

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

lodge within the institution, such as attendants; and second, those who are usually required to take meals only in the asylum, such as bakers and stores porters. The table below shows what has happened to the "indoor" staff at Leavesden, which it may be remarked, has largely increased in recent years.

"Indoor staff (exclusive of Medical Superintendent, 3 Assistant Medical Officers, Matron, and Steward).	Board and lodge in asylum.	Board and lodge out of asylum.	Board in, but lodge out of asylum.	Total.
Head Day Attendants	—	2	1	3
Head Night Attendant	—	1	—	1
Day Attendants	24	58	—	82
Night Attendants	—	19	—	19
Assistant Matron and } 3 Superintendent Nurses }	4	—	—	4
Head Day Nurse	1	—	—	1
Head Night Nurse	1	—	—	1
Day Nurses	71	22	3	96
Night Nurses	16	8	—	24
Assistant Steward and Clerks	—	4	1	5
2 General Porters, } 1 Hall Porter, } 1 Fireman, } 3 Stores Porters, } 5 Kitchenmen, and } 2 Bakers }	1	13	—	14
1 Head Laundress, } 13 Laundrymaids, } 1 Cook, } 1 Messroom Maid, and } 6 Housemaids }	13	8	1	22
Totals	131	135	6	272

It must be pointed out that Leavesden is more favourably situated for officials living out than are some other similar institutions, on account of the close proximity of two villages containing numerous cottages. On the male side, where there is a night attendant in each room where patients sleep, the only attendants sleeping in the asylum are the twenty-four who form the fire brigade. These sleep in bedrooms scattered throughout the building in case of fire, and it is so arranged that each night attendant has at least one day attendant within easy call in case of any emergency. The only other male subordinate official sleeping in the asylum is the fireman. Every other male subordinate official, whatever his rank, sleeps out, receiving either money in lieu of lodging (6s.) or else occupying a cottage on the estate. They also receive 9s. in lieu of board, being allowed one hour for dinner, and half an hour each for breakfast and tea. It may be asked what has become of the rooms formerly occupied by the male staff? Nine opening off the wards are now occupied by patients. But it must be explained that the proportion of male staff sleeping out has been large for years past, and also that the staff of attendants has largely increased in recent years, so that it became a question whether new quarters should be erected or whether more men should be allowed to live out. When the male staff began to live out in augmented numbers, it was thought impossible that the neighbouring countryside could house so many, and the Metropolitan Board decided to build, and has built, twenty-two new cottages on the estate for married attendants with a view to partly meeting the anticipated want. Yet before these cottages could be erected over seventy male officials were receiving money in lieu of lodging—nearly all of them married men—and all of them did actually find house accommodation in the neighbourhood,

though some of them needed the use of a bicycle to come to work. In other words, the local builders and householders met the demand. In order that all the new asylum cottages should be kept occupied, it was found necessary to make special arrangements with the additional attendants allowed to live out, the understanding being that they were to occupy the cottages instead of receiving money to rent houses they might desire. In the paper read at the Annual Meeting the disadvantages of asylum cottages were pointed out. The Rev. Arthur Parnell, the Vicar of Abbots Langley, the village in which most of the married attendants reside, writes: "I am strongly of opinion that the best thing for the married asylum attendants is to live as ordinary individuals in a convenient town or village, that they should, when their work is done, be as other parishioners, that they should take part in and interest in the place in which they live, and that they should leave their work and its surroundings behind when their work is done. I can only say that the married attendants are some of the best and most respectable of the parishioners here. On the other hand, I think the barrack life, putting attendants and their families all to live together in a kind of compound is bad. The men never get away from the associations of their work, and they have no associates or companions apart from those similarly employed with themselves. In the same way the women and children never get away from the asylum life, and it seems to me that the individuality of the home is greatly destroyed. I quite agree that some of the best homes in Abbots Langley are those of your attendants, and I do like to see people taking interest and pride in their homes as though they were their own, and not as mere official residences. Anything that destroys this free intercourse with other people, and makes them and their families live as a class apart, I am sure, is bad." It has been suggested that the night staff living outside will not take proper rest, and therefore will not do their duty properly. On the contrary it may be doubted whether any asylum could show a more healthy or reliable male night staff than Leavesden. They number, counting all ranks, twenty, and the average duration of their service up to September 30th, 1908, was twelve years and five months, no male night attendant having less than five years and eight months' service. Seventeen other male officials—bakers, stores porters, and the like—who formerly lodged out, but boarded in, now take money in lieu of board, their messrooms being at present used as accommodation for five attendants. One effect of so many officials living out has been a great increase in the proportion of married, and therefore settled officials. For instance, of the eighty-one attendants of all ranks living out, more than seventy are married, and as to the remainder, the chances of their remaining single are very slight! Another effect has been to decidedly increase the length of service of those on the staff. It has been shown that the average length of the service of the night attendants was twelve years and five months, and among the day attendants of all ranks living out (61) the average length of service up to September 30th, 1908, was nearer eight than seven years. This average length of service would have been greater but for the considerable increase in numbers during recent years.

