an asylum of 400 or 500 patients of all classes was as much as one physician could efficiently supervise, but where we have to provide, for example, for the 17,000 patients of the London county, the practical necessity for dealing with larger asylum units becomes obvious.

If the opinion above quoted is true, then every asylum of more than 500 beds which is under the responsible control of one Superintendent must be inefficient, and the larger the asylum the greater the inefficiency. The considerations I have advanced, however, will, I hope, tend to show that not numbers alone are to be considered, but the means and conditions of treatment.

These conditions, if properly supplied, would admit, I believe, of the satisfactory treatment in one locality of a number of patients, equal to, or even in excess of, our largest existing asylums.

I would suggest, therefore, as a basis of discussion, that where the numbers of the insane under one governing body necessitate it, an establishment under one director should be made up as follows:—A male and female side, each having a hospital for two hundred beds, an asylum division of from three to four hundred beds, with farm or occupation colonies for 500 or more distributed over an estate of at least a thousand acres, and with annexes for

the helpless imbeciles and terminal dements, and that this should be supplemented by a special organisation for developing boarding-out in town and country.

Each of these divisions should be under a physician absolutely responsible for the treatment of the patients under his charge, aided by junior assistants, but supervised by the physician director, who should be the co-ordinating spirit of the whole.

This would mean a very considerable increase in the number of the medical staff, but a considerable diminution of asylum buildings.

The line of advance in the treatment of the insane at the present time may indeed be summarised as a need for *more brains* and *fewer bricks*.

Discussion.

The PRESIDENT—We are all obliged to Dr. Rayner for bringing before us in this very lucid way his views upon this extremely important subject. He has cleared the ground by bringing before us a practical division of cases. I understand he would like to see an asylum established, say for a certain district, with departments for hospital cases, asylum cases, the employable class, and the hopeless and incurable class. A great many, I have no doubt, would prefer to see those four classes housed separately, the hospital patients dealt with under individualised supervision during the curable time—if there be a curable time. Of course we must admit there is a large number of patients who have no curable time; they are insane as long as they live. That may not be generally accepted, but I believe it to be absolutely true. But to have a lunatic hospital, in the real sense of the word, furnished for a comparatively small number of cases, would perhaps be the cheapest and the best arrangement that the ratepayers could make. Then the question is whether we might not house all the rest practically in one institution. A large number of them might very well, under favourable circumstances, be boarded-out—become members of the general community, under general supervision. When you see, as you do in London, the huge and costly structures that are being erected on all sides by the London County Council for patients of whom a considerable number are hopelessly demented and require to be treated in a much more simple and humane manner, one wonders that the London County Council did not long ago come to the conviction which found expression in the resolution which was adopted that a committee should be appointed to examine the treatment of lunatics in foreign countries, and to advise as to the best means of dealing with the insane population. They have been building these structures out of public funds and upon trade union principles. I believe that no employable insane person was allowed to work on the buildings—work in which he might make some return for the expenditure upon him of public money, and which might conduce to his recovery! Those institutions, erected in that way, certainly seem to me to be a mistake, and therefore I think that this paper of Dr. Rayner's comes very opportunely; it brings the whole question of the housing and treatment of the insane before us very forcibly, and particularly with regard to the housing and treatment of the pauper insane of the metropolis.

Dr. WHITE—As far back as 1884 I published an article in the *Lancet* on Lunacy Law Reform, in which this segregation was advocated—dividing the insane into groups, the curable, who should be treated in a hospital of limited

