Gayton Warwick Smith, M.D.Lond., B.S.Durh., D.P.H.Cantab., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Middlesex County Asylum, Tooting, S.W. Proposed by H. Gardiner Hill, R. Worth, and C. Hubert Bond.

Minutes of Last Meeting.

The minutes of last meeting having already been printed and circulated in the Journal, were taken as read and were duly confirmed.

Inspectors in Lunacy (Ireland).

Dr. Dawson said that the Irish Division, at a special meeting which was called by the sanction of the President last week, unanimously sent forward a resolution asking for the Association's assistance in bringing before the Irish Government the importance of appointing inspectors in lunacy who had the proper sort of training and experience for filling so important a position. He therefore brought forward for acceptance the following resolution:

"That in view of the importance of the forthcoming appointments, to the positions of Inspectors of Lunatics, to the welfare of the insane in Ireland, this Association should take steps respectfully to bring under the notice of the Irish Government the eminent desirability of having particular regard, in making such appointments, to the selection of candidates who are thoroughly conversant, by training and experience, with the administration of lunatic asylums and the practical treatment of the insane, and that the President be empowered to take such steps as he may think fit to that end."

The Association could not, of course, know who had entered for the posts, but he did not see that the course now suggested could do harm, and on the other hand, it might very likely do good. It would lead to the views of the Association being brought before the Irish Government.

Dr. G. H. Savage seconded the resolution.

The President said that the matter was a very important one, and it might be that members would wish to express their feeling upon it. He asked those present to further the end in view, which he regarded as an extremely desirable one, and empower him to send a deputation to the Chief Secretary for Ireland, to represent the views so expressed.

Agreed.

Dr. Charles Mercier read a paper entitled "Insanity as Disorder of Conduct." It excited a lengthy and spirited discussion, in which Drs. Savage, Stoddart, Steen, Draper, Urquhart, Dixon, Bedford Pierce, Langdon Down, Rayner, and the President took part, and to which Dr. Mercier replied.

This was followed by a paper by Dr. John Turner upon "The Examination of Cerebro-spinal Fluid, with Special Reference to the Diagnostic Value of Ross and Jones's Test." It was briefly discussed by the President and Dr. Bond.

The meeting was brought to a close by an enunciation by Dr. Stoddart of a "Theory of the Toxic and Exhaustion Psychoses." It was discussed by Drs. Seymour Tuke, Bedford Pierce, and the President, to whom Dr. Stoddart replied.

In consequence of His late Majesty's death the customary Dinner was not held.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

SOUTH-EASTERN DIVISION.

Spring Meeting.

The Spring Meeting of the South-Eastern Division was held by the courtesy of Dr. Percy J. Baily at the London County Asylum, Hanwell, W., on Tuesday, April 20th, 1910. Among those present were Drs. R. R. Alexander, Percy J. Baily, W. H. Bailey, David Bower, C. Hubert Bond, J. Francis Dixon, A. W.

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

Daniel, H. Devine, S. C. Elgee, Francis H. Edwards, T. D. Greenless, S. J. Gilfillan, F. Edridge-Green, J. W. Higginson, David Hunter, H. E. Haynes, P. G. Kennedy, E. S. Littlejohn, T. S. Logan, H. Wolseley-Lewis, M. E. Martin, J. J. Murphy, H. C. MacBryan, J. Macarthur, A. S. Newington, J. G. Porter Phillips, R. A. Rankine, C. F. Rolleston, W. Rawes, J. G. Smith, T. E. K. Stansfield, J. Tattersall, F. Watson, the Rev. E. Hockley, and R. H. Steen (Hon. Sec.). Apologies were received from Drs. F. R. P. Taylor, H. J. Macevoy, E. S. Pasmore, T. Outterson Wood, D. G. Thomson, A. Bowles, R. H. Cole, Bernard Hart, and A. N. Boycott.

The asylum and grounds having been visited, the members were entertained to luncheon. At the termination of the lunch Dr. R. R. Alexander proposed a vote of thanks to Dr. Baily for his kindness in so hospitably receiving the Division. The meeting of the Divisional Committee was held at 2.15 p.m., Drs. Dixon, J. G. Smith, and R. H. Steen being present. The general meeting was held at 2.45 p.m., Dr. R. R. Alexander in the chair.

The minutes of the last meeting having been printed in the Journal, were taken as read and confirmed.

The following members were elected to take office for 1910–1911:

Hon. Sec. of the Division, Dr. David Hunter; representative members of the Division on the Council, Drs. David Bower, J. Francis Dixon, Frederick R. P. Taylor, and David G. Thomson.

Dr. HUNTER thanked the Division for the honour they had conferred upon him in electing him to the office of Divisional Secretary. Dr. BOWER, in thanking the Division for electing him as a representative member on the Council, expressed the hope that the time would not be far distant when the Chairman of the Parliamentary Committee would *ex officio* have a seat on the Council.

Dr. WOLSELEY-LEWIS proposed, and Dr. EDRIDGE GREEN seconded, a vote of thanks to Dr. R. H. Steen for his services as Secretary to the Division during the five years in which he had held the office. This was carried unanimously. Dr. STEEN replied.

The following gentleman was elected an ordinary member of the Association:

James Farquharson Powell, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Caterham Asylum.

Drs. Baily, H. E. Haynes, and Donelan were elected as members of the South Eastern Divisional Committee of Management, which now consists of the following:

Retire in 1911.	Retire in 1912.	Retire in 1913.
Dr. Seward.	Dr. Pasmore.	Dr. Baily.
„ R. H. Cole.	„ Greenlees.	„ Haynes.
„ J. G. Smith.	„ Peachell.	„ Donelan.

The invitation of Dr. Stansfield to hold the Autumn Meeting at the London County Asylum, Bexley, was unanimously accepted with much pleasure. October 5th, 1910, was fixed as the date of this meeting. The date of the Spring Meeting was fixed for April 25th, 1911.

CONTRIBUTIONS.

Dr. PERCY J. BAILY read the following paper, entitled "A Brief Historical Survey of Hanwell Asylum."

The history of this institution carries us back through a period of rather more than eighty years—that is to say, rather more than the life-time of those of our race who, by reason of strength, are able to reach the allotted time of three score years and ten.

But short as this period is historically, I think I may say without much fear of contradiction, that so far as the knowledge and treatment of insanity are concerned, the foundations of this asylum were laid in the dark ages. There were then but very few county or other public asylums in this country. Such as there were were generally small institutions, and in many, if not most of these, the insane were treated with scant courtesy. In some they were dealt with more like wild beasts than human beings, and were regarded as worthy neither of pity nor consideration, and those unfortunate creatures who raised their voices or battled against the

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

terrifying Phantasmagoria, conjured into their field of consciousness by disease, were subjected to equally terrifying influences which were brought to bear upon them under the guise of treatment.

It had been my intention originally to place briefly before you to-day an outline of the chief historical facts connected with this asylum up to the present time. When, however, I came to consider the subject, I found that the task of doing so satisfactorily and with any sustained interest was a very difficult one, chiefly because the events of each successive year were frequently mere repetitions of those of former periods. Moreover it appears to me that the most interesting period of the history of this asylum must be its earlier years (what I may call the Conolly and pre-Conolly days). I propose, therefore, to deal only with this period to-day.

