

done, to the ambiguous sense in which the terms "acute" and "chronic" are used. But, while hesitating to differ from him, I can hardly think that he has suggested the best way out of the difficulty, although he quotes high authorities in support of it. Dr. Easterbrook is inclined to discontinue the use of the terms "acute," "sub-acute," and "chronic," and to substitute for them "recent," "sub-recent," and "persistent." I venture to submit that the terms "acute" and "sub-acute" are not properly correlated with "chronic" at all, but should be used to express degrees of intensity alone, which, as I have suggested in my paper, might be three in number—"acute," "sub-acute," and "mild," and that there should also be terms available for expressing three degrees of duration, such as those which Dr. Easterbrook suggests: "recent," "sub-recent," and "persistent," or, preferably as I think, "recent," "sub-chronic," and "chronic." Dr. Easterbrook asks: "Who has not heard a chronic maniac during one of his attacks described as being 'acutely' maniacal? How a person can be described as being at one and the same time both acutely and chronically ill is difficult of comprehension in the ordinary medical meanings of these terms." But, nevertheless, it is a fact that there are patients whose insanity is of considerable duration, say over a year or longer, and who are as acutely maniacal as they were twelve months previously. Here the illness is surely chronic in duration, but acute in intensity; and we should have terms to express these facts clearly. It does not matter much whether we call such cases "persistent acute" mania, or "chronic severe" mania. But what I do urge is that, in any scheme of classification, degrees of intensity and degrees of duration should be kept perfectly distinct, and that appropriate terms admitting of easy application should be employed to denote them.—T. D.

(1) Read at a meeting of the Irish Division of the Medico-Psychological Association held in Dublin on November 22nd, 1905.

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*The David Lewis Manchester Epileptic Colony.* By  
ALAN MCDUGALL, M.D.

THE David Lewis Colony is one of the latest results of the sympathy for the epileptic spread, if not originated, by Pastor von Bodelschwingh, of Bielefeld.

How the colony came into being is explained in the following passage from an official prospectus :

A committee was constituted a few years ago with the view of establishing a colony for this district, where outdoor and indoor employment might be found for those of both sexes suffering from epilepsy, for the purpose of medical treatment and study of the disease, with a view to elucidating its causes, and with the further view of providing a home for the more severe cases. The committee have been able, through the generosity of a few friends, to collect a sum of about £13,000, which has been invested. The committee approached the Manchester Committee of the David Lewis Trust, with the view of securing a substantial grant from their fund, and their appeal resulted in the Trustees, after a very thorough inquiry of their own, most generously offering to provide the necessary land and buildings for the colony, and also to furnish and equip the same, and hand it over to the committee ready for occupation. The committee most thankfully accepted this munificent offer, and an estate in every way suitable as regards soil and surroundings was acquired by the trustees. It is situated midway between Alderley Edge and Chelford, in Cheshire.

The David Lewis Colony is peculiar in having been built and furnished by a body quite distinct from the one that maintains and administers it. An advantage of this is that, through the splendid generosity of the Lewis Trustees, some of the buildings and furniture are in a style that would be unjustifiable had their cost been defrayed out of the rates or by money collected from the public.

The colony has accommodation for men, for women, and for children, for the rich as well as for the working classes. It was not built for the very poor, as the Manchester and the Chorlton Board of Guardians are now building a colony for these.

Nor is the David Lewis Colony intended for epileptics needing asylum treatment. There is no wall round the estate; any of the colonists could break bounds if they chose to do so; all the doors are open, there are no barred windows. Indeed, two public footpaths cross the grounds.

Of the 115 acres forming the site of the colony about 80 are farm land, the remainder is laid out as lawns, orchards, flowerbeds, and paths. The soil and the air are both very good; the neighbourhood is flat, peaceful, and beautiful.

Through the middle of the colony there stretches a line of buildings which, including the intervening spaces, is over a quarter of a mile long. These buildings, in order from north to south, are the administration block, the recreation-hall, the observation (or quarantine) block, the central kitchen, the greenhouse, the schools, and the farm buildings. To the east of these are the three houses for women, to the west the three for men. A building containing boilers and plant for generating electricity, various workshops, and the laundry stands to the west of the schools. The sewage works, with its septic tanks, stands far away from the other buildings at the extreme south-west.

There are two pairs of cottages, one near the entrance gates, the other near the engine-house. Each of these cottages has been built and furnished to lodge a married workman and three colonists.

The administration block is the only three-story building on the colony. It is built in the Cheshire black-and-white style, the oak forming part of the framework of the building. It has on the ground-floor the Board-room, separate offices for the director, the matron, and the clerk, the attendants' dining-room, a pantry (corresponding to a ward-kitchen); the grocery stores, the central telephone-room, and the director's quarters. Above are the living rooms and bedrooms of the matron, the attendants, and the servants.