Turning now to the female side, there are twenty-five day nurses, eight night nurses, and nine laundry maids sleeping outside the asylum, most of whom also board out, the allowances being 6s. *in lieu* of lodging and 8s. *in lieu* of board. No less than sixty-six beds have been gained for patients by taking over a large nurses' sitting-room and a number of nurses' cubicles and bedrooms. Of the forty-two female officials who lodge out more than half (23) live with near relatives, and the rest (19) are lodged in the houses of present or former officials or in other suitable accommodation, many of them being of long service. The first female, a charge nurse of long service, started to live out with her mother in August, 1905, the number being gradually increased as the success of the experiment was demonstrated. It was an evolution, not a revolution. Already in this short time it can be shown that the length of service of the female staff has increased on account of the living out. Two mothers have moved into the neighbourhood in order to lodge their daughters, and one of these has taken other nurses into her house as lodgers. There has been no difficulty in finding suitable lodgings. Several of the nurses say that the heavy feeling they had in the morning when in the asylum is gone, and that they eat and sleep better. They certainly look happier and healthier. Owing to the increase in infirmary patients the female staff has much increased in recent years, so that a nurses' home to accommodate forty-two

nurses was built, but this was ultimately not found to provide sufficient room for the increasing staff. Hence the successful experiment of lodging out some of the female staff happily got over the difficulty of building an addition to the nurses' home. Through the dark days of December and January it was thought by some that the nurses who lived outside and had to be in by 6 a.m. were sure to be late on duty, and that they would beg to sleep in again; but these fears proved groundless. The living out of the female staff cannot be pushed so far as with the men. It would too, of course, be foolish to leave vacant the accommodation at present provided for the female staff in order to allow officials to live out. It may, however, be pointed out that it would not require great additions or alterations to make the nurses' home into a villa residence for patients of a suitable kind paying a moderate board, a class of the community badly provided for in England.

Dealing now with the financial side, the economic gain has been considerable. For the male patients, nine additional beds, and for the female patients sixty-six additional beds, have been provided; five additional beds for attendants have been provided by taking over disused messrooms; there has been some saving on food, for the allowance given *in lieu* does not quite equal the cost of providing food in the asylum; there has been saving in the laundry, as the eighty-one male and forty-two female outsleppers get their washing done at home or in their lodgings; and the services of the messroom man and the assistant cook have been dispensed with. One laundry maid was also dispensed with for a time, but, on account of the increased number of infirmary patients, the post had again to be filled. The whole cost of building additional quarters for officials has been saved, but, on the other hand, the allowance *in lieu* of lodging, washing, and, incidentally, medical attendance must be debited.

