Of the utmost importance is the care of the alimentary tract. Every effort should be made to restore it to a clean condition, regular elimination encouraged and constipation avoided.

The diet should receive careful attention, a point which I think I have fully stressed in the earlier part of this dissertation.

With regard to the medicinal treatment, I would urge careful methodical investigation of the effect of the various drugs, so that "no stone is left unturned" to find the drug of maximum benefit to each individual epileptic. Personally, I am convinced of the importance of this point, and fear that even at the present day the habit of prescribing one drug for all epileptics is only too prevalent.

Now, if at any stage the patient's condition becomes stationary, other lines of treatment should be tried—for example, the ketogenetic and desentization treatments.

Having followed this line of treatment for even such a short period as twelve months I have had very encouraging results. I kept careful records of the cases of 38 patients for that period. The total number of fits for the three months previous to treatment was 993, and for the last quarter of the year 201—a decrease in fit incidence for all cases of just 80%.

In conclusion I would like to thank Dr. Steele, of Middlesbrough, for his kindness and assistance, which was always forthcoming whenever I approached him.

I am indebted to the Medical Superintendent, Dr. J. O'Conor Donelan, for his permission to carry out these investigations and to quote work done in the hospital.

ANNUAL MEETING, 1930.

The following contribution to the discussion on Dr. Gibson's paper ("Mental Changes in Cardiac Disease") was inadvertently omitted from the October number:

Dr. A. Helen Boyle said: Having greatly enjoyed Dr. Gibson's paper I should like to contribute a suggestion on one point he mentioned.

He said, if I did not misunderstand him, that he had no explanation to offer why in cases with apparently similar lesions one did not get similar mental conditions. May it be that in some of the cases the necessary excretion of noxious substances was interfered with to the extent of causing confusional mental states, while in the others, with less of these toxins, the brain was less affected by the similar circulatory condition? In cases of high blood-pressure (such as 240 systolic) the mind is as a rule clear, but should the pressure in such cases fall the mind frequently becomes confused, with disorientation for time and place and sometimes hallucinations. That this is due to the fall may be shown by the fact that when it is again raised the brain clears with rapidity, and the high pressure, if menacing in other ways, can be reduced safely, from the mental point of view, only if excretion can be effectively secured by means such as steam baths, colon douches, very free consumption of liquids, etc.

I suggest that in the cases which showed little mental disturbance the eliminative organs were efficiently excreting, even with a low pressure and poor circulation, but that in those which were mentally perturbed, the patients, with lowered blood-pressure and poor circulation, were unable to rid themselves of substances which irritated their brains.

EDUCATIONAL NOTES.

The Maudsley Hospital, Denmark Hill, S.E. 5 (*University of London*).—Lectures and Practical Courses of Instruction for a Diploma in Psychological Medicine, Course XIV, 1931, Part II.

Twelve Lectures on Morbid Psychology. By Edward Mapother, M.D., F.R.C.P., F.R.C.S. On Wednesdays, commencing March 4, 1931, at 2.30 and 4 p.m.

Six Clinical Demonstrations in Psychiatry. By Edward Mapother, M.D., F.R.C.P., F.R.C.S. On Wednesdays, commencing April 22, 1931, at 2.30 p.m.

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Eight lectures on Treatment:

Two Lectures on General and Routine Treatment. By Sir Hubert Bond, K.B.E., D.Sc., M.D., F.R.C.P. On Tuesdays, March 3, at 2.30 p.m., and March 10, 1931, at 4 p.m.

Two Lectures on Drug Therapy. By F. L. Golla, M.B., F.R.C.P. On Tuesdays, March 17 and 24, 1931, at 4 p.m.

Four Lectures on Special Therapy. By J. S. Harris, M.D., M.R.C.P., D.P.M. On Tuesdays, March 31, April 14, 21, and 28, 1931, at 4 p.m.

Twelve Clinical Demonstrations in Neurology:

Six by James Collier, M.D., F.R.C.P. On Thursdays, March 5, 12, 19, 26, May 7 and 14, 1931, at 2.30 p.m., at the National Hospital for Paralysis, Queen Square.

