the ex-mental-hospital cases, the manic-depressive states and the schizophrenics. These got well enough to go out, then relapsed and came back to the clinic. Among the real clinic cases there were practically no recurrences. The patient whose case he related in the paper first became ill two years ago, and was under treatment four months. Then he recovered. The speaker saw him again a fortnight ago, when he had come to the skin clinic for impetigo. He came to see the speaker and told him that he had remained perfectly well ever since, and the speaker did not think it wise to reopen the old subject of his inner life.

PAPER.—"**Mental Disorders Associated with Pernicious Anæmia,**" by NORMAN PHILLIPS, D.P.M.

(As time did not allow of the reading of this paper it was postponed to the May meeting.)

IRISH DIVISION.

THE SPRING QUARTERLY AND CLINICAL MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, April 2, 1931.

The following members were present: Dr. Richard R. Leeper in the Chair. Drs. S. Blake, P. J. Cassin, J. O'Conor Donelan, F. J. Deane, P. J. Dwyer, W. Eustace, John FitzGerald, L. Gavin, T. A. Greene, Dorothy Gardner, P. Grace, B. F. Honan, G. H. Keene, J. Kearney, B. Lyons, J. Mills, J. C. Martin, P. Moran, M. J. Nolan, R. Taylor, and R. Thompson (Hon. Sec.).

Apologies for absence were received from Drs. Rambaut, Kelly, and J. Ivison Russell.

The minutes of the previous meeting were read, approved and signed by the Chairman.

The meeting then proceeded to the election of officers for the ensuing year, and the following, after ballot, were declared elected.

Honorary Secretary: Dr. R. Thompson.

Representative Members of Council: Drs. J. O'Conor Donelan and L. Gavin.

Dr. NOLAN then proposed and Dr. GAVIN seconded that Dr. O'Conor Donelan be elected Chairman of the Division. This was carried unanimously.

The CHAIRMAN, at this stage, referred to the recent death of one of their oldest members—Dr. Lawless, Medical Superintendent of the Mental Hospital, Armagh. A vote of sympathy was passed in silence, the members standing.

The Advisory Committees to the General Nursing Councils were reconstituted as follows:

For Northern Ireland: Drs. M. J. Nolan, Deane, N. B. Graham, W. S. Smyth and J. Watson.

For Irish Free State: Drs. J. O'Conor Donelan, R. R. Leeper, L. Gavin, J. C. Martin and S. Blake.

Dr. Nolan and Dr. O'Conor Donelan were re-elected Examiners for the Association's Certificate in Psychological Medicine.

Dr. Dorothy Gardner, Purdysburn Mental Hospital, Belfast, was recommended for nomination by the Educational Committee for the post of Examiner for the Preliminary Nursing Examination (written).

Following a ballot, Dr. Patrick Moran, Mental Hospital, Mullingar, was recommended for nomination by the Educational Committee for the post of Examiner for the Final Nursing Examination (written).

The meeting then listened with great interest to a paper on the Irish Mental Hospitals, written by Dr. Loberg, of Sweden, and read by Dr. Dwyer, Portrane Mental Hospital.

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PAPER.—"Some Observations on a Visit to Ireland in the Spring of 1930," by Dr. KARL LOBERG.

Having been granted leave of absence by the Royal Medical Board, I visited Ireland from May 8–28, 1930, in order to study the mental hospitals there. On the evening of May 10 I arrived in Dublin, where I was received most kindly by Dr. Dwyer, Superintendent of the Portrane Mental Hospital, Donabate, which is eleven miles north of Dublin. For the first eight days I was Dr. Dwyer's guest, and through him I was able to visit not only his own hospital, but also Grangegorman Mental Hospital, St. Patrick's Hospital, the House of St. John of God and the Central Criminal Asylum. Before leaving, I was asked to read a paper to the Irish Division of the Royal Medico-Psychological Association, and at their meeting on May 15 I discussed the chief experiences up to date with the sulfosin treatment in dementia præcox. On May 19 and 20 I visited Belfast Mental Hospital and on May 23 the Mental Hospital at Cork, to the Superintendents of which Dr. Leeper, Superintendent of St. Patrick's Hospital, and Dr. Dwyer had given me introductory letters. Everywhere I was received with extraordinary kindness and hospitality.