The first definite step towards the erection of Hanwell was taken in November, 1827, when, under the Act of the 48th Geo. III Cap. 96, the Court of Quarter Sessions of the Peace for the County of Middlesex determined, after a leisurely deliberation which extended through no less a period than two years, that it was expedient to erect a lunatic asylum in that county for the reception of insane persons, and a committee of the justices was then formed, who should be the visiting committee of the asylum, with Col. Clitherow as chairman.

The first business of the committee was the issuing of advertisements in various newspapers which invited tenders of land for the site. The conditions were that the land should be not less than twenty-five acres in extent, it was to be in a healthy situation, and well supplied with water. Advertisements were also issued inviting plans and estimates for building the asylum, which were to be received by March 28th, 1828, and premiums of £200, £150, and £100 were offered for three of the plans presented which should be deemed to be the best by the committee.

Many tenders of land were received, and the committee finally decided upon a site consisting of forty-four acres near Hanwell Bridge.

The plan which was selected by the committee as being the best of the fifty-four submitted to them, and the one, therefore, which gained the first premium of £200, was that of William Alderson. This plan was accepted only in general outline, and was taken as a guide in the preparation of the final design. The plan as finally approved by the committee, on January 21st, 1829, was for a building capable of accommodating 600 patients, and its cost was estimated at £124,000. At an adjourned meeting of the Court of Quarter Sessions, however, on May 5th, 1829, the committee were authorised to enter into a contract only at a sum not exceeding £50,000 for the erection of an asylum for 300 patients. The original plans were therefore reduced and the estimate cut down, but even then the lowest tender submitted was £63,200 and this tender was finally accepted. The contract was signed on August 4th, 1829, and the building was to be completed on or before January 24th, 1831.

Ever since the first cart-load of bricks was thrown upon the site, building operations have been going on here, more or less continuously, and there appears to be no reason to suppose that they are likely to cease in the near future. As originally designed, however, the buildings were completed early in the year 1831, and the committee appointed Dr. (afterwards Sir William) and Mrs. Ellis from the Wakefield Asylum as superintendent and matron. Dr. Ellis's salary was to be £500 a year, that of Mrs. Ellis £100 with board, washing, and attendance; Mr. Quick was appointed as surgeon and apothecary at £70 a year. Dr. Ellis was authorised to engage the various officers and servants and male and female keepers in the proportion of one to every twenty-five patients.

The asylum was opened on May 16th, 1831, when forty-two patients were admitted. By July, 1831, the asylum was ready for the reception of 300 patients (the number it was originally designed to contain). Then commenced the process of stretching, for we are told upon carefully examining the establishment it was found that 200 more patients, making 500 in all, could be accommodated with great comfort. Much reluctance was shown at this time by the authorities of many of the parishes in the country to send in their patients, and the committee consequently decided in the autumn of 1831 to take measures to compel them to do so. Hence at the end of the first year, although there was accommodation for 500 patients, there were only 254 actually in the house.

In 1832 the committee appointed a consulting physician, Dr. (afterwards Sir

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

Alexander) Morrison, of St. James's Square, W., and a consulting surgeon, George Cooper, Esq., of Brentford.

In the autumn of 1832 cholera made its appearance in the asylum, but the outbreak was not of a very serious nature. Twenty-one patients—all females—were attacked, of whom eleven died. A second outbreak of the disease occurred in August, 1834, when the cases were confined to one ward on the male side. There were four deaths.

It seems extraordinary that these outbreaks of the disease should have proved so limited and so easily controlled when it is remembered that at this time of the asylum's history the sole source of the water supply was the Grand Junction Canal, which forms the southern boundary of the estate. At first the water was pumped direct from the canal into the service tanks, but it soon became recognised that the water was in a very impure state, and in 1833 a large filterer and reservoir were provided. So early as 1832 attempts were made to improve the water supply by sinking a three-inch bore-pipe. The boring reached a depth of 300 feet, and a supply at the rate of twenty-five gallons a minute was obtained, but owing to the immense quantity of sand which came up with the water the well proved to be practically useless, and the canal continued to be the main source of supply. In 1841 the canal company notified the committee that the supply of water from the canal must cease on March 31st, 1842, and the question of the water supply then reached a crisis. After consulting Mr. Isambard Kingdom Brunel, it was decided to carry out the suggestion of Mr. Harris, the resident engineer, to sink a well to the sand. The well was completed in June, 1843, and has since that time provided an abundant supply of the purest water.

By the end of the year 1835 there were 604 patients in the house. The additional accommodation for 104 beds had been found by converting a disused kitchen on the female side of the house into an infirmary, and by utilising the underground basements below this, and below the western tower, as sleeping spaces.

Owing to the gradual increase in the number of lunatics in the county the demand for beds became more and more urgent, and in 1837 it was decided to add 300 beds by building two additional wings.

It was at first suggested that these wings should run out in a northerly direction from each of the eastern and western towers, but this idea was fortunately discarded, and the wings were built in an easterly and westerly direction. The proposal to enlarge the asylum was vigorously opposed by the Vestry of St. George's West, one member of which was also a member of the Hanwell Committee, *viz.* the Very Rev. the Dean of Carlisle.

On April 25th, 1837, this vestry passed a series of resolutions strongly protesting against the contemplated expenditure of £20,000 for the extension of the asylum at Hanwell; one of these resolutions was as follows:

"That the Vestry accept with many thanks the offer of Mr. Galley Knight to move for a select committee of the House of Commons to inquire into the whole management of the lunatic asylum at Hanwell, and to bring under their consideration the apparently incorrect returns made by the order of the House of Commons by the medical superintendent of that establishment."

The matter did come before the House of Commons, but Mr. Knight's motion for a select committee was not carried. On June 30th it was resolved by the Hanwell committee that the consideration of the statements which had been made by one of the members for the northern division of Nottinghamshire should not be entered into. In the early part of 1838, in view of the approaching completion of the east and west wings and consequent increase in the number of patients, the committee appointed Dr. William Chapman Begley as medical assistant to the superintendent physician. They also, at this time, decided to make considerable alterations in the domestic arrangements for the future government of the asylum. These suggested alterations had as their immediate result the curtailment to a very considerable degree of the duties and authority of the superintendent, and, together with the knowledge that certain members of the committee were opposed to him, were the determining cause of his resignation, which he submitted in a letter addressed to Col. Clithero on February 5th, 1838; this letter was considered by the committee on February 15th, when a resolution was passed which was highly complimentary to Sir William and Lady Ellis, and which was expressive of the committee's deep concern that anything should have induced them to contemplate

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

resigning. Sir William was earnestly requested to reconsider his decision, and thus give the committee the satisfaction of opening the additional buildings under his and Lady Ellis's superintendence. In consequence of this resolution, Sir William wrote on February 19th to the chairman withdrawing his resignation. His letter terminated with the following passage: "We shall be most anxious to place the whole concern here upon such a plan as we doubt not will be satisfactory to the committee if they will permit us under their control to pursue the system and line of conduct which we have hitherto adopted."