Careful records over several years have shown how little there is in the argument that officials living out will introduce infectious diseases into the institution. Leavesden in recent years has been remarkably free from infectious trouble, and the visits of patients' friends, many of them slum dwellers, are much more likely to introduce communicable disease into an asylum. The times of the staff going off and coming on duty have been regularly taken by the gate-porter, and there has been no real difficulty as to time-keeping. The privilege of going home to meals and sleeping at home is too great to be lost. Officials have been fined for being late, the fine being deducted from good-conduct money; and the services of one man, persistently late, have been dispensed with. During the past ten years and more, since the writer has been medical superintendent of this asylum, one official has been detected stealing food, and he was a kitchen man, who received his meals in the asylum. Though the man received meals in the asylum, this did not prevent him stealing food. The case is mentioned because it has been seriously urged that, when officials are given money *in lieu* of board, they will be likely to steal the patients' food. Among a large community there will from time to time be discovery of theft, but the elaborate precautions taken when issuing food from the stores, and the constant supervision of supervising officers, should soon detect thieves, and detection means dismissal. The large army of persons engaged in the manufacture and sale of eatables are not necessarily, in consequence of their occupation, required to take meals where they work, and surely asylum officials are as trustworthy as other classes of the community. There are several of the female staff to whom the idea of living out is not attractive. They have no relatives or friends in the neighbourhood, and would dislike to go among strangers. For such, boarding and lodging in the asylum is undoubtedly best.

The Change in the Character of the Patients received.

As previously described by the writer, the Metropolis supplies Leavesden Asylum with the most miscellaneous collection of human wreckage. No patient under sixteen years of age is admitted, so that no children are found in the wards, and patients dangerous to themselves or others are not supposed to be admitted, and cannot be retained, the staff not being sufficiently numerous or the institution adapted for the care and treatment of suicidal and dangerous patients. The large majority of the patients admitted are in weak or very weak bodily health, and it has been rare to admit a man or woman capable of doing work. There are received numbers of restless, broken-down, senile cases, many epileptics, general paralytic

men and women of the demented type, demented drunkards in an exhausted state after years of drinking, imbeciles and idiots of all kinds except those capable of work, cases of circular insanity and recurrent mania, paralytic and other nervous cases, patients with advanced bodily disease, and some mental symptoms super-added, crippled and deformed people with minds full of suspicions, cranks and delusional cases, odd cases which cannot be included, without an act of mental reservation, in any of the tables prepared by the wisdom of this Association, and some years ago a small proportion of curable cases, amongst whom may be mentioned some alcoholic cases, some climacteric cases, and some other cases of mania, melancholia, and stupor. The London City and County Asylums have sent some of their demented and oddest patients, certifying them incurable, harmless, and suitable for Leavesden.

The institution was never intended for such cases. It was built for able-bodied imbeciles, and valiant endeavours were at first made to stem the torrent of helpless admissions. Patients over seventy were not to be admitted, but octogenarians arrived nevertheless, their reputed ages, according to the admission papers, being sixty or thereabouts! Infirmary patients were not to be admitted, but this did not prevent the admission of helpless patients. All was in vain. The logic of fact had to be faced, and the asylum had to be turned into an institution for the reception of mental cases with marked bodily infirmity. It is the character of the recent admissions which is the keynote to most of the administrative, structural, and other changes which have occurred at Leavesden during the past decade and more.

During recent years and more especially this year another unexpected development occurred. In order to make room for a large number of youthful unimprovable imbeciles for whom accommodation had to be found owing to the changes at Darenth Asylum, and to the closing of Belmont Asylum, many of the oldest and most infirm patients have been transferred to Tooting Bec Asylum, and once more we have a considerable sprinkling of youthful but helpless patients.

The reduction of the Tubercular Death-rate.