I will now proceed to give some impressions of my visit.

Mental disease is a big problem in Ireland, at all events in the Irish Free State. I am told that the number of mental patients is somewhere about 6 per 1,000. Emigration and alcoholism were mentioned as contributory causes to this high figure: that the former may be a factor of considerable importance is manifest, considering that the population of Ireland has decreased in the last 90 years from about 8 to 4 millions. The frequency of the different mental diseases seems to be about the same as in Sweden; thus, dementia præcox forms about 75% of the total number of cases in Grangegorman Mental Hospital, which contains 2,000 beds and admits 500 patients yearly. On the other hand, a disease which appears to be much more common in Ireland than in Sweden is epilepsy. Of the patients in the Grangegorman hospital 4% were epileptics, and at the Mental Hospital in Cork containing 2,400 beds, 5 or 6%. The corresponding figure for all the Mental Hospitals in Sweden in 1928 was under 2%. Even in Northern Ireland the percentage of epileptics seemed to be high. For instance, in Belfast, in a female ward, out of 74 patients no less than 44 were epileptics. On inquiry into the causes of this high incidence of epilepsy, I was told that many cases have a positive Wassermann.

Legislation with regard to mental hospitals is the same in Northern Ireland as in England and Wales, and the same applies for the most part in the Irish Free State. In the Free State the following are the laws regarding the admission of mental patients.

1. *Admission of a Paying Patient.*

The procedure for the admission of these cases is embodied in seven different clauses:

1. Application is made to the Joint Committee of Management and signed by some relative or other person closely connected with the patient.

2. A statement is given before a Peace Commissioner that the patient has mental disease and such evidence is made on oath.

3. The statement must be given by the person making the application or by another relative or person closely connected with the patient.

4 and 5. Two certificates by different doctors are required as to the patient's mental condition (1st and 2nd medical certificate). These must be issued not more than seven days before the patient's admission.

6. An order made by a Peace Commissioner authorizing the patient's admission.

7. Guarantee of responsibility.

2. *Admission of an Ordinary Patient.*

The procedure for the admission of an ordinary patient is not so complicated, and is contained in five clauses, namely:

1. The petition, with guarantee that on order from the hospital authorities or the

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Inspector of Lunatics the patient will be removed from the hospital when he is fit for discharge, this petition to be signed by a relative or other responsible person.

2. Assurance is to the Peace Commissioner that the facts given *in the statement* are true. This *statement* at the same time contains a clause stating that the patient is unable to meet his hospital expenses.

3. *The statement*: The same as that for a paying patient.

4. Certificate of a medical practitioner: only one is required in this case.

5. A Peace Commissioner authorizes the patient's admission.

3. *Warrant for Committal of a Dangerous Lunatic.*

This is embodied in three clauses as follows:

1. The committal warrant is issued by two Peace Commissioners and directed to the superintendent concerned.

2. At the request of the two Peace Commissioners the medical officer testifies that the patient is a dangerous lunatic.

3. Statement giving the name and address of the patient's relatives and a short account of the patient's previous history.

4. *Voluntary Admission.*

In this case only a statement from the Inspector of Mental Hospitals is required. This form of admission only obtains in the private hospitals.

The three big public hospitals which I had the opportunity of visiting in the Free State were mostly built on the block system. This has the advantage of being cheaper to build and more economical to run than the "colony" system. The latter system would, however, seem to provide greater amenities for the patients. For example, I cannot say that it appealed to me to see the patients herded together in big dining-halls seating several hundred. One of these—at the Mental Hospital in Cork—seats not less than 860 people. Within the limitations imposed by this barrack form, if I may so call it, everything possible is done to make the patients happy and comfortable.

One distinguishing feature of the Free State Hospitals is their system of organized games for patients. I was informed that patients not confined to bed, who could not or would not work, were daily occupied with some form of game. Out of doors they played croquet, tennis, and even football and handball; indoors the chief amusement is billiards. In Portrane Mental Hospital there is a cinema show once a week in winter and a concert or theatre show once a month throughout the whole year.