Six by F. L. Golla, M.B., F.R.C.P. On Thursdays, April 9, 16, 23, 30, May 21 and 28, 1931, at 3 p.m., at the Hospital for Paralysis and Epilepsy, Maida Vale.

Two Demonstrations on Abnormalities of the Fundus Oculi. By R. Foster Moore, M.A., B.Ch., F.R.C.S. On Mondays, April 13 and 20, 1931, at 2.30 p.m.

Eight Lectures on the Psychoneuroses. By Bernard Hart, M.D., F.R.C.P. On Mondays, commencing April 27, 1931, at 3 and 4.30 p.m.

Four Lectures on Mental Abnormalities of Children. By William Moodie, M.D., M.R.C.P., D.P.M. On Wednesdays, commencing April 22, 1931, at 4.30 p.m.

Six Lectures on the Practical Aspect of Mental Deficiency. By F. C. Shrubsall, M.D., F.R.C.P. On Tuesdays, March 3, at 4 p.m., and March 10, 17, 24, 31, and April 14, 1931, at 2.30 p.m.

Four Lectures on the Legal Relationships of Insanity. By Sir Hubert Bond, K.B.E., LL.B., D.Sc., M.D., F.R.C.P. On Fridays, April 24 and May 1, 1931, at 2.30 and 4 p.m.

Six Lectures on Crime and Insanity. By W. Norwood East, M.D., M.R.C.P. On Tuesdays, commencing April 21, 1931, at 3 p.m.

Three Lectures and demonstrations on Laboratory Methods, including the Examination of the Blood and Cerebro-spinal Fluid. By S. A. Mann, D.Sc., F.I.C. On Tuesdays, commencing May 5, 1931, at 4.30 p.m.

Four Demonstrations on Pathology of the Central Nervous System. By Charles Geary. On Fridays, commencing May 8, 1931, at 2.30 p.m.

Fees for the whole of Part II, £10 10s.

Inquiries as to Lectures, Fees, etc., should be addressed to "The Director of the Central Pathological Laboratory," Maudsley Hospital, Denmark Hill, S.E. 5.

The Fellowship of Medicine, 1, Wimpole Street, W.1, will collect fees from and issue admission tickets to medical men intending to take the course who are introduced by the Fellowship.

In addition to the special lectures and demonstrations of the above course, there is opportunity for clinical experience and instruction available at the Hospital. In particular there are a limited number of appointments available as clinical assistants; service in this capacity (either whole time or part time) is recognized by the various examining bodies as constituting the clinical experience required by the regulations for the diploma. Applications and inquiries regarding these clinical facilities should be made to the Medical Superintendent of the Hospital.

National Hospital, Queen Square, Bloomsbury, London, W.C. 1.—Courses of Post-Graduate Lectures are given thrice yearly during the months of February–March, May–June and October–November. The Courses consist of the following subjects: (1) Out-patient Clinics, on each weekday except Saturday, at 2 p.m. (2) Clinical Lectures and Demonstrations, Mondays, Tuesdays, Thursdays and Fridays, 3.30 p.m. (3) Lectures on the Pathology of the Nervous System, on Mondays at 12 noon. (4) Lectures on the Anatomy and Physiology of the Nervous System (if sufficient applicants), on Wednesdays and Fridays at 12 noon. (5) Clinical Demonstrations on Methods of Examination (if sufficient applicants), Tuesdays and Thursdays at 5 p.m.

The Fee for the Course, including Pathology Demonstrations, is £6 6s. For those who hold Perpetual Tickets, or Clinical Clerks, the fee is £4 4s.

Dr. J. G. GREENFIELD will give Eight Lectures on the Pathology of the Nervous System on Mondays at 12 noon. Fee included above.

Dr. J. PURDON MARTIN will give Ten Lectures on the Anatomy and Physiology

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of the Nervous System on Wednesdays and Fridays at 12 noon, commencing on February 11th. The Fee for this Course will be £2 2s.