The following table gives particulars as to the tubercular death-rate during the past ten years:—

Year.	Average number of patients resident.	Deaths from all causes.	Percentage of post-mortems.	Tubercular deaths.	Tubercular percentages.
1898	1986	194	32·5	55	2·76
1899	1952	250	52·2	73	3·74
1900	1905	310	84·0	104	5·46
1901	1772	164	90·0	67	3·78
1902	1768	134	94·0	43	2·38
1903	1752	131	96·9	34	1·94
1904	1751	158	94·0	53	3·02
1905	1776	126	90·5	44	2·47
1906	1782	127	97·0	40	2·24
1907	1817	151	95·3	37	2·03

The value of the above statistics is much lessened because of the changes in the character of the admissions just described. The large number of deaths in 1898, 1899, and 1900 will be noted. In 1900 a severe outbreak of influenza resulted in many deaths. The percentage of *post-mortem* examinations has been high since 1900, so that the tubercular percentage since that date is known fairly accurately and has been diminishing, though there was an unaccountable rise in 1904. In dealing with the problem as to what should be done to reduce the tubercular death-rate financial considerations had perforce to be studied, and very naturally it was asked, "Shall more be done for the most hopeless mentally than is done for sane tubercular patients?"

Amongst the means taken to reduce tuberculosis in the asylum may be mentioned the following:—The tubercular patients have been segregated, each patient being given 100 square feet of floor space; active tubercular cases have not been allowed to attend the chapel and recreation hall; throughout all the wards ventilation has been improved by replacing a certain number of old windows by others, admitting more air and allowing cross ventilation; the ground-floor infirmary wards each have an additional door opening direct into the garden, which much improves ventilation, and allows bed-ridden patients to be carried outside in favourable weather; shelters have been erected in many of the gardens; suitable paths have been made round the estate for those capable of walking; the floors of the wards instead of being scrubbed are now all dry rubbed; by improving the ward grates, the heating apparatus, a constant danger where tuberculosis is prevalent, has been entirely removed; although the great cost stood in the way of plastering the walls of the wards each ward is now thoroughly cleaned down at least once a year; trees and branches which prevented direct sunlight and air getting into the wards have been cut down; the clothes from the tubercular wards are washed separately in the laundry in what is practically a disinfectant; all mattresses, before being pulled to pieces and re-made, are disinfected by steam; the old upholsterers' shop, which was badly placed and badly ventilated, was replaced by a new and very sanitary one, but lately, owing to the lack of patients able to help, all mattress-making has been transferred to Darenth Asylum; every cow passes the tuberculin test before being admitted to the herd; all the milk is sterilised in an Aymard's steriliser; and lastly, no patient suspected of tuberculosis is allowed to work at the farm buildings. The Board also agreed to build bridges between the blocks to minimise danger from fire, and in order that bed-ridden, feeble, and tubercular patients on the upper floors could easily obtain fresh air without going up and down stairs. Unfortunately, the Local Government Board objected to the scheme on the score of expense.

The Structural and Estate Changes.

Leaving altogether out of account a large number of improvements and additions, the following may be specially mentioned:—The conversion of blocks 3, 4, 5, 6, 7, 8, 9, 10, and 11, each originally consisting of a day room and two dormitories intended for 160 able-bodied patients, into three floors of infirmaries, making twenty-four wards in all, with over fifty beds in each; the erection of an isolation hospital, a nurses' home, an upholsterer's shop with disinfecting rooms and appliances, a boot room, twenty-two cottages for attendants, and a mortuary building, consisting of a *post-mortem* room, laboratory, visitors' room, and a room for the storage of dead bodies; the entire re-arrangement of the laundry; the examination of the whole drainage system, and the relaying of any defective drains then found; the erection of additional sanitary annexes to many of the blocks, and the renewal where necessary of the older sanitary fittings; the provision of a water main all round the building with an attached pump and extra appliances for use exclusively in case of fire; the alteration of large numbers of the ward windows to improve the ventilation; the erection of a water steriliser and softener; the provision of rustic shelters in many of the gardens; the purchase of sixty acres more land which is being used for the disposal of sewage, and upon which a second cemetery has been formed; the repair of all the main roads on the estate; the provision of telephones and fire alarms throughout the institution; the laying out of proper paths around the estate and the levelling of a new recreation field; the provision of better fire-grates in the wards, and the removal, except from the corridors, of the old heating apparatus, which was costly to work, ineffectual, and dangerous to health as a collector of dust and a distributor of germs. Lastly, the state of the grounds and the gardens, which has often been favourably commented upon, is due to the fostering care of Colonel R. Webb, an ex-chairman and still a member of the Leavesden sub-committee, who has planted many flowering and coloured shrubs and trees, which should keep him in remembrance at Leavesden Asylum for many years to come.