The recreation-hall is a large room capable of seating some four hundred people. It has a stage with dressing-rooms at one end. At the other end, under the gallery, there is a recess that contains the chapel appointments. This recess can be hidden from sight by a wooden curtain when the hall is not being used for religious purposes.

The observation block and the hospital are near together and are connected by a covered passage. They are usually unoccupied. The hospital has two wards, each containing four beds; each of the halves of the observation block has a dormitory for three or four colonists and a day-room. The dispensary is situated in this block.

The kitchen (in which food is cooked for all parts of the colony) is large, and will not need extension should new houses be added to those now built. In addition to the large central room, the block contains a smaller kitchen, a vegetable-room,

a dough-room, bread-oven, a bread-room, seven good store-rooms, a servants' dining-room, lavatories, and a coal-house. The steam used in the cooking is generated in a vertical boiler in this block. Most of the rooms are faced with glazed white bricks; to keep the brass splendid occupies the whole time of one of the colonists.

The farm buildings consist of stables for seven horses, six pigsties, stalls for a dozen cows, a dairy fitted for both butter and cheese-making, a barn, lofts, and cart and carriage sheds.

The machinery in the engine-room is in duplicate to lessen the risk of a breakdown, for we have to depend on ourselves for the lighting of the colony. The laundry machinery and the pumps at the sewage-works are driven by electric power. At this season of the year the storage battery makes it unnecessary to drive the engines at the week-end or at night.

The houses for men are three in number and are to the west of the central line of buildings. There are two for third-class men; each of them has twenty-four beds. One of the houses has a staircase leading to the dormitory. On the ground floor there are three large living-rooms (one a central room accessible from the verandah, one a sitting-room, and the third the dining-room), a small kitchen, a scullery, a boot-room, lavatories, and the quiet-room. There are four external doors to this house; one of them is quite close to the boot-room, and is intended to be used by colonists returning from the fields. The architect has arranged a similar entrance to each of the houses. The upper story is occupied by a large dormitory holding twenty-four beds, an attendant's room, bathrooms and lavatories, and a quiet-room.

The other house for third-class men is a bungalow. It is without corridors, the rooms opening directly out of the central living-room. It has two dormitories of twelve beds each, separated by the attendant's room, and has only two living-rooms instead of the three found in the two-story house. In other respects it is the better house from the administrative point of view.

The third house for men is intended for the first and second-class colonists. It is furnished for ten of each class. The only distinction between the two sets is that the first-class colonists are to occupy single-bedded rooms, while the ten second-class share two small dormitories. All will meet in the general rooms, though there are smaller sitting-rooms that can be

reserved for groups of colonists. The style of the furniture in this house and in the corresponding house for women is probably unequalled in any other colony.

On the east side of the colony there are three houses for women. These, except as regards the furniture, are an exact copy of the men's houses.

The building in which the children live serves both as their home and their school. It is licensed by the Board of Education for twenty-one boys and twenty-one girls. It has two stories; the upper, consisting of dormitories and bathrooms, is used only at night. There are high padlocked gates at the head and at the foot of each staircase. There are two good school-rooms and two large living rooms, together with the necessary small rooms and lavatories. The playground is being completely fenced in, to meet the requirements of the Board of Education, and to separate the children and the adult colonists. Covered playgrounds are being provided.

From the numbers given, it will be seen that there are beds for 10 first class men, 10 for second class, and 48 for third—68 in all. There is corresponding accommodation for an equal number of women. There are thus beds for 136 adults and 42 children. But this is not all; for, leaving the hospital out of consideration, the observation block would lodge eight or ten people comfortably; and there are four cottages, each of which is to hold three colonists. That is to say, we can accommodate 200 colonists.

It was in September, 1904, that the Lewis Trustees handed over the colony to the committee; a month later the first colonists arrived. They were admitted one or two at a time; it was necessary for us to feel our way, for the new colony was unlike anything that existed; it was possible to take hints, but not to copy exactly.

And as we are still in our first year, I am not in a position to tell you how a colony ought to be worked, I can only tell you what we are doing at the present time.

To each house of twenty-four colonists there are three attendants, and these are women, but there is a man who gives baths to the men and boys, cuts their hair, and shaves the men, in addition to his other duties. Two of the attendants are on duty by day, the third is up all through the night. The word "patient," like the word "fit," is avoided on the colony;

the attendants are called "sisters," the head attendant of each house is called the "staff-sister." The two third-class houses for men are now in occupation; one staff-sister has charge of them both. This arrangement makes it easy to transfer to the bungalow a colonist belonging to the two-story house whom one wishes to keep in bed for a day or two—an economy in administration and a lessening of anxiety. We may later be able to work these two houses with five instead of six attendants—three by day and two by night. We have managed to do without wardmaids in these houses; all the housework is done by the colonists and sisters.