Certain members of the committee lost no time in assuring Sir William Ellis that the conditions contained in the last paragraph of his letter, and upon which the withdrawal of his resignation must depend, would not be conceded unanimously by the committee, and on February 21st he wrote a letter to the chairman, in the course of which he says:

"We have come to the conclusion that although we have no doubt that the majority of the committee approve of the plans we have hitherto pursued, as expressed in the resolution of the 15th inst., and that we should continue them in opening the new buildings, yet that the hostility of two or three gentlemen of the committee who disapprove of the system altogether is so great, we could not reasonably expect anything but contention even during the short time which would be required for that purpose. Instead, therefore, of withdrawing my letter of resignation of the 5th inst., I beg to withdraw the one of the 19th inst. Perceiving now that no ultimate good can arise from our continuing, we have no spirit to set about such a task as that of arranging and appropriating the new building for the reception of patients. I have therefore again to request that the committee will adopt their own measures and supply our places as early as possible."

Sir William Ellis's resignation was accordingly accepted, and the committee advertised at once for the following officers:

A superintendent at a salary of £500 a year, with board, lodging, etc., a house steward at a salary of £250, with board, lodging, etc., and a matron at a salary of £200, with board, lodging, etc.

Dr. John Gideon Van Millingen was appointed physician superintendent on April 5th, 1838, among the fourteen unsuccessful candidates being Dr. John Conolly.

The period during which Dr. Millingen was responsible for the management of the asylum was a brief, but stormy one. His authority was not on all occasions upheld by the committee, and as a result the discipline of the place became very lax. At the first meeting of the committee after his appointment, he reported the new matron for countermanding certain orders which he had given to improve the cleanliness of the female wards. She was merely requested by the committee to co-operate with the superintendent "in the kindest spirit." Her subsequent conduct was such that the committee were compelled to dismiss her on July 16th, after being in the service three months. At the installation of her successor, Miss Powell, who proved to be a very capable officer, the committee had all the chief members of the staff assembled, and in introducing Miss Powell to them, expressed their anxious hope and expectation that all jealousies and disagreements among the respective officers of the establishment would from that moment cease.

The house steward, who was appointed at the resignation of Sir William Ellis, was called upon to resign in November, 1838, in consequence of gross irregularities in the keeping of the accounts, and at the same time Dr. Millingen was admonished by the committee to pay greater attention to the rules of the asylum relating to himself. Serious friction also arose between Dr. Millingen and Dr. Begley, in consequence of the former bringing certain charges against the latter which he was unable wholly to substantiate before the committee, but which undoubtedly had some foundation. In consequence of all these troubles it was resolved on January 10th, 1839, to appoint a special sub-committee to inquire into the efficiency of Dr. Millingen as superintendent of this institution. While the report of this sub-committee was still under discussion Dr. Millingen resigned, and it was arranged that he should relinquish his office in June, 1839. In March an advertisement for a successor to Dr. Millingen was inserted in several of the daily newspapers, and John Conolly, who had been an unsuccessful applicant when Dr. Millingen was appointed, again presented himself as a candidate for the vacant post, and was on this occasion selected by the Committee. The appointment was made on May 2nd, 1839, and he commenced his duties on June 1st.

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

It is not very easy to obtain anything like an accurate or detailed idea of the internal arrangement and general condition of the asylum which prevailed at the time when Conolly commenced his crusade against the employment of mechanical restraint, the few details which are available being found chiefly in Conolly's own writings. In Sir William Ellis's time there were two keepers in each ward. On the male side one of these was a mechanic, who, immediately after breakfast, left the ward "in charge of the other" while he went to his work in one of the shops, or about various parts of the house as the case might be. The man who was left in solitary charge of the ward was not allowed to leave it, except on urgent business, and before doing so he was to be very careful to see that he locked in their rooms, or securely fastened up any patient who was likely to become dangerous or excited. The majority of the male keepers were at this time paid £20 a year, while the wages of the female keepers varied from eight guineas to £13 a year. The men had one suit of clothes (not uniform) a year, but the women do not appear to have had any corresponding privilege, and Conolly notes that in some of the wards the nurses were worse dressed, and were much more wild in their appearance than the generality of the patients. Parties of working patients were sent out to work on the land without any attendant in charge of them and without any sort of supervision. In consequence of this it was only natural that escapes were very common. There was no night staff. It was customary for the attendants to do night duty in rotation, and on these occasions they continued on duty for twenty-four hours consecutively. This state of things was not remedied until early in the year 1854, when the commissioners urged the necessity of appointing a special night staff. The committee then appointed one night attendant for each side of the house. All the epileptics were every night, when they went to bed, fastened by one wrist to the bedstead by means of a strap, and it was the duty of the house-surgeon, as the assistant medical officer was then called, to see that this was done in every case when he paid his night visit to the wards. All patients who were faulty in their habits had only loose straw to lie upon; many of the female patients were clothed in trousers, and this custom was only abandoned in the year 1854.

The furniture in the wards was all of the heaviest and most clumsy description, the tables and most of the seats being immovable. There were seventy-five beds in which two patients slept together, but not very long after Conolly's appointment these were replaced by 150 single beds. The floors were all of brick or stone, and no sort of floor covering was provided for the patients to tread upon, there were no open fire-places, and the lavatory accommodation was in all wards most defective, in some, apparently, altogether wanting.

The plates from which the patients ate their food were of iron, and the forks were heavy, unsightly, and dangerous.

No infirmaries were provided in the original building, and in November, 1839, Conolly, speaking of the ward which was then doing service as an infirmary on the male side, says, "It is in the part of the building most remote from the kitchen, the surgery, and the medical officers, and is accessible only by passing through refractory wards. It has no fire-place or boiler for hot water. It possesses no day-room. To reach the airing-court the feeble and convalescent patients must descend three somewhat difficult staircases." Writing of this period in 1856, Conolly attributes many of the faults and defects which he found in Hanwell, described by the committee at the time of his appointment as a noble institution and a model for all others of a similar kind, to the practice of a too rigid economy which had been the fatal vice of the older institutions. An inadequate number of attendants, engaged at low wages and ill qualified for their duties, became among the first consequences. Disorders innumerable ensued—quarrels and fightings, and injuries and various accidents. Confusion often prevailed everywhere and escapes were of frequent occurrence. The cleanliness of the patients could not receive proper attention, their clothing was defective, and their diet too scanty. Deficient ventilation, which rendered several portions of the building unpleasant by day and most offensive by night, was the result of inattention which allowed almost countless panes of window glass to be replaced by squares of tin and iron. Scarcely any proper arrangements existed for the sick.

Conolly's advent was almost immediately followed by a marked improvement in the general discipline and condition of the place. He at once entered heart and soul into the task which he had set himself of abolishing all forms of mechanical

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

restraint in the treatment of the patients, and on June 13th, less than a fortnight after he assumed the responsibilities of his office, he reported to the committee the necessity, in his opinion, of engaging two additional keepers of each sex, stating that some increase was essential as a means of promoting greater order in the wards and airing courts, as well as among the patients employed out of doors, and generally the more systematic substitution of moral for physical restraint.