This necessarily condensed list shows only imperfectly what the Metropolitan Board, guided by the institution sub-committee, whose present chairman is Colonel J. Goldie, has accomplished in converting the asylum into what it is yearly more and more becoming, an *infirmary* for incurable mental defectives.

Dr. ROBERT JONES congratulated Dr. Elkins upon the excellent administrative appearance of those parts of the Asylum they had been privileged to visit that morning. There was everywhere evidence of sympathy, care and interest, both patients and staff seemed fully to appreciate the consideration shown to them. He was greatly struck by the new departure made by Dr. Elkins in allowing his nurses to sleep and board out, and so far as answers to questions were concerned, the nurses viewed this as a privilege greatly appreciated. It appeared to him to throw doubt upon the expenditure in some places upon nurses' homes, and he himself often had doubt whether it was best for nurses themselves to be massed so much together, and whether it was not a freer life to have them dotted about the asylum as at present. The question of a favourable locality also would influence a decision upon this matter, and it was evident that Dr. Elkins enjoyed this in the immediate vicinity of Leavesden, where convenient accommodation close at hand made the experiment a success. He also thought that in an acute asylum with all the varieties of recent insanity it would be impracticable to go as far as Dr. Elkins had found it safe. At any rate, in whatever way the staff could be made contented and comfortable, it was our bounden duty to do so, as the case of the patients and their welfare depended upon the attention, care and vigilance of a trustworthy staff that was itself considered and made to feel at home in their service. Dr. Jones was greatly interested in the special care taken by Dr. Elkins to lower the death-rate from tuberculosis, and he was certain the sense of the meeting appreciated the very determined and successful efforts made for the better nursing of his patients and the comfort of his staff.

Dr. CAMPBELL said, as Medical Superintendent of the sister asylum to Leavesden, he had listened to Dr. Elkins's paper with great interest, and while also most anxious to promote the comfort of the nurses and attendants, there were some of his suggestions with which he could not agree. He fully approved of the male attendants being given as far as possible facilities for living out, and so getting married and settled, but for many reasons he did not think it was desirable for members of the female staff to live away from the asylum. Several of his older nurses to whom he had spoken on the subject would not welcome such a change. The locality was very different to Leavesden, there being a large barracks in the immediate neighbourhood. He had no hesitation in saying, were he the father of a young girl, he would not favour her joining an institution where so much latitude was given. He quite agreed with all Dr. Elkins had said regarding the class of patients now in the asylums, while in former years they got a few recoveries that was rarely the case now. A very large proportion were of the chronic lunatic type and as a great many of those transferred from the County Asylums were utterly hopeless, and of faulty, spiteful and destructive habits, the work and responsibility of the staff had been greatly increased. He would like to add how pleased he was that Dr. Elkins had afforded the members of the Association an opportunity of visiting one of the large chronic asylums under the Metropolitan Asylums Board.

Drs. GREENLEES, MOTT, BOYCOTT, BOND, and STEEN also took part in the discussion.