Dr. CARMICHAEL will give a Course of Twelve Demonstrations on Methods of Examination of the Nervous System, if sufficient entries are received, on Tuesdays and Thursdays at 5 p.m., commencing February 10th. The Fee for this Course will be £2 2s.

For attendance at the Out-Patient Clinics only the fee is £2 2s. for three months.

Mr. ARMOUR and Sir PERCY SARGENT operate at the Hospital on Tuesday and Friday mornings at 9 a.m., or at such other times as may be announced.

Any part of the Course may be taken separately. Special arrangements will be made for those unable to take the whole Course.

Fees should be paid to the Secretary of the Hospital at the office on entering for the Course.—J. G. GREENFIELD, Dean of Medical School.

A BRIEF ACCOUNT OF A TOUR TO SOME SCOTTISH MENTAL HOSPITALS.*

By B. F. HONAN, L.R.C.P.&S.I., D.P.M.,

Senior Assistant Medical Officer, Down County Mental Hospital, Downpatrick.

DOES one get into a rut? Sometimes I am inclined to think that we, in our own hospitals, either by accident or design, do not see enough of how other people do the same work in their institutions. Mental diseases, as a rule, are the same the world over, yet how different are the methods adopted by alienists for their treatment. I can assure you that quite recently I have met a distinguished consultant who adopts and recommends bleeding up to 15 oz. as his treatment for all cases of mania or excitement. On the other hand, I have met another well-known superintendent who has not had a patient fed artificially for twenty-eight years.

To help to broaden one's outlook the Study Tour and Post-Graduate Education Committee of your Association has arranged various tours under the very able guidance of Dr. A. Edward Evans, and this is a brief account of this year's visit to some Scottish mental hospitals.

For details and statistics I must refer you to the annual reports of each mental hospital.

The Irish members of the party met at York Street Station, Belfast, on Monday, June 2, 1930, and proceeded *viâ* Larne and Stranraer to Dumfries. They arrived at midnight, to be met at the station by Dr. Evans, who, I might add, did not spare himself in looking after the comfort of each individual member.

The following are the salient points of the different institutions as they struck me:

Tuesday, June 3, 1930, the first day of our tour, was spent at the Crichton Royal, Dumfries. Dr. Easterbrook, Physician-Superintendent, met the completed party at the hotel, guided us to the hospital, and in a very picturesque little summer-house, giving a good view of the grounds, explained the procedure in Scotland regarding admissions, and the general lay-out of the three departments and houses of this well-known institution.

1. Voluntary patients, 70 to 80% of the private admissions. Usual procedure: Patient signs a request to General Board of Control, and if the latter's sanction has not been received, also to the Superintendent. He is then admitted, and must give three clear days' notice of his intention to leave. The rate-aided patients are sent in under certificate by the parishes, and are accommodated in the Third Department, which serves

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* Read at a meeting of the Irish Division at Stewart Institution, Palmerstown, Chapelizod, Co. Dublin, on Thursday, July 10, 1930.

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as the District Mental Hospital for Dumfries and Galloway. The very large proportion of voluntary admissions is thus among the private class.

2. Verandah nursing: The bedsteads remain permanently in the verandahs, but the mattresses and bedclothes are brought from the wards daily with the patients. There are fixed partitions between some of the beds both for the purpose of extra privacy and for isolation of excited patients.

3. Since the adoption of verandahs or open-air treatment, hydro-therapy, electro-therapy, etc., are reserved for the more intractable hospital cases.

4. The female nursing of male patients: Male attendant is only called in for bathing purposes.

5. South end of ward furnished and used as a sitting-room for convalescents of ward.

6. Dining halls: Well behaved patients take *table d'hôte* meals at tables for four, thus forming congenial groups.

7. Occupational therapy: The instructress is paid £5 weekly. There is a quarterly sale of work; prices, actual cost of materials, plus 10% for tuition, etc.

8. All new buildings have cross ventilation.

9. Bowling-greens as a form of recreation for elderly patients.

10. Huge and elaborate farm, where own stock is bred and reared. Electric milking is favoured because it is more economical and because of the scarcity of reliable labour.