By the end of September he had increased his staff by the addition of nine attendants—five male and four female.

I must here ask your indulgence to allow me to make a digression in order that I may recall to your mind certain facts with which you are familiar as to the origin, as well as the magnitude, of the task which Conolly had undertaken. It is, to our way of thinking, astonishing that, so recently as seventy years ago, there should still have been a blind and persistent opposition to the abolition of a system of the grossest and most barbaric cruelty which had for centuries blotted the fair name of medicine, in so far as it was concerned in dealing with a certain class of the insane.

By long-continued usage and custom this system had assumed the stamp of authority, and was regarded with heartless callousness by those who not only gave it their assent, but actually regarded its substitution by a more humane system as chimerical, dangerous and ridiculous. There was little advance in the methods in vogue during the few decades that immediately preceded Conolly's work in Hanwell upon those which had been employed any time during the previous 2500 years. If anything, perhaps, during the late eighteenth century and early nineteenth century, the callousness and harsh neglect meted out to the insane by their sane guardians had become greater and more reprehensible than had been the case in earlier times. But rather over forty years before Conolly's work there began to be exceptions. At the Bicetre, Pinel commenced a crusade against these barbarisms in France in 1792. At about the same time a movement began to be set on foot in England by William Tuke, which four years later resulted in the opening of the Retreat at York. Here, without any knowledge of Pinel's work in France, the same ideas were practised in perhaps a more complete manner. It is to the Retreat at York that belongs the honour of being the spot in England where the light was set up, which ultimately shed its beneficent beams first to Lincoln, then to Hanwell, and so over the whole of this Kingdom, and thence over Germany, Switzerland and the whole world. But in its early days it was but a faint glimmer which had a hard struggle for existence, and so we find that even so late as 1828, when Mr. Gordon's Bill became law, the conditions under which many of the insane dragged out their miserable existence were too horrible to contemplate. During the deliberation of the Middlesex magistracy, which immediately preceded their determination to erect this asylum, Col. Clitherow and others made a personal investigation into the conditions under which the insane paupers of the county were actually existing. It was found that in one private asylum near London several of the patients were chained to the walls in dirty, dark, damp and offensive rooms. They were visited by a medical man once a month, and in the interval they were left to the tender mercies of a brutal keeper, a part of whose equipment was a long-thonged whip. When night came and put an end to each dismal day they were chained in their cribs, and throughout the whole of Sunday (this being a day of rest for the keepers) they had thus to remain. Their morning toilet, except on Sunday, when there was no toilet, consisted in their being driven out into a yard, where they were sluiced down in a tub, often when the ice had formed over the water. Soap was too precious an article to be wasted on these miserable wrecks of humanity, and one towel a week was allowed for the use of 170 patients. Seventy out of about 400 patients were invariably in irons. No wonder that the magistrates of Middlesex deemed it expedient to erect an asylum for the county.

For many years before he came to Hanwell, Conolly had taken a lively interest in matters connected with asylums and the management of the insane. His graduation thesis at Edinburgh in 1821 was on this subject, and he had been connected with the Warwick Asylum, to which he held the appointment of "inspecting physician," both during his residence in Stratford-on-Avon between 1822 and 1827, and again when he removed from London to Warwick in 1830. In 1828 he was appointed professor of medicine in University College, London, and

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

while he held that chair he published in 1830 his *Inquiry concerning the Indication of Insanity, with Suggestions for the better Protection and Care of the Insane*, in which he raised his voice against the abuses which were then being committed.

Eight years after the publication of this book, on June 21st, 1838, Gardiner Hill, who since 1835 had been house-surgeon at the Lincoln Asylum, delivered a lecture at the Mechanics Institute, Lincoln, "On the Management of Lunatic Asylums." In this lecture Gardiner Hill showed that Dr. Charlesworth, who, since the opening of the Lincoln Asylum in 1821, had been its visiting physician, had for some years been gradually diminishing the amount of mechanical restraint at the asylum, where in 1829, owing to the fact that a patient had died during the night in consequence of having been strapped to the bed in a strait waistcoat, a rule was established that whenever restaint was used during the night an attendant should be continuously present in the room. It was soon found that the constant supervision by a suitable attendant of such cases as were formerly supposed to require restraint, entirely did away with its necessity.

Gardiner Hill's lecture, which was published only a month before his appointment here, had a powerful effect upon Conolly, and immediately after his appointment he visited Lincoln Asylum, where he was able to see for himself the practical application of the non-restraint system, and he found no difficulty in enlisting the sympathy of Mr. Serjeant Adams, one of the members of the Hanwell visiting committee, who was much interested in the proceedings at Lincoln. On commencing his official duties here he was very deeply impressed with the sense of his responsibilities. His anxiety to avoid the abuses which he had so freely condemned in 1830 was largely mixed with solicitude as to the dangers to be incurred in the attempt to abolish all restraint in an asylum containing so many patients as did Hanwell. He felt, however, convinced that what had been done at Lincoln might also be accomplished at Hanwell, and ten years later, in one of his annual reports to the Committee of this asylum, he says: "For my own part, in what has been undertaken, or in what has been accomplished, I trust I have never shown a desire to over-state it. I have always acknowledged myself indebted to Dr. Charlesworth and Mr. Hill (of Lincoln), for the original suggestion of managing the insane without restraint."

The publication of Gardiner Hill's lecture in April, 1839, had naturally attracted considerable attention in the asylum world. His views were almost universally received unfavourably, generally in a spirit of hostility or ridicule. Hanwell was no exception to this rule, but the agitation consequent upon the re-awakening of this question must no doubt have had some effect in causing those who were at the head of affairs at that time to give some thought to the matter, and, therefore, in all probability tended to produce some modification, however slight, in the infliction of restraint here. It is, however, impossible to form any accurate idea upon this point, for no sort of record was kept as to the number of patients who were under restraint, or of the kind of restraint used, until such a record was commenced by Conolly on July 1st, 1839.

The employment of restraint was left entirely to the discretion of the attendants, who had unlimited licence in the matter. The risk that such licence would be abused would be great even in our own time, but in the pre-Conolly days must have been infinitely greater, when attendants as a class were literally, as they were then called, "keepers ill-paid, poorly fed, untrained, and grossly ignorant, and obviously must only very exceptionally have possessed those qualities of soul which nowadays are recognised as so desirable in them." Conolly tells us that closets full of instruments of restraint were at their command, and it was impossible for the resident physician to know either by day or by night how many patients were actually in bondage. There is no reason to suppose, however, that this abuse ever reached the vast proportions in Hanwell which had been the general rule in the public and private asylums of England previous to the parliamentary inquiry into the subject in 1814 and 1815. It seems likely that during the troublous times which followed the resignation of Sir William Ellis the employment of restraint became more general than had been the case in the earlier days of the asylum's history, for Conolly notes the fact that during the single year that Dr. Millingen held office the number of instruments of restraint had been increased.