Dr. ELKINS, in reply, said that he offered his best thanks for the kindly criticism. His views as to the possibility of theft and of misbehaviour of some members of the female staff living out had been already fully dealt with in the paper read at the annual meeting and in the paper read to-day, he would point out that opportunities of theft and misbehaviour occurred every evening with in-sleeping staff. In all asylums, too, there were out-sleeping artisans who went home to meals. Dr. Boycott asked what arrangements were made as to parcels leaving the asylum. The gate porter had orders to prevent any parcel being taken out of the asylum without the written permission of one of the principal officers. If any member of the staff was suspected of concealing about his or her person anything with the intention of taking it outside the gate, he or she could be searched, the matron searching female suspects. At meal times half the staff left the wards to go either to the messrooms or to their homes. Bicycles had met the difficulty as to time allowed at meal times, and the time allowed had been found in practice sufficient. He was glad to hear that Dr. Bond's staff did not come on duty till seven a.m. Dr. Robert Jones's objection that nurses would be likely to get wet shoes and stockings had not been found a practical difficulty. The nurses living out had

provided themselves with quiet-looking useful hats and cloaks, an improvement on the fligid apparel which used years ago to be, unfortunately, common. He did not agree with Dr. Greenlees that married attendants were less reliable than single ones. The tubercular deaths as set forth in the table included all cases where active tuberculosis was found by post-mortem, even if the tuberculosis was only a secondary cause of death.

Dr. Shuttleworth then took the chair in place of Dr. Jones, who was compelled to leave owing to an important engagement elsewhere.

Dr. J. F. DIXON read a paper entitled "The use of Sedatives in Insanity."

In the ten minutes allowed me for the opening of this discussion I propose to allude briefly to a few of the sedative influences, both direct and indirect, which may be used in the treatment of the insane.

I would use the word sedative in its widest possible sense, and I would submit to you that all forms of insanity and allied neuroses, are states, either of abnormal excitement, or of abnormal excitability, general or local, of groups of nerve cells or nerve centres, so that the general treatment of insanity practically resolves itself into sedative treatment. It may be said that the excitement is caused by toxins, and that the excitability is the result of exhaustion. I do not propose for a moment that this glib generalisation by any means disposes of the immediate causation of insanity; but as regards *drug* treatment, it gives, so far as it goes, some useful indications. For example, in cases of toxæmic excitement, with its associated high-blood pressure, calomel in minute repeated doses has been found useful; whereas in states of exhaustion, with feeble, too easily irritated nerve-cells, and cardio-vascular atony, strychnine is the drug par excellence. Time will not permit of my going into the virtues of the bromides, chloral, sulfonal, trional, veronal, bromural (urea-bromine), paraldehyde, dionin, heroin, hyoscin, amylen hydrate and morphine, besides many others which are more or less familiar to you all. They mostly constitute useful forms of chemical restraint in cases of emergency.

The question arises whether it is possible to have an unsound mind in a sound body. Whatever the answer to this question may be, there is no doubt, whatever, that body reacts on mind, and mind on body to a very remarkable degree.

The physical basis of insanity is just as elusive, as the mental phenomena are confusing; but we know that certain mental conditions arise frequently out of certain constant circumstances—that there is a causative environment, psychical and physiological. Our first endeavour then is to provide a curative environment. (Unfortunately we cannot influence predisposition.) Little fault can be found nowadays, with certain aspects of this environment. A healthy site is selected, a costly building erected, perfect drainage laid, and abundance of excellent water provided. So far so good. But why are these places turned into isolation hospitals—pushed away into outlandish corners of the country as though insanity were an infectious disease? Why is so little regard paid to beauty of landscape and to architecture, than which few things have so soothing an effect on the mind? Let me quote Ruskin, "The science of architecture," he says, "followed out to its full extent, is one of the noblest of those which have reference only to the creations of human minds. It is not merely a science of rule and compass or of fair proportion. It is, or ought to be, a science of *feeling* more than of rule—a ministry to the mind more than to the eye. If we consider how much less the beauty and majesty of a building depend upon its pleasing certain prejudices of the eye, than upon its rousing certain trains of meditation in the mind, it will show in a moment how many intricate questions of feeling are involved in the raising of an edifice; it will convince us of the proposition which might at first have appeared startling—that no man can be an architect who is not a metaphysician." Passing over, for want of time, the influence of trees, flowers, birds and beasts of the field, let us look to our interior decorations and see if regard is paid to the fact that *colours* are not simple sensations but have an affective tone peculiar to themselves. As regards the selection of individuals for association with and care of the insane.—Is there sufficient effort made to obtain those possessing that rare and invaluable quality of sympathetic intuition? Which of us is unfamiliar with the fact that there are people, well-meaning people, whose mere proximity is a source of irritation, while there are others who somehow exert a soothing effect. I feel strongly that more effort