11. The few major operations are done in the adjacent Dumfries Hospital, where the well-equipped operating theatre is ready day and night.

12. One magnificent detached Church for all denominations.

13. Beautiful one-storied new hospital, with 100 beds, recently completed for Crichton Hall Department. Cost fully £400 per bed, unfurnished, or £500 per bed, furnished. South-west ends of four wards finished in bay window style, and each fitted with three sheets of plate glass (8 ft. square) which give an uninterrupted outlook.

14. Nurses in proportion to patients: First department, 1 nurse to 2·5 patients. Second department, 1 to 5. Third department, 1 to 10. Rates for private patients, from 28*s.* per week in the third department, to £2 per week in the second department, and in the first department from £3 to £30 per week.

Wednesday, June 4, 1930.—We left Dumfries about 10 a.m., those not having cars as the guests of those who had, and took a circuitous route to the Glengall Hospital, Ayr. This hospital has 650 beds, and the Medical Superintendent is Dr. Douglas McRae.

1. Rate-aided institution. Eighty private patients. Voluntary admissions, 5% per annum. A fire occurred in April, 1929, which destroyed two Infirm Wards accommodating 45 patients of each sex. Dr. McRae states that it would now seem that electric wires, even in steel tubing, have only a life of some twenty years where the subsoil is clayey and the atmosphere humid.

2. Observation wards, divided by a glass partition into two portions. When a case is a source of annoyance to another, they can be separated by removal of one to the other portion, and still remain under observation. If necessary, patient may be transferred to a contiguous single room.

3. Verandah nursing of every case on admission. Green counterpane to save patient's eyes from glare.

4. Attendants, no uniforms. Women nurses in men's wards has been the practice for twenty-five years.

5. Artificial feeding abolished twenty years ago. The Superintendent holds that all his patients can be persuaded to take sufficient food without being artificially fed.

6. Staff: No specially printed rules nor affixing of notices. The Medical Superintendent makes his staff individually responsible for the care of every patient in the hospital, and for the welfare of the institution as a whole.

7. Segregation of epileptics or excited patients not recommended or adopted.

8. High percentage of patients employed, both men and women. The

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laundry is practically without (noisy) machinery, and there is a considerable number of women patients employed, as is also the case in the kitchens, sewing-rooms, etc.; in all 150 women. 170 men in gardens; 20 in stores and workshops.

9. High percentage of women patients confined to bed, either for physical or mental illness. Men in bed, 20 out of 338 (6%). Women, 55 out of 306 (18%).

10. Sulphonal is the routine sedative employed, along with chloral and bromide. Paraldehyde is not used.

11. Disinfectants, as a routine, are not used, as they merely mask the "warning" smell, whereas thorough scrubbing with soap and water completely removes all trace of foul matter.

12. 50% of the nurses and attendants hold the certificate of the Royal Medico-Psychological Association.

We then proceeded to Glasgow, where our headquarters were the North British Hotel.

Thursday, June 5, 1930.—Our first day in Glasgow was devoted to the Royal Mental Hospital, Gartnavel, which has 540 beds. Medical Superintendent, Dr. D. K. Henderson.

1. This is again a Royal Institution, and therefore endowed. No rate-aided patients. High percentage of voluntary admissions. Approximately 50 patients confined to bed for treatment of mental symptoms, 26 for bodily ailments, and 40 for senility.

2. Huge nursing staff. Night staff alone, 20 nurses, 11 attendants. The maids number 55.

3. Verandah nursing in practice.

4. Occupational therapy. Skilled instructress who has teaching classes. Nurses assist in turn and are encouraged to learn handicrafts. There was a fine display of work done by patients.

5. Wireless: One set, Radio Magnet, which works 15 speakers in different wards.

6. Hospital: Rail with towel at the side of every bed.

7. Elaborate detail of examination of patients on admission, and later, if indicated. The examination notes are very full, but not according to a given schedule. Weekly clinical meetings of staff to discuss new patients.