A very important part in the treatment of the insane is occupation, but nowhere is this given too big a place; Sisyphean work or work merely for show is not evident. The patients are occupied in farming or in workshops, as in Sweden. Dr. McCarthy, Superintendent of the Mental Hospital in Cork, told me that he treated cases of dementia præcox in bed for two to three months after admission, then he put them to work. In some hospitals—Portrane Mental Hospital and Belfast Mental Hospital—I was shown small shops where the patients can buy tobacco, sweets, etc., with their "diligence money." In the Belfast Mental Hospital the shop is open to visitors. In this hospital the voucher system is in operation.

A characteristic of the Irish method of treatment is the almost complete absence of restraint; the only evidence of this in the Irish Free State is isolation. Rather gloomy padded rooms are to be seen. The only—if very essential—merit of these rooms seems to be that the patient cannot injure himself. Even prolonged baths are regarded as a form of restraint, and must be reported to the Inspector of Mental Hospitals. I was told that they had been misused by the staff as a means of punishment. At the Belfast Mental Hospital no method of restraint is used. This has its drawback, as the observer cannot help noticing on looking through the 1928 report of this hospital. In the table showing the causes of death he will find 12 cases under the heading, "Exhaustion from mania or melancholia, not caused by other nervous disease." The total number of deaths during the year was 167. In Swedish nomenclature this would be put under the heading of "Insanity." As a comparison I may mention that under this heading in the

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1928 report for all the Swedish Mental Hospitals there were 15 cases (suicides not included), and the total mortality figure was 744.

The medical and curative treatment is, on the whole, the same as in Sweden. At the Grangegorman Mental Hospital Dr. Fitzgerald is especially interested in the treatment of epilepsy. He divides the patients into different groups, and treats each group for three months with a different anti-epilepticum. The patients who, after this period, do not show any improvement are transferred to another group for three months, and so on. In this way he is able to find the best treatment for each patient.

It was a novelty, at least for me, to see the *solaria* in the Grangegorman and St. Patrick's Mental Hospitals. The solaria are verandahs completely covered with a special glass, which permits the ultra-violet rays to pass through. At the St. Patrick's Mental Hospital this is used more especially for melancholic patients.

The Irish hospital staffs seem to have a very sound training—at least as regards the theoretical part. Their written examination is under very close vigilance. The examinees are given a paper of eight questions, of which six must be answered within a time limit of three hours. The questions are set by the Royal Medico-Psychological Association, and the papers are returned with the candidate's number only.

It is, however, noticeable that the staff, in spite of their sound training, are not allowed to give injections, and my Irish colleagues were surprised when I told them that we, with full confidence, allowed our staff to give injections, subcutaneous and intramuscular. The reason for their point of view seemed to be the fear of abuse. The Irish Free State employs only male nurses in the male wards, the reason given for this being to avoid erotic complications. But in the mental hospital in Belfast there is a female staff in the male wards.

As I said in my introduction, I had an opportunity of visiting two private hospitals, namely, St. Patrick's Hospital and the House of St. John of God, both in Dublin. The former, which is Ireland's oldest mental hospital, was founded in 1746 by a donation of Jonathan Swift, and contains 171 beds. As one would expect, it has an old-fashioned appearance, which modernizing improvements have not eliminated. The comfort to which the English upper classes are accustomed outdoor as well as indoor, is here represented as far as is possible in a hospital. Dr. Leeper, the Superintendent, lays stress on modern physio-therapy, ultra-violet rays, etc. There is a special room for this purpose, as well as the solarium which I have mentioned before.

The House of St. John of God is owned by a religious order, but admits patients of all denominations. Most of the patients are admitted voluntarily. The hospital, which accommodates 150 male patients, is not as pretentious as St. Patrick's Hospital, but is very neat and well organized. The cost of maintenance is £3 3*s*. per week for first-class accommodation, and £2 2*s*. for second-class. (In St. Patrick's Hospital the lowest charge is £4.) One detail which struck me particularly here was the lighting system in the large courtyard. There are two big electric lamps of 1,000 candle-power each, thus making it possible for the patients to be out of doors after dark. Owing to the mildness of the Irish climate this is possible till late in the autumn.