size, and the incurable, who should be treated on a more economical basis in asylums. That we have not made sufficient advance in our large institutions in recent years is, I think, acknowledged; and there are people—perhaps they are right—who think that this is, to a large extent, owing to the congregation of such vast numbers under one roof. The objection to dividing them into separate institutions has been the extra cost which such a scheme would involve even out of London. But I think that that objection can be very well met by having the hospital and the asylum on one large estate. You then have the advantage of your chronic patients who are largely employable; you have the advantage of those patients who come over to the hospital for day duty and to assist in the menial duties, work in the shops, etc.; and, at the same time, the acute cases to which employment can be partially given, can also be employed for certain portions of the day with the others. The great drawback has been the absence of real scientific treatment. Our staff has been so limited that that has been more or less out of the question. If you separate the two institutions you will then have a large staff proportionate to the number in the hospital, and only a small staff in the asylum. With this large staff, which should consist of at least one assistant medical officer for every hundred patients, you would be able to do more justice to your patients, and be able to get to know them more thoroughly. As Dr. Rayner has said, an up-to-date system ought to be adopted, so that the patients may have the best possible opportunity of recovering. Whether or not this staff should be supplemented by consulting physicians is another question. I am not at all sure but that the introduction of a consultant, not to have control of the patient, but to advise and to consult with the medical officer in charge, would be an advantage. Then again we ought to have a visiting gynecologist. There are so many cases of patients suffering from obscure uterine diseases of which we have a fair knowledge but not sufficient to diagnose correctly. In order to carry out the most difficult surgical operations it might be of advantage to have visiting surgeons. How many of us can say that our patients' teeth are in any way attended to? How many of those patients suffer from neuralgia, consequent upon decayed teeth, and the various forms of indigestion that arise from imperfect dentition? We are careful enough about our patients' bowels; why not about their teeth? I think that in all public institutions there should be a visiting dental surgeon. I believe if we advance upon those lines, and also by establishing chemical and pathological laboratories, we shall advance in the right direction of science, and that very much good will ultimately accrue therefrom.

Dr. THOMSON—I think I am correct in saying that all this was discussed some years ago at Brighton, and then followed that curious enquiry by the London County Council in which they never asked our opinion. I am surprised at a man of Dr. Rayner's ability urging such a scheme. We all have acute and curable wards in our asylums; most Superintendents by their rules are able to consult any physician or surgeon or dental surgeon, and therefore I fail to see any advantage in this idea of a curable hospital either in London or in any great urban centre. If you analyse your admissions, for example, what is the need of this curable hospital that is so much talked about? You have so many paralytics, so many epileptics, so many idiots, and so many senile cases, many of whom are manifestly incurable. I do not say they might not by some at present inconceivable advance in knowledge, be curable, but for all practical purposes they are incurable; you eliminate those cases, and your residuum is acute melancholiacs and maniacs. These are but a small proportion of your admissions. Any conceivable kind of hospital in which you have nothing but acute melancholiacs and maniacs would not be by any means suitable or desirable especially in a town. Moreover the great majority of this acute residuum recovers as it is under the present much despised system; they seem to recover on account of, or in spite of the present conditions. Do you not think that the authorities are very much apt to exaggerate these supposed terrible evils of great numbers, and the huge public institutions that are being built? London has increased enormously—

you refer chiefly to London—and—I know the different asylums in London, having served in one—I don't see that for 40 millions of people in England, and five millions in London, that there is such a terrible number of lunatics at the present time. Some five years ago I published a letter embodying the opinion that if the hospitals had to keep incurable cases, as the asylums had, they would rival public-houses in number. I fail to see any cause for alarm in regard to the number of asylums that are arising. If you have an increased population you will have an increased number of lunatics. There has been no great demonstrable increase in insanity. By all means advance in the direction of laboratories. That is, however, quite open to us under the present system. There is no Medical Superintendent that could not embody those ideas in his own asylum. Dr. Rayner tells us there are systems in operation abroad which we have not introduced into England. I don't see that that is an argument, but I am quite willing to enquire into the methods of those systems. I should be very loath indeed, however, to see adopted any system of letting loose lunatic men and women, and thereby increasing the risk of propagating insanity.

Dr. SPENCE—I am inclined to side with the last speaker so far as provincial asylums are concerned. I don't think anybody can have looked round this asylum to-day and have seen the admirable state of cleanliness and efficiency that exists without feeling that there is something to be said with regard to the treatment of the insane in the provinces. I heartily congratulate my old friend Dr. Evan Powell upon the degree of perfection to which he has brought this asylum (hear, hear). I think that everything that can be done for the insane may be done here. Dr. Powell has the opportunity of calling in the best medical skill that Nottingham and its neighbourhood can afford, and I understand that he avails himself of it whenever the necessity arises. While I am not in favour of the huge asylums that are growing up in and around London, I cannot help thinking that where you have asylums for 800 or 900 patients good work is being done.