8. Erudite papers were read by Dr. Henderson and his two assistant medical officers.

Friday, June 6, 1930.—At 9.30 a.m. we proceeded by train to the Hawkhead Mental Hospital, Crookston, which has 875 beds; the Medical Superintendent is Dr. J. H. MacDonald.

1. Main building, hospital and pavilions built at a cost per head of £428, including land, 331 acres. Operating theatre built 1927, cost £1,135. Enteric hospital built 1928, 20 beds, cost £9,853. Solarium, lecture theatre and occupational therapy workshop, 40 beds, cost £15,732. Recent cases needing rest, but not acutely ill, and some convalescent patients are treated in solarium, where there is a certain amount of risk taken with the windows on balcony. The admission wards, which are pleasant, airy and quiet, are separate from the sick wards.

2. Nursing staff: On day duty—nurses 44, attendants 45; on night duty—nurses 14, attendants 13. Patients sleeping under observation, 493, *i.e.*, roughly 60%. Number of female nurses in male wards, 10. Kitchen and laundry staff, 19. Tradesmen, 26.

3. Artificial sunlight extensively used for (*a*) general health tonic effect, (*b*) skin diseases, (*c*) epilepsy with doubtful results.

4. Occupational therapy department: Attendants sent to technical schools, etc., to be trained.

5. Farmstead: Ayrshire cattle, certified tubercle-free. Galvanized steam chest for sterilizing milk cans. Here they rear their own pigs, as they consider it the only profitable way. We saw 20 litters.

6. Huge theatre with a cinema projector. Films rented at 35*s*. per performance.

At 3 p.m. we visited the Mental Wards at Duke Street Hospital, Glasgow, which are under the care of Dr. Ivy Mackenzie.

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1. In structure like the ordinary wards of a general hospital, but male nursing for male patients. If patients become unmanageable they are sent to a mental hospital.
2. Treatment for all maniacs and excited cases, bleeding, up to 15 oz.
3. Treatment adopted for confusional or toxic insanity, insulin, beginning with 5 units twice a day.
4. Dr. Mackenzie considers the morning sickness of pregnancy as toxic and not psychic.

Saturday, June 7, 1930.—We left Glasgow at 9.30 a.m. and motored to Stoneyetts Mental Deficiency Institution, Chryston. Medical Superintendent, Dr. C. A. Chislett.

1. No young children, therefore no schools. Ages 14 to 70 years. 17% of all patients moral defectives; 40% of all patients epileptic. Patients employed at general work and occupational therapy. Athletics and amusements. Here we saw braces made from discarded motor tubes, and mats from worn motor tyres. We were entertained to a very accomplished display by the patients. Ten miles away building is in progress for a new institution around Lennox Castle to house 1,000 mental defectives. Cost £400 to £500 per bed. As there is no State Institution in Scotland for dangerous defectives, Stoneyetts will still have to look after its own of this class.

In the afternoon the party motored to the Dreadnought Hotel, Callander. That evening, as the guests of the Lord Provost and Corporation of Glasgow, we enjoyed a motor-boat trip on Loch Katrine, which was followed by a coach drive to Rob Roy's Cave on the shores of Loch Lomond. This outing was very kindly arranged by Dr. McCutcheon, of Glasgow.

Whit-Sunday, June 8, 1930.—A delightful day was spent in the Highlands, where the scenery was at its very best.

Whit-Monday, June 9, 1930.—About 9.30 a.m. we left Callander and motored to Perth to James Murray's Royal Asylum. Medical Superintendent, Dr. W. D. Chambers. 190 beds. Rate, from £90 per annum to £500 per annum. 65% of the patients are voluntary boarders.

1. Part of hospital destroyed by fire six weeks previous to our visit. Cause, sparks from a chimney 60 yards away.
2. All excited and refractory patients treated in bed.
3. Verandah nursing in detached verandahs, back walls of which carry ventilators. Lower half of roof, wood, not glass.
4. Shelters in use, some for 4 beds.
5. Plans out for new hospital; to cost from £400 to £500 per bed.
6. In a short, interesting lecture the Superintendent explained Scottish procedure, and stated categorically that, in his opinion, no nursing home could take the place of asylums for acute cases.