The only record of the actual number of patients under restraint on any given day, previous to July 1st, 1839, is found in September, 1835, while Sir William

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

Ellis was absent on leave. Dr. Morrison, who was then doing duty for him, reported to the committee on the 5th of that month that four men and eight women were constantly restrained, while fourteen men and five women were subject to occasional restraint. There were at this time 591 patients in the asylum.

Sir William Ellis was undoubtedly most anxious to limit the use of these instruments of torture as much as possible. He fully realised the cruelty which their employment involved, for he was a man of kindly feeling and benevolent disposition. In the introduction to his book, published early in the year 1838, speaking of the treatment of the insane he says: "The moral treatment is by far the most difficult part of the subject. In this the most essential ingredient is constant, never-tiring watchful kindness; there are but few even amongst the insane who, if a particle of mind be left, are not to be won by affectionate attention; an attempt must be made day by day, and for weeks together, and no discouragement must be felt even if the end is not accomplished"; and yet, even he was firmly convinced that mechanical restraint was essential in the treatment of many cases. He invented a special kind of canvas sleeves which, while undoubtedly more humane than the iron shackles and leather muffs which were then in constant use, effectually trussed up the patient so that it became quite impossible for him to move his arms, and he also dilates upon the advantage of the "arm chair."

But when Conolly came to Hanwell the kindly precept of Sir William Ellis had already been forgotten, and the harsher methods advocated, or at least defended by his successor, had become the common practice. It is not, perhaps, surprising, therefore, that at this time the use of restraint had become much more general, and to find that it was by no means limited to cases of violent mania. Instruments of restraint were so abundant in the wards as to amount when collected together to no less than 600 in number, half of which were leg locks or hand-cuffs, and these were applied by the attendants for the most trivial reasons. On the female side of the asylum alone no less than forty patients were constantly secured by various kinds of hand-cuffs, muffs, or leg locks, or were fastened in coercion chairs. Hence Conolly found that the medical and other officers of the asylum were not among the supporters of the new system, but on the contrary were distinctly antagonistic towards it. They had grown accustomed to witness patients, on the slightest indication of giving trouble, being strapped by the waist to benches or tables, or manacled by the feet to gratings, or bars, and Conolly, in a special report to the committee in September, 1840, complains that throughout the whole of his anxious task he had received no efficient aid from the medical officers, while from the attendants, who had been accustomed hourly to practise cruelties with impunity, he met with sullen disobedience or artful deception. He had the constant and zealous aid of one officer alone—the matron—and he deeply regretted that her industry and devotion had only exposed her to the insult of the officers most disposed to embarrass himself in every direction.

On July 1st, 1839, one month after Conolly came to Hanwell, the total number of patients under restraint was twelve—nine women and three men. This number rose on the 6th to eighteen—fourteen women and four men—but after this date the number gradually declined, and never reached double figures after July 11th. On August 12th only two men were under restraint, and after this date until September 20th no female and never more than one male patient was restrained on any one day. After September 20th all restraint was definitely and permanently abolished.

It will not be out of place briefly to review for a moment the methods of treatment which Conolly advocated and adopted.

It is quite clear from his various reports that he was a very great believer in the efficiency of seclusion, and this was his sheet anchor in his crusade against restraint. He speaks of it in the highest possible terms of praise, although he acknowledges that even it may be abused. Leeches and blisters were freely used. When blisters were applied a kind of waistcoat made of ticken without sleeves, and fastened by two or three small locks instead of buttons, was put on the patient in order to prevent him from interfering with the blister. In cases of unmanageable excitement the head was shaved, and tartarised antimony ointment was applied to the scalp. In order to prevent increasing the ulceration of the scalp which was thus produced by interference on the part of the patient, a ticken cap, the lower part of

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

which was made of elastic cloth, was tightly fastened on the patient's head by means of a small lock. The shower bath was in very frequent use, and Conolly remarks that by this means a paroxysm of excitement very seldom failed to be subdued. From Conolly's description of this mode of treatment one is almost disposed to think that the paroxysm was subdued by the patient being half drowned. We are told that the bath should be efficient and not liable to interruption.

"It should be suspended when the patient appears to be overcome and instantly renewed when symptoms of violence recur. A strong shower continued even for a minute has sometimes considerable effect, and it is never many minutes prolonged without careful observation of the patient's state. After four or five applications of this kind the patient becomes entirely subdued." Conolly naïvely remarks that "A bath of this kind appears to produce a moral as well as a physical impression." Conolly was not a believer in drugs, and in one of his reports he says, "The pride of medical science is disconcerted by the reflection that mere medicine has had but a small part in the cure of many patients who have left the asylum well." In his first report he states that tables were in preparation to show the asserted but doubtful influence of the moon's changes on some of the phenomena of insanity and epilepsy. I do not know whether he arrived at any definite conclusion on this particular subject for I can find no other reference to it in his later reports.

In July, 1840, Conolly reported to the committee that in his opinion the medical staff might be reduced to one house-surgeon and a dispenser. It was accordingly arranged that the services of Dr. Button should be dispensed with on January 1st, 1841. This reduction in the staff was resolved upon in spite of the fact that there were at this time 849 patients in the house. Button had not readily fallen in with Conolly's ideas, and from certain correspondence which appears in the minutes of the meetings at this period it is quite evident that the relations which existed between Conolly and his junior assistant medical officer were not very cordial. That this fact influenced Conolly cannot, I think, be doubted, for early in September Dr. Button was appointed superintendent of the Dorset County Asylum, and on the 29th of that month Conolly, who was then ill, wrote to the chairman that on reflection he was convinced that the services of an active, efficient, and faithful medical officer on each side of the house would be required to enable him to conduct the asylum to the satisfaction of the visiting magistrates. It was then resolved to advertise for a successor to Dr. Button.

The chief point of interest connected with this incident is that among the candidates for this vacancy was that very Robert Gardiner Hill, of Lincoln Asylum, whose lecture on the management of lunatic asylums two and a half years before had so impressed Conolly. The choice did not, however, fall upon Gardiner Hill.

In 1842 Conolly gave his first clinical lectures. The proposition to make use of the material here for the purpose of clinical instruction at first met with considerable opposition from the committee, who were fearful as to the effect the presence in the wards of even a moderate number of strangers might have upon the patients. This opposition was overcome on the understanding that the numbers should be limited, and it was decided that each of the hospitals in London should be invited to nominate one student. Eleven students attended the first course, and at its conclusion they presented a most eulogistic address to Dr. Conolly. One of the signatories of this address was Richard Quain.

In 1843 the committee adopted a revised set of rules, one of which required that the resident physician should devote his whole time to the duties of his office and should not professionally attend any private patient. Conolly at once intimated to the committee that it was most unlikely that he could comply with the restrictions included in this rule, and he was to report later on the matter. This he did in September, when he definitely informed the committee that as far as he was concerned it was quite impracticable for him to abide by this rule, and he suggested that he should continue his superintendence as physician but should be non-resident.