Dr. MACPHAIL—One of Dr. Rayner's suggestions was that the boarding-out of a certain type of lunatics should be adopted as in Scotland. Is it not the case that a good many years ago this was tried in Sussex and proved a failure?

Dr. NEWINGTON—I wrote to Dr. Saunders on the point and he told me there has been nothing of the kind. Certainly the patients are sent home to their friends very freely, but there is nothing like boarding-out.

Dr. MERCIER—This is a question which concerns this Association in a high degree. Dr. Rayner has a faculty for bringing before this Association subjects of a very interesting nature; but it is scarcely possible in the limited time at our disposal to adequately discuss this subject; we should like to have the opinions of representatives of some of these large asylums. One or two of those gentlemen I am glad to see present, though they have not taken part in the debate. The special application of Dr. Rayner's remarks was to the London Asylums, and I think that any decided opinion given by this Association would carry weight with the London County Council in the matter now being investigated. Therefore I move that this discussion be adjourned until the May meeting, and be then resumed.

Dr. CLAPHAM—I would just like to say a word or two with regard to uncertifiable cases. Dr. Rayner has instituted at St. Thomas's Hospital an out-patients' mental department. Fortified by his example I started a similar department in connection with the Royal Hospital at Sheffield, and I have had very good results. I find that patients come freely for treatment, and the many who would otherwise have gone to the asylum have been kept out, whilst others who would not have gone to the asylum have been sent there in time. I would suggest that in every large town in England a department of this kind should be opened in connection with the hospitals (hear, hear).

Dr. BENHAM—I second the motion that the discussion be adjourned until May.

The motion was then put to the meeting and was lost.

Dr. ALEXANDER said—I am not quite prepared to give expression to my views, as I have to be very guarded in what I say. However, I may say that the superintendence of such very large asylums is most unsatisfactory so far as illness is concerned. It is undoubtedly a case of devolution; and personally, although I have as my colleagues most efficient officers, yet I should like to be able to get in touch with every case—to give as much individual treatment as possible to the various cases. I am rather in favour of lunatic hospitals, some institution intermediate between the parish or the patient's residence and the asylum, and without the appellation of "lunatic asylum." I think the absence of that name would be the means of inducing people to send their friends to this institution more widely than they do to existing institutions. Moreover I think that a good many curable cases would thereby be intercepted. At the same time it would be rather unpleasant for us, because one of the great delights of lunacy life is to see amid so much mental wreckage, evidences of returning reason on the part of our patients (hear, hear). I believe that so far as lunacy is concerned it would be convenient to have this intermediate institution. The proportion of medical officers in colossal asylums is one to 300 patients. That is by no means satisfactory. I honestly admit I should much prefer to have an asylum with not more than 800 patients.

Dr. EVAN POWELL—Having had experience in various asylums in the country, ranging from 300 patients up to 1,500, I may claim to have had the means of coming to some practical conclusion as to which size asylum in my opinion is the best, that is to say the best in the interests of the patients. And I have come to this conclusion unhesitatingly, that any asylum beyond the size to which the Superintendent himself can be in constant touch with every case is a mistake. I think that without much difficulty a Superintendent can carry on the administrative work of an asylum and also make himself thoroughly acquainted with the medical treatment in each case in an asylum of 600 patients. I have two colleagues, one who is in immediate charge of the women, and the other in immediate charge of the men. My practice is to pay a visit to one or other of the two departments every morning. We start at half-past ten o'clock. I go one day, for instance, with Dr. Vincent. We spend an hour and a half with the female patients, and after that visit I make it my duty to go and see the men at their dinner. The next morning I spend an hour and a half in the men's ward, and afterwards go and see the women at dinner. In that way I see the whole of the patients every day. It might be thought that it is a waste of energy to visit the wards in duplicate, but upon the whole I don't think it is a waste of energy. We have a high admission-rate here, something like 160 or 180 a year, and consequently the wards are filled with fresh cases, and every day there is material for discussion between the Superintendent and his assistants. I think it is an advantage both to the Superintendent and to the assistants that they should see the cases every day and consult together as to treatment. Of course I am speaking of a district that is not very thickly populated; but if we come to a place like London, where accommodation has to be provided for 12,000 or 15,000 lunatics, how is it to be done? That is the question. My opinion is that instead of having separate hospitals the best plan is that which now apparently is going to be adopted in the West Riding of Yorkshire, that is to provide a hospital in conjunction with every large asylum. If I had charge of such a hospital I should keep it entirely for the admission of curable cases. Such a hospital would of course be equipped with a proper staff. I do think this is a step in the right direction—a hospital for 200 or 300 patients attached to every large asylum.