is required to promote the feeling of self-respect in the insane, and to this end the clothing, personal appearance, and individuality of the patient should be studied; while such terms as "pauper lunatic" and "asylum" might with advantage be relinquished, owing to their unpleasant association with the past. The science of dietetics has not been standing still, and it might be well if the tables of our institutions for the treatment of mental disease were revised in accordance with the progress made. A "stimulating" diet infers the existence of a non-stimulating or sedative diet.

Gymnastics and music have always been closely associated. "The best gymnastic," wrote Plato, "is sister to pure and simple music. By the one, health is given to the body; by the other, self-control to the mind."

"These two exercises and pastimes please me best," says Martin Luther, "first, music, and second, wrestling, running, and jumping; of which the first banishes heart-ache and melancholy thoughts, and the other gives to the body free agile and strong members, and wonderfully preserves the health."

Would a more extensive and systematic use of music and gymnastics do anything to abolish or abate the disheartening and pathetic picture of the shuffling automatons of the airing courts? In the Hospitals of Bicêtre and La Salpêtrière there are or were gymnasiums where young epileptics and idiots performed easy regulated exercises under direction, with good results.

The idea of maintaining a certain amount of discipline among the insane may at first sight appear somewhat anomalous, but I believe it holds an important place in treatment, and tends to sedation.

While complete rest in bed in the open-air is one of the greatest triumphs in the modern treatment of certain insane conditions, there are others to which regular and systematic employment is the greatest godsend.

It is said that worry is the most popular form of suicide—that it impairs appetite, banishes sleep, disturbs respiration, spoils digestion, irritates disposition, warps character, stimulates disease, saps bodily health, and weakens mind. Worry is mental poison, while work is mental food. Let us, then, provide work of interest and utility.

I suppose of all the organic functions of the body there is none which is more often or more obviously affected in association with insanity than the eliminating function of the skin. Here we have ample scope for hydro-therapeutic treatment. Beyond the associated weekly wash, and perhaps the prolonged hot bath, I am not aware that water plays an important part in treatment at many asylums, and the same may be said, I think, for massage—a most useful and important method of treatment. Then there is the science of electro-therapeutics, which has made such wonderful strides of late. Have we not in it a weapon to our hand. Prof. Leduc, in his recent work on *Electric Sleep*, has shown that it is possible to produce sensory and cerebral inhibition.

He says we shall soon have at our disposal an intermittent current of proper frequency and duration by which we can switch off any or all of the nerve centres at will. Inhibition is produced by current oscillations attuned to the physiological note. The frequency for the brain of a rabbit is found to be 100 per second, and the duration of the current $\frac{1}{100}$ th of a second. The animal sinks quietly into a condition of deep narcosis, similar to that of chloroform, and awakens instantly on cessation of the current, with no ill after-effects.

As the stress of civilisation increases the prevailing mental disorder may well depend upon a too widely extended consciousness of our environment, and such will have its antidote in nerve sleep. Also, arguing from the analogy of plants, it may be found advisable to precede a period of unusual activity by a suspension of consciousness.

X-rays have been used with good effect in epilepsy by irradiating that part of the brain which corresponds to the commencement of the aura (Horace Manders).

My time draws to a close, and I cannot do better than introduce the last and most debatable method of sedative treatment by a quotation from Wundt. He says,—“It cannot be disputed that a cautious and intelligent use of suggestion may be of avail for the temporary, perhaps permanent, removal of diseases due to functional derangements of the nervous system, or to harmful practices such as alcoholism or morphinism.” Hypnotism is a two-edged instrument, not a remedy

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