The men get up at half past six; breakfast is at a quarter past seven. Then each does his share of the housework—scrubbing, dusting, polishing, washing up, or whatever else may require to be done. From ten to twelve all who are well go to some occupation away from the house, most of them working in the grounds or on the farm if the weather is favourable. But some of them have special occupations in various parts of the colony. Dinner is at a quarter past twelve. It is cooked in the central kitchen, and is brought to the houses by the colonists in special tricycles. At two o'clock the colonists return to work, and remain away from the houses till five. Tea follows soon; after that they amuse themselves with games and music. They are in bed before ten o'clock. They are very jealous of their Saturday afternoon holiday. Both staff and colonists flock to the recreation-hall every Saturday night to sing and dance. On Sunday there are services at eleven and half past six; and often some member of the staff takes colonists for a walk in the neighbourhood.

Up to the present not much skilled work has been done by colonists; during the coming winter some of them may be taught trades in the shops; but at present we keep them out of doors as much as possible, and last winter was spent in the heart-breaking toil of teaching them to do simple things, such as scrubbing and digging. We have tried some of them in the office, and taught them typewriting, but there are better occupations.

The women's time-table much resembles that of the men. They are kept occupied with housework, sewing, mending, knitting; some of them are useful in the laundry, others will

later be occupied in the dairy, and we are at last succeeding in getting them to work in the garden.

The children receive instruction from the schoolmaster and the schoolmistress provided by the Manchester Education Committee. They help to keep their house clean, and work in the garden under the supervision of a gardener.

Gradually, as the colonists become trained, new occupations will be found; but at first it is, I think, best to put them to tasks that can be performed almost mechanically, but which at the same time produce an obvious and useful result. He who can be taught to polish a spoon may some day rise to scrub a floor.

The colonists have learned to play as well as to work. It was as difficult to teach them the one as the other. In the early days they tried to spend their evenings sitting round the fire telling sad stories of the fits they had; but now the pianos may be heard after breakfast and in the dinner-hour, as well as in the evening; cricket matches have been played; croquet and tennis are in full swing; and at the Saturday night entertainment the only difficulty is to find time in two hours and a half for all who wish to perform.

And with what result? In the short time that we have been in existence the diminution in the frequency of attacks has been less striking than the remarkable improvement in the mental and general condition of the colonists. This improvement is obvious to the staff: it is still more obvious to the friends of the colonists.

The colonists themselves recognise it. Though they look forward to return to the world some day, they are content to remain with us; they are happier than they were at home.

#### DISCUSSION.

At the Annual Meeting in London, July, 1905.

The **PRESIDENT** characterised the paper as a most interesting description of a really splendid institution, which, as it became more widely known, would be taken great advantage of. As Dr. Milsom Rhodes was a member of the committee of the institution, the meeting would be very glad to hear any remarks from him.

**Dr. MILSOM RHODES** said he thought Dr. McDougall had given the information respecting the colony so well that very little remained for him to say. But he wished to make one observation—namely, that there was too much sentimental gush in connection with some institutions. The paper just read, however, was written in cold blood, and was a good description of what had been done. The treatment of epileptics had not received as much consideration in England as it

deserved, possibly because people had not yet realised the enormous amount of epilepsy existing at the present time. He was sure 1·5 per 1000 of the population was the minimum of persons afflicted with epilepsy in England. One reason why it had not been properly treated was that, whereas insanity was a disease of adult life and old age, epilepsy was chiefly a disease of youth. When he was in the United States, Dr. Spratling, of the Craig Colony, was kind enough to give him statistics of two thousand cases which had been received in the last few years. Of these, 38 *per cent.* of the cases of epilepsy commenced before the age of ten years, 42 *per cent.* between ten and twenty years, and 10 *per cent.* between twenty and thirty years. After thirty years of age there were only 10 *per cent.* altogether. Thus epilepsy was a disease of early and adult life. Some people advocated the prevention of marriage by epileptics. That was the law at the present time in several of the States of America. He asked some of the asylum superintendents when he was over there what was the result of the law, and the general reply was that they were afraid there had been no result at all. He believed the best results would be obtained, not by passing laws against marriage, but by taking those people and properly providing for them in colony asylums. (Hear, hear.) At the present time what was known about epilepsy? He thought anyone who answered that question honestly would admit that he knew very little about it. By getting those people together and carrying on scientific research, as would be done in the David Lewis Colony, the problem of the causes of epilepsy would be elucidated, and by that means much would be done towards elucidating also the causes of insanity, which troubled alienists so much; he believed that epilepsy was due to a toxine. He was quite certain that those cases could not be dealt with in a small airing-ground. He had travelled over Europe and America, and wherever he had gone he had found one thing—namely, that employment on the land was the best thing for epileptics. The men and women in the colonies were far happier than in their own homes, and they were always at a discount when mixing with other people. People said, "I do not like him to come here; he may have a fit at any time." There, however, one man or one woman was as good as another. He believed the proper thing was for the State to take the matter up. He was very glad the Lewis Trust had established the institution which had been so well described, and he was happy to think he had some share in it. But these efforts would not do in themselves; the State must take it up. Just as it had provided proper accommodation for the insane, so it would have to provide for the epileptic. He was sure the thanks of the whole nation were due to the David Lewis Trust for providing this splendid institution. In Dr. McDougall they had a medical officer who took the greatest interest in his patients, and he augured the happiest results from his superintendence.