Dr. KAY—With regard to the West Riding I may say they have started with a hospital such as has been referred to, at Wakefield. It is designed to accommodate about 250 patients. Whether the scheme will be extended to other asylums in the West Riding I am not so sure; in fact I think it will not be. The money to be spent—£8,000 for 200 beds—at Wakefield is enormous. The question has arisen very acutely from a financial point of view. With

regard to Dr. Rayner's paper, the difficulty to me has always been to know exactly what it means. Every asylum is separated as far as possible into specific departments, though of course they are blocked together. We have acute wards and feeble wards, and the only thing is they are all part of the same block of buildings. Certainly I like the idea of having the acute cases under one's care. Of course when one has a large number of patients one cannot very well know each individual, although I practically see every patient daily. The medical officers are capable of treating these cases—we considered ourselves competent before we were promoted—and if they do want a consultation they can consult with their Superintendent. Upon the whole I should like to understand Dr. Rayner's scheme a little more. I am in favour of acute hospitals, but the difficulty is the material we have to work upon. At the present time the difficulty is as to what kind of cases we are going to put into these different places. Reverting to the West Riding, this question of an acute hospital has been very much discussed, and the Council actually passed a resolution that it should be done in three asylums. It is now going on at Wakefield, but if it is to go on in the other two places I am doubtful, until Wakefield shows good results.

Dr. T. W. McDowall—The question of asylums has been settled by our own society. Some years ago we went elaborately into that subject and we drew up a memorandum which was circulated throughout England, Ireland, and Scotland. I was one of the few Superintendents who thought it worth his while to bring that memorandum before his committee, and I printed it as an appendix to my report for that year. With regard to the acute hospital, in this matter I am a thorough infidel. We all have hospitals in our asylums, and we do our very best with the acute cases; and if gentlemen who are building acute hospitals can tell me in what way they expect to benefit acute cases apart from the methods which we employ in our acute wards, I shall be obliged to them. Will some gentleman tell us how it is to be conducted? Is it to be experimental, and what are we going to do with the patients when we have got them in these acute hospitals? If the ideas appear to be promising, instead of being an unbeliever I shall be a very enthusiastic supporter of the movement. But so far as I have seen and heard the promise is nothing beyond what we are trying to do ourselves in the acute cases in the wards of our asylums where those cases are taken.

Dr. Rayner in reply said—I am afraid I must have made myself misunderstood, because one gentleman apparently thought I wished to inaugurate a hospital apart from the asylum entirely. I certainly expressed my opinion strongly against that. The question of a hospital in the city was discussed by the Association some years ago, and nobody more fully condemned it than I did on that occasion. I said I thought that the establishment of a lunatic hospital in a big town was a retrograde step. Again I had no intention of condemning small asylums. I myself quite agree with the opinion that a small asylum, of 500 or 600 patients, is the beau ideal of an asylum. The question is how to deal with these enormous numbers of patients. Five hundred patients to an asylum means 34 asylums for London, and that does not seem a practical thing. The question I wished to raise was how to deal with these huge numbers. Well, I think if you have to deal with them you must make special provisions, and just as you delegate to your assistant medical officers in your small asylums certain departments to look after, so in these bigger units of lunacy I should delegate the responsibility also, but with a little more complete and definite recognition than now obtains. In a huge institution of the kind I am contemplating, the position of the medical men who have to lookafter the divisions would be enhanced by being recognised and by having responsibility delegated to them, and I do not think that the position of the director in general would be lessened by their position being improved.