In the afternoon, under the guidance of Dr. Gibson, Deputy Commissioner, Dr. Sturrock, Medical Commissioner, and Mr. Wood, Secretary to the General Board of Control, we visited some boarded-out patients. In one enlarged cottage we found three very happy and contented women, who were the sole support of the lady of the house. Usual rates paid for maintenance, 8*s*. to 18*s*. per week.

In the next village were three men living in the house of a small farmer, whom they helped in his work.

Lastly we saw three patients living with and helping the proprietress of a prosperous dairy farm.

1. Only harmless, old, or partially demented patients boarded out.
2. On the whole no ill-feeling by neighbours.
3. Housewives paid according to usefulness of patients.

Remarks against boarding-out principle:

1. Institutions deprived of very useful workers.
2. Patients are perhaps no happier, if as happy. They miss communal life.
3. Just one room for their three beds.
4. Patients are evidently sometimes the butt of boys' ridicule. At least the dairy wife gave this as her reason for not encouraging her patients to go to amusements, etc., in the village.

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The same evening we continued our journey to the North British Hotel, Edinburgh.

Tuesday, June 10, 1930.—In Edinburgh our first Institution was the Edinburgh District Mental Hospital, built on the villa system, and known as Bangour Village. Medical Superintendent, Dr. John Keay.

1. Shop in grounds for patients and their visitors.

2. Open-air wards in the form of large verandahs; fitted with roller shutters for use in inclement weather. Female nursing of male patients in admission and hospital blocks and two villas of 60 patients each.

3. Large recreation hall with cinema projector. Pictures cost £3 8*s*. for each performance.

4. Elaborately equipped villa for massage, hydrotherapy, electrotherapy, actinotherapy and physical exercises. Staffed by head masseuse with 2 male and 2 female assistants. Out-patient treatment carried on.

5. Villa for special treatments, comprising X-ray rooms, ear, nose and throat theatre, eye theatre, dental theatre and chiropodist's room. *N.B.*—These villas (under 4 and 5) are detached. Patients are brought to them for treatment by the visiting specialists. The medical staff consider it no disadvantage to have them separate.

6. Detached hospital of the sanatorium or solarium type near special treatment villa for 24 patients of each sex. On each side a ward of 20 beds and four separate rooms. Large windows fitted with Vita glass.

7. Large central kitchen with glass-roofed vestibule which serves the kitchen and the general store. Motor wagon fitted with 30 compartments carries food to the patients' residences in from 2 to 7 minutes.

8. Farmstead, dairy, "Vaccar" milking machine. Grade A (T.T.) milk. Breed own dairy stock.

9. Memorial church, initiated by the Medical Superintendent and Mrs. Keay, and built by their efforts and those of the staff, patients and friends, with the encouragement and assistance of the Board of the Hospital.

Wednesday, June 11, 1930.—We had an interesting and stimulating pathological meeting at the Royal Infirmary, arranged by Dr. F. E. Reynolds, Superintendent of the Scottish Asylums Laboratory.

In the afternoon we motored to the Gogarburn Mental Deficiency Institution, which is also on the villa system. At present only a couple of villas built. Institution is to house 1,000 patients. To cost £480 per bed, unfurnished. When this institution is completed, it should be one of the finest of its kind in the world.

Thursday, June 12, 1930.—At 10 a.m. we were picked up at our hotel by a special 'bus and brought to the Royal Edinburgh Hospital, Morningside. Medical Superintendent, Prof. G. M. Robertson.

This hospital comprises four distinct branches:

1. Craig House: Rates from £4 per week upwards.

2. West House: Rates from £58 to £70 per annum. Again, voluntary admissions, verandahs, and the female nursing of male patients have long been established.

3. Jordanburn Nerve Hospital: 50 beds. Not under Board of Control. Large and well-fitted-up out-patient department. This hospital receives voluntary cases only, without any formality, like any general hospital, but they must be recommended by their own doctors in order to prevent any friction with general practitioners. At least 80% pay two guineas per week, others are admitted without payment, or at such rates as they can afford. No very excited, mentally deficient or wet and dirty cases accepted.