The Central Criminal Asylum at Dundrum, not far from Dublin, is not very different from the ordinary mental hospitals, except that it is surrounded by high walls and that its patients wear uniform. Precautions for safety are very discreetly concealed, and the patients are mostly given the same comforts, work and recreations as in an ordinary mental hospital. On my visit to the hospital there were 117 patients (98 men and 19 women). One ward has been completely empty since the Free State and Northern Ireland separated.

In contrast to the public hospitals I visited in the Free State is the Belfast Mental Hospital, mostly built on the "colony" system, its buildings scattered over a wide area on beautiful and hilly ground. It reminds one more of a Swedish village than a hospital. In connection with the hospital there is a big farm well stocked with cattle, pigs and poultry. The villas, which are more like private houses than hospital buildings, contain about 80 beds each. Though the hospital would appear to be overcrowded, there was no diminution in the patients' comfort or lack of care in their treatment. Everywhere there was a minute attention to order and cleanliness (the latter struck me particularly), due to an excellent hospital staff, good hospital discipline and up-to-date equipment. The walls are mostly tiled, which

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is more hygienic than painted walls and more durable. The coldness and lack of comfort which these tiled walls usually give is neutralized by a happy choice of colour—a warm reddish brown. Obviously the patients were better qualified for indoor and outdoor work than is the case in Sweden. For example, I was told that there were 100 patients occupied in farming, and the hospital laundry employed five laundresses and 36 female patients—a considerable number when one realizes that the total number was not more than 1,350 patients. Probably some of these patients could have lived outside the hospital, and earned their own living. In Sweden we usually follow the principle that a patient should be discharged as soon as he can live outside the hospital and earn a living. Work in the hospital will never be for the individual the same as earning his or her own living outside, and only outside the hospital can the improving patient recover his full self-confidence.

The paper gave rise to a lengthy discussion, in which the majority of the members took part.

Dr. Gavin and Dr. Donelan disagreed with the writer's statement that alcoholism played any considerable part in the production of insanity in Ireland.

Dr. Martin stated that in Donegal cases attributable to alcoholism had become comparatively rare.

Dr. Greene and Dr. FitzGerald agreed with Dr. Loberg's view that mental nurses and attendants might be allowed, under proper supervision, to give hypodermic injections and to conduct similar nursing operations with which hospital trained nurses were familiar.

This view was opposed by Dr. Donelan, Dr. Mills and Dr. Dwyer, who pointed out the dangers of abuse.

Dr. Dorothy Gardner stated that epileptic patients were segregated in the ward of which Dr. Loberg spoke. She also stated that during the past few years an unusually large number of extremely exhausted patients had been admitted to Purdysburn Mental Hospital, and that, had these patients been sent in earlier, the death-rate would undoubtedly have been lower.

Dr. Gavin and Dr. Mills disagreed with Dr. Loberg's suggestion that patients were kept in mental hospitals who might be able to make a living in the outside world.

Dr. Nolan, Dr. Greene and several other members expressed their disappointment that Dr. Loberg's itinerary should have been so restricted, and hoped that he would find an opportunity to pay a more extended visit.

The meeting expressed its indebtedness to Dr. Dwyer, who was largely responsible for Dr. Loberg's visit, and to Herr Ericksson, the Swedish Consul, for his kind assistance in many matters connected therewith.

This terminated the proceedings.

A PSYCHIATRIC VISIT TO BERLIN.

By Henry Harris, M.D., D.P.M.

1. Introduction.

After a visit to Berlin I submit a number of facts and impressions about matters of psychiatric interest. My observations extend beyond the confines of clinics and hospitals, just as psychiatry itself does, but I hope they will be none the less suggestive and helpful to psychiatrists whose ambitions, purse or ingenuity allow them to visit this city.

I offer—

(*a*) A few suggestions on travel and language.

(*b*) My impressions of—

- (i) Clinics, institutions and institutes of psychiatric interest.
- (ii) Schools and other arrangements for mental defectives.
- (iii) Speech clinics and speech psychiatry.

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