This suggestion was adopted by the committee on the following conditions: He was to attend at the asylum twice in every week for six hours on each occasion. He was also to attend the meetings of the committee and to be liable to be called upon on every occasion of emergency and to watch over the general interests of the asylum as heretofore. For these services he was to receive a salary of 300 guineas per annum. He soon found, however, that his agreement to spend six hours

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

consecutively in the wards on two days a week became a task far too trying and exacting to be continued, and in 1845 he wrote to the chairman of the committee stating that he believed no medical officers in any other institution undertook to be actively engaged for more than two or three hours in succession, and that the duties of a medical officer in the wards of an asylum were particularly fatiguing. It was therefore agreed that his visits should be of four hours' duration on three days a week.

In consequence of these arrrangements with Dr. Conolly, the committee, after much deliberation and discussion, decided to dispense with the services of the house-steward and to appoint a lay governor. This person was to be the principle officer of the asylum and was to be responsible for its control and management. He was to be responsible to the committee for the general conduct and behaviour of all the officers, ward attendants and servants in the asylum, and was to visit every ward at least once a day, and should if he so chose accompany the physician and other officers in their visit to any part of the establishment. He was to have full and entire authority as to the classification, instruction, and management of the patients, both male and female. He had other duties assigned to him both multifarious and impossible. The experiment did not prove to be a successful one. The gentleman who was appointed was an army officer. He commenced his duties on March 11th, 1844. Early in August of the same year his conduct and the manner in which he performed his duties formed the subject of inquiry at a special meeting of the committee, when it was resolved that he should be called upon to resign, on the understanding that his duties here should cease at the end of three months. Owing, however, to further indiscretions on the part of the governor, his services were summarily dispensed with before this period had expired. The results of this experiment apparently convinced the committee of the impracticability of making a layman the principal officer of such an institution as a lunatic asylum, and no suggestion was ever made of appointing another officer of this kind.

Conolly resigned in June, 1852. The reason he gave for resigning was the increased demand made upon his time and his attention by his private professional engagements. It seems likely, however, that his state of health was such as to have had some influence upon him in coming to this decision. It was arranged that he should continue to visit the asylum up to Michælmas, but in July he had to go away on leave owing to persistent attacks of neuralgic pain which continued to harass and trouble him, so that on August 11th he wrote from Brighton asking to be relieved immediately from further responsibilities connected with the asylum. The committee, therefore, continued his leave of absence until Michælmas.

Subsequently to Conolly's retirement there were two resident medical superintendents here, one for the male side and one for the female side, a condition of things which obtained until some two or three years after the Asylums Committee of the London County Council became responsible for the government of the asylum.

I have already indicated that the original building was designed to accommodate only 300 patients. This number of beds was almost immediately increased to 500, and by gradual expansion and by utilising every possible available space not originally intended for that purpose as sleeping accommodation, the number of beds had been increased to over 900 when Conolly was appointed. In 1841, by converting the "back stairs of the western tower into sleeping rooms" and fitting up the basements under the centre tower as dormitories, the number of beds was still further augmented. In 1844 the committee resolved to build an additional asylum close to the present building. For this purpose a piece of land (that on which the temporary buildings now stand), was purchased from Earl Jersey in 1845, and plans were prepared for erecting a building capable of accommodating 1,010 patients. Fortunately for everyone concerned these plans could not be carried out before the passing of the Lunacy Act of 1845. The visiting justices of this asylum were not in favour of this Act and employed every possible means at their command of opposing it, including the presentation of a petition to the House of Commons. After the Bill had became law the Commissioners wrote and suggested that they would appreciate a meeting with the visiting justices, but to this advance the latter replied that so far as they could see no possible advantage would result from such a meeting. In accordance with the provisions of the new act the plans were sub-

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

mitted to the Metropolitan Commissioners in November, 1845. They were entirely disapproved of by the Commissioners, who reported adversely upon them to Sir Charles Graham, the Home Secretary. He concurred with the conclusions which the Commissioners arrived at upon the subject. One of the many objections of the Commissioners was the proposal to erect a building capable of accommodating 1,010 patients at so short a distance as 100 feet only from the present asylum. The idea was therefore abandoned, and the new asylum was erected at Colney Hatch. In 1852 the building of the present recreation room, originally intended and used for a considerable time as a chapel, was commenced, and below it a ward capable of accommodating fifty patients. These buildings were completed in 1854. In 1853 a suggestion was made that a third storey should be added to the building. Owing, however, to the strenuous opposition of the Commissioners, the suggestion was 'not immediately carried out, but in 1855 plans for increasing the accommodation on a still larger scale began to be discussed. These included the addition of a third storey and many other buildings, the total increase in the accommodation being estimated at 600 beds. These plans were also strongly opposed by the Commissioners, but the committee appealed directly to the Home Secretary, and after much controversy the Commissioners withdrew their active opposition. These additions and alterations were not completed until 1860, when it was found that instead of 600 additional beds it was possible to squeeze in 690. Thus on December 31st, 1860, the total accommodation was 1743 beds. Since that time there has been a still further expansion, so that now the number of beds is only about 400 short of 3000. I do not, however, propose to touch upon the history of the place beyond the period at which we have now arrived. I have already detained you longer than I had intended, and in concluding my remarks I have only to express my grateful thanks to you for having borne with me so long.

The subject which it has been my privilege to speak to you upon is, I am sure, one of very general interest; my only regret in dealing with it arises from the sense of my own short-comings, and the conviction that I have been unable to do justice to it.

In the discussion which followed, Dr. ALEXANDER, speaking as one who knew the records from which Dr. Baily had obtained the material for his paper, stated that the preparation of this paper must have entailed very considerable time and trouble, and he had nothing but praise for the judicial selection displayed by Dr. Baily. He hoped that the Hanwell Committee might be induced to print it, as it would form a valuable summary of the archives of the asylum.

Dr. BOWER, commenting on the appointment of visiting physicians to the asylum in the time of Conolly, expressed the hope that in years to come asylum officers would be enabled to keep more in touch with their medical brethren in the outside world. He believed that consultants should be appointed in connection with every asylum, so that in conference with the medical staff the patients might have the best treatment for every disorder. The converse was also in his opinion true, namely, that asylum medical officers should be permitted to give the neighbouring medical men the advantage of their special knowledge. This would be beneficial not only to the medical men but also to the patients under their care. He wished to thank Dr. Baily for the very interesting paper they had heard. Dr. GREENLEES also spoke, and Dr. BAILY briefly replied.

Dr. H. DEVINE read the following paper, entitled, "An Account of the Clinic for Psychiatry at Munich."

In view of the fact that there is no similar institution in this country, it was thought that some account of the clinic for mental diseases, under the direction of Prof. Kraepelin, might be of interest.

A brief description of the institution will first be outlined, followed by an account of the post-graduate course which is given every year and extends over a period of three weeks.

The institution, which was opened on November 7th, 1904, occupies a site of two and a-half acres, presented to the university by the city of Munich. It is situated in a central position, in close proximity to various other clinics associated

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

with the university. The building, which is self-contained and presents an imposing appearance, consists of three sections—the out-patient department, the reception rooms and hospital and the laboratories for scientific research.