4. Nursing homes: None with more than 20 beds. Situation, city or country, as patient wishes. Patients' own doctors may continue to treat them, but Prof. Robertson or one of his assistants must decide whether the patient is a fit case to be treated in a nursing home. If the patient is depressed it is explained to the doctor that no responsibility will be accept unless the patient is safely supervised. Usually the family physician asks Prof. Robertson in consultation or to take over the treatment. Noisy, excited, or wet and dirty patients not admitted in the ordinary Homes, but may be received in a special Home for this class. As there is a series of 10 linked-up nursing homes, classification is very complete. Terms, six guineas weekly. At this rate depressed cases are accepted, but must sleep

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in observation wards of 6 or 8 patients. Special nurses, three guineas weekly.

This concluded the tour, but on Friday, June 13, 1930, there were three very instructive and lucid demonstrations of psychological methods of investigation by Drs. Drever, Mary Collins and Fairbairn.

Summary:

1. Acceptance of voluntary patients at every institution in Scotland. Early treatment at out-patient clinics in the cities
2. The large percentage of patients nursed in bed.
3. The large percentage under observation.
4. The general adoption of verandah nursing; if not elaborate buildings, the use of any kind of structure. The female nursing of male patients. Occupational therapy, electric and hydrotherapy.
5. Recognized that Vita glass is only of use in special solaria, where whole body will be exposed.
6. Sedative drugs, sulphonal, chloral hydrate and hyoscine freely used.
7. Institutions lavishly carpeted and furnished.
8. Show of rhododendrons in grounds.
9. Hygienic farms—own stock bred and reared.
10. Boarding-out system.

I think you will agree that comment is unnecessary on the educational value of this tour as a whole.

In conclusion I would like to emphasize that the manner of our reception, the lavish hospitality we received at every institution, the kindness of those we met, will always remain a never-to-be-forgotten feature of the Scottish tour.

THE NEW BETHLEM HOSPITAL.

Opening by the Queen.

It is a long step from October 23, 1247, when the Priory of St. Mary of Bethlehem was founded in Bishopsgate Without, London, to August 24, 1815, on which date the third hospital, known as Bethlem Royal, was opened in St. George's Fields, Southwark. Fortunately it is not our lot to tell the tale, for it has been most nobly written by the Rev. E. E. O'Donoghue in *The Story of Bethlehem Hospital*. Nor is it our purpose to follow the history of Bethlem Royal Hospital in the imposing buildings with its Ionic pillars to which it migrated on that day; that is written in the hearts of many grateful patients, in the pages of nearly every publication devoted to scientific psychiatry, and in the lives of the great physicians who have been its superintendents.

Our duty now is to record the opening of the fourth Bethlem at Monks Orchard, Eden Park, Beckenham, Kent, on Wednesday, July 9, 1930, by Her Majesty the Queen.

Her Majesty was welcomed by the Right Hon. Lord Wakefield of Hythe, President of the Hospital, a guard of honour being formed by male and female nurses.

Lord Wakefield said: "This is the fourth Royal Hospital of Bethlem which has been built for the maintenance, care and treatment of those suffering from mental illness. It is now entering upon a new era in its long existence, and we pray that under Divine blessing it may continue its sphere of usefulness. In the splendid grounds and modern buildings which we are looking forward with pride to showing Your Majesty this afternoon, we have everything that science and experience has taught us to employ in the treatment of this most difficult and calamitous of illnesses. We have spared no time or thought in planning schemes for the well-being of those under our care, and we have founded a school of research which we hope may be a benefit to posterity."

The Queen formally declared the Hospital open, after which a bouquet of pale pink carnations was presented to her by Miss Helen Faudel-Phillips, younger daughter of Sir Lionel Faudel-Phillips (Treasurer of the Hospital). A religious service followed, conducted by the Ven. Ernest Sharpe, Archdeacon of London.

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