Dr. ROBERT JONES asked whether any medicine was given to the patients in the David Lewis Colony as a routine measure. He and his colleagues had tried this at Claybury. Many of the epileptics who were insane there were put on bromide of potassium and borax, half a drachm of each, as a routine measure, and a record had been kept of all fits by day and night throughout the year. To his mind, there was a very marked cessation of fits by that treatment. It had been suspended from time to time, and during those intervals the patients had more fits. He also wished to ask Dr. McDougall what he found with regard to the heredity or inheritance of epilepsy in epileptics. He (Dr. Jones) was recently speaking to an eminent authority about the inheritance of epilepsy, and was informed it was very rare indeed at Queen Square to get a history of fits in the parents. He had also spoken to another authority who was well known for his valuable work upon epilepsy, who stated that he found a large number of epileptic parents of epileptic patients. From his (Dr. Jones's) own personal observations and inquiries at Claybury, he thought there was a very definite history of epilepsy and neurosis in the ancestors of epileptic cases, more so than among the ordinary patients in the asylum.

The PRESIDENT asked whether the colonists were voluntary boarders.

Dr. MCDUGALL said they were absolutely voluntary; they could walk out of the place at any moment, but it was usual to require that their friends would give a month's notice of removal.

The PRESIDENT asked what would happen if one of the patients were to leave without notice.

Dr. MCDUGALL replied that the officers had no authority to bring him back.



The PRESIDENT asked what steps were necessary to procure admission to the colony.

Dr. McDougall replied that application forms were sent in to the Committee, and they dealt with them.

The PRESIDENT assumed there was no delay about the admissions as yet, because there was sufficient accommodation.

Dr. McDougall said there was room still. There were now thirty-three men for forty-eight beds, but the numbers of applications were constantly increasing.

Dr. McDougall, replying on the general discussion, said he did not put all patients on bromides as a routine procedure. Patients were seldom put upon that drug before the expiration of a fortnight after admission. At present his usual practice was to leave them for some days after coming in without any treatment at all. Some of the patients were much worse on bromides. One of his men could not eat anything if the drug were administered, while others were better for it. Most were at present on 30 grs. a day. A chart of fits was kept at the colony, and if the patient were left for a time, and then bromide were given, the fits sometimes at once diminished. Still, more trust was placed in outdoor work and attention to the general health—especially the state of the alimentary tract—than in anything else. Sundays were extremely difficult days at the colony; there were two services, and the patients were taken out, but following the idling they relapsed, and on Monday morning everybody appeared to be in a bad temper; so that Sunday was rather dreaded. He had not gone very much into the question of heredity himself; but there were carefully-taken histories. He believed a history of migraine in the parents of epileptics was more common than one of actual epilepsy. It was said that of six children of an epileptic parent, one would be the subject of epilepsy.

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*Notes upon the Incidence of Tuberculosis in Asylums.*

By GEORGE GREENE, M.A., M.B.Cantab., Assistant Medical Officer, Claybury Asylum.

IT is the prevalent opinion that phthisis is the scourge of our English lunatic asylums, and that these institutions are, literally speaking, hotbeds for the growth and distribution of the tubercle bacillus. In the Irish asylums, where the death-rate from phthisis alone amounts to nearly 30 *per cent.* of all causes of death, there seems to be just grounds for this belief. In the English asylums, however, the mortality is much lower, and is but little, if any, greater than that amongst the general population. This can be verified by examination of the Registrar-General's Report, from which it appears that phthisis accounts approximately for one in twelve of all deaths. These figures probably represent less than the true proportion of deaths from phthisis, since *post-mortem* examinations in the majority of cases are not made, and thus, doubtless, many cases of pulmonary tuberculosis are overlooked.

The general practitioner, moreover, is often loath to assign phthisis as a cause of death when other reasons can be stated,