The central part of the ground floor is occupied by the out-patient department, consisting of examination room, bath-room for treatment and waiting room. On each side are four rooms for private patients, the quarters for the staff and the kitchen, stores and laundry.

On the first floor are the lecture room, receiving room for new cases, wards, laboratories and library.

On the second floor are more wards, with day-rooms, and on the third floor pathological, chemical and psychological laboratories. There are two gardens in which the convalescent patients are enabled to take exercise.

Everything possible that can be done for the comfort and efficient treatment of the patients on hospital lines appears to have been considered. The wards are bright and attractive in appearance, none of them accommodating more than ten patients. The various appointments are ingenious and elaborate. The telephones, water-valves and an arrangement for heating milk during the night are enclosed in locked-up boxes. A red electric lamp indicates a telephone call instead of the more usual disturbing bell. Heat is supplied by hot air from radiators and ventilation by flues in the walls. In order to secure efficient observation, lavatory conveniences are placed in each ward enclosed by portable screens. There is also a cupboard containing a glass, tooth-brush and soap for each patient. The floors are covered with a plain linoleum, which adds to the general appearance of comfort in the wards.

As regards the treatment, the fundamental principle is rest in bed combined with hydrotherapy. Bath-rooms, each containing four baths, are placed in close proximity to the wards, and seeing that many of the patients spend a large proportion of their time in them they are made as bright and attractive as possible.

Each bath has an automatic arrangement which prevents the water from rising in any circumstances above 60° C., and when it rises to 40° C. the fact is indicated by an electric lamp attached. While in the bath the patient lies on a meshed sheet, which is said to prevent any possible soreness arising.

The various means of treatment by electricity are fitted up in the out-patient department.

An important and noticeable feature of the clinic is the absence of single or padded rooms. All the patients are under continual observation, this obvious advantage being made possible in several ways. In the first place the small size of the dormitories affords every opportunity for individual supervision. Then there is the continuous bath treatment, which has great influence in quieting the restless and noisy cases. This largely obviates the use of sedatives, and these are not extensively employed. The most usual one is hyoscine, either alone or in combination with the warm bath.

Lastly, the use of cot-beds with padded sides would seem to be of considerable utility. Particularly are such beds advantageous in the case of restless seniles and general paralytics. These cases are always more or less a source of anxiety owing to their liability to injury, and for that reason frequently need the protection afforded by a padded room. With beds of this kind, however, it would appear that such patients can be quite as efficiently protected, with the additional advantage of being under the observation of a nurse the whole time.

On this question Kraepelin writes as follows (1): "Now if we wish to be able to give a complete account of the condition of all our patients at every moment, so must we before all abandon a method of treatment that until recently played a great *rôle* in asylums, and in consequence tended to be considered their distinctive peculiarity, *vis.*, isolation.

"If we confine a patient in a padded room, we have certainly shut him off from the ward, but we no longer know what his real condition is, though we listen to his cries or look at him through a peep-hole. One can no longer speak of the true nursing of the patient. The disadvantages of isolation, of which one need only mention the uncleanliness, the destructiveness and violence, are so obvious that no one will return to it who has once known the blessings of its removal. Obviously if we abandon the locking up of excited patients, we must employ other methods of treatment. If we desist from sedatives, which we only regard as stop-gaps and

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

occasional aids, we have a procedure at our disposal that, in spite of its surprising simplicity and obviousness, has only been used to any extent in the treatment during the last twenty years, *viz.*, rest in bed."

In considering this question one must remember that here patients are being treated under ideal conditions, almost regardless of expense and number of staff, such conditions being hardly possible in their entirety in the ordinary county asylum. It represents, however, a line of treatment which can be, and is, largely carried out in this country. With plenty of fresh air, systematic baths and rest in bed, it is surprisising how little necessity there is for isolation in side-rooms, and in those cases that would seem better apart from the distracting stimuli of a general ward, the use of portable screens affords all that is necessary for isolating the patient.

The laboratories afford every opportunity for scientific research on both the material and psychic sides of mental disorder. There is a well-equipped pathological laboratory, under the direction of Dr. Alzheimer, and seven rooms are devoted to experimental investigations in normal and abnormal psychology. They contain apparatus for the measurement of mental work, fatigue, association experiments, and for the study of the influence of mental processes on the pupils, heart, respiration and blood-pressure. There is a "silent room" with padded doors, and an arrangement for darkening, in order to shut out all sense stimuli; a "sleep-room" is also fitted up for the measurement of the depth of sleep and the study of the questions associated with the physiology, pathology and hygiene of the subject.

There is in addition to the above a chemical laboratory, in which investigations are being carried on in regard to the metabolic changes occurring in insanity.

Brief mention must be made of the lecture room, which is elaborately equipped for purposes of demonstration. It accommodates 120 students, and has excellent arrangements for lantern illustrations and an installation for continuous photographs. The room can be automatically darkened in a few moments, this being an obvious advantage, as most of the lectures are illustrated with photographic and other slides.

The medical staff of the clinic is made up of the following: The Director; one Oberarzt (principal assistant); four assistants; three volontaires; three clinical assistants; four scientific assistants. Seeing that there are only 120 beds in the hospital, it is evident that this staff permits of a very thorough study of the cases. The above list does not include the various lecturers and out-patient physicians.

The nursing staff consists of twenty-five sisters (nuns), ten nurses, and eighteen male attendants, the sisters supervising the nursing on both the male and female sides of the hospital. Each group of nurses takes night duty for two weeks at a time, with complete rest during the day.

The admission rate to the hospital is high, being from 1500 to 2000 per annum. The patients may be brought by the police or by their friends, and no certificate is required for admission. A large number of cases are therefore seen in the clinic which are not usually sent to the ordinary asylum. Thus a number of cases of alcoholic intoxication and delirium are brought in by the authorities, as also other toxic conditions, ether, and the like.

About 500 cases are transferred annually to the State asylum. The patients may discharge themselves or be taken out by their friends, unless considered unfit. About an average of fifty cases per week are treated in the out-patient department.

As has already been mentioned, the site of the hospital was provided by the City, and the cost of building and equipment was provided by the State, amounting altogether to £78,500. The expenditure is maintained partly by payments from patients and partly by grants from the State. The post-graduate course extended from October 25th to November 13th. It was attended by about sixty alienists from various countries. The course is most comprehensive, as will be seen from the following brief account.

Naturally especial interest is attached to the clinical demonstrations by Prof. Kraepelin. Some of these were the ordinary demonstrations for the students and others more advanced, especially designed for the post-graduate course. The former enabled one to obtain some knowledge of the methods employed in the teaching of psychiatry in Germany. In these classes two students are selected in

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

turn to examine each case, or else to state what they have observed after the essential features have been demonstrated by the lecturer from interrogation of the patient. In this way the method of examining a mental case and the significance to be attached to the various symptoms is practically demonstrated.

The cases discussed in the post-graduate class were either rarer types or those presenting some difficulty in diagnosis. It is obviously impossible to give any account of these in a brief communication, but one may perhaps mention an instructive series of cases diagnosed as manic-depressive insanity, illustrating the varied clinical picture which this psychosis may present. As some of them had been under observation for many years at one time and another the course of the disorder was admirably demonstrated. As might be expected, in the Kraepelin school the question of diagnosis receives much attention.

In addition to these demonstrations, Prof. Kraepelin gave a series of lectures on experimental methods in psychiatry—the measurement of the psycho-physical effects of drugs on fatigue, memory tests, etc.

Dr. Isserlin devoted six hours to the question of psycho-diagnosis and psycho-therapy. It included practical demonstrations of hypnosis and a full discussion of Freud's psychology and principles of psycho-analysis.

Dr. Rudin gave a series of most useful demonstrations on mental cases of forensic importance. The patients he brought forward included instances of misdemeanour in an epileptic state, murder by a paranoic, law-suit by a querulant, and homo-sexuality in old age. In addition, he gave six lectures on "The Causes and Problem of Degeneration."

Prof. Liepmann came from Berlin and gave a number of lectures on aphasia, apraxia and agnosia. They were illustrated by numerous charts, specimens and lantern-slides, as well as several excellent cases.

The lectures on the pathological anatomy and histology of the brain in insanity constituted one of the most noteworthy features of the course. These were given by Dr. Alzheimer, who covered the whole ground of the subject very fully. Each lecture was abundantly illustrated by means of the projection apparatus, with specimens and microscopic slides.

Dr. Plaut gave a course of lectures on sero- and cyto-diagnosis, dealing both with the theoretical and practical sides of the subject. He devoted his attention largely to the Wassermann reaction, and gave a practical demonstration of the method of performing lumbar-puncture.

Dr. Weiler, lecturing on clinical psychiatry, exhibited apparatus and instruments for testing reflexes, muscular power, tremors, and the measurement of pupils and blood-pressure.

Prof. Brodmann gave several lectures on his researches in the topographical anatomy of the brain, all excellently illustrated by the projection lantern.

Clinical demonstrations on neurological cases were given by Dr. Kattwinkel at the medicine clinic.

In addition to these lectures, a visit was paid to the Bavarian State Asylum at Eglfing. This institution accommodates 1,100, patients, and is built entirely on the villa system.

The last day of the course was more in the nature of a social event, being devoted to a visit to the charmingly situated asylum at Gabersee, some distance out of Munich.

Unfortunately this imperfect account gives but an inadequate idea of the clinic, which must be visited in order to obtain an actual appreciation of its various advantages. One cannot fail to be struck by the extreme thoroughness of all the work which is being carried on in the institution. Every effort appears to be made to investigate thoroughly the many obscure problems of insanity. Whether it be the clinical, pathological, psychological, or sociological point of view which is under investigation, the work is uniformly of high standard and the product of patient research. While, however, the purely scientific side is so highly developed, it is not done at the expense of the comfort and individual care of the patients, who have the benefit of every humane and enlightened form of treatment.

In concluding the paper, one may perhaps be permitted to give expression to a few reflections which naturally arise out of a visit to this famous clinic.

It is impossible not to be impressed with the somewhat anomalous fact that Munich, a relatively small town, possesses such excellent facilities for the study

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

of mental diseases, while London, the largest city in the world, has no institution of a similar character. Though one is able to recognise, without being accused of undue egotism, that the asylums in Great Britain are in general second to none both in comfort and in methods of administration, and while one also recognises that this country has always taken a foremost place in furthering the humane treatment of the alienated members of the community, it is impossible to shut one's eyes to the fact that the necessity for organised research in mental diseases is not at present sufficiently recognised, and that in this particular respect this country is far behind Germany, and, indeed, other countries, such as America. In enumerating the advantages of such a central institution, with a staff of experts in each branch of this department of medicine, a staff freed from administrative details, the possibilities it gives for post-graduate teaching and the scientific training of medical officers take a prominent place. In this way the fact will be accentuated that the administrative point of view, however important, is not the only one, and that the problems associated with mental disorder are such as merit and repay investigation.

In the next place it gives an opportunity for the study of the earlier phases of insanity, and that group of cases coming under the head of psycho-neuroses, hysteria, psychasthenia, etc. Since it is in such disorders that one is enabled to obtain the most insight into mental diseases generally, the necessity for their investigation is of paramount importance. Since, also, such cases are rarely seen in an asylum, and only isolated clinics for purely mental disorders exist in the general hospitals of this country, and then only in the out-patient department, it has resulted that comparatively little attention has been paid to these borderland cases. That those out-patient clinics which do exist at the present time are of considerable value is beyond question, and their further development is to be desired. They do not, however, satisfy all the requirements of cases of this type. While on the one hand it is highly undesirable that they should be sent to the county asylums, on the other it is necessary to be in a position to give them the facilities for indoor hospital treatment, both from the point of view of the benefit to the patient, and also from the opportunity which it affords for a more thorough investigation than is possible in a brief visit to the hospital once or twice a week. At present there are practically no facilities of this kind for patients of the class in question.

Lastly, but one would venture to say not least in importance, is the educative value such a clinic would have on the general public. To have easy access to an institution, carried on entirely on the lines of a general hospital, would without doubt do much towards dissipating any erroneous ideas which may still exist as to the methods of dealing with the insane. The patients at Munich are largely composed of those who come in and go out of the hospital for short periods. It would seem that the existence of such an institution where those who suffer from mental troubles may go to seek relief, just as those who are afflicted with bodily disease are enabled to do now, could not fail to be of the utmost benefit, both from an educational and social point of view.

(1) Kraepelin.—*Die Konigliche Psychiatrische Klinike in Munchen*, 1905.

Drs. STANSFIELD and STEEN criticised the paper, and Dr. DEVINE replied.

Dr. J. G. PORTER PHILLIPS read a paper upon the "Treatment of Melancholia by the Lactic Acid Bacillus" (see p. 422).

In the discussion which followed, Dr. BAILY read the following communication from Dr. Robert Jones, who was unavoidably unable to be present:

"I have tried the 'sour milk' treatment at Claybury in four males and four females. The cases were rather especially selected. The males were—one case of insanity with epilepsy, the others of melancholia. The urine in the male cases was examined, and in one only was there slight indican. Their fæces were examined by the pathologist before any of them went under treatment and their weights taken. Two men gained and two lost weight. The duration of the treatment was nearly three months, *i.e.*, February 7th to April 20th, but in one of the men I had to discontinue treatment after two weeks, as it was refused. One of the men was kept in bed for the first four weeks, and this case became more talkative about his hallucinations towards the end of treatment. One case has shown improvement,

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press

but only after the treatment by sour milk was stopped, and no mental improvement took place in the other three. The fits of the epileptic continued to be of the same average in severity and number (about 100 fits per month). The milk was especially prepared in the laboratory under Dr. Mott from strains of the Bulgarian bacillus obtained—I think from the Lister Institute.

"*History of the female patients.*—Three cases were those of young girls, æt. 19 to 22, suffering from adolescent melancholia of the variety described as dementia præcox. One was in bed all the time of treatment owing to symptoms of pulmonary tuberculosis; another became noisy and excited a few days after treatment commenced. In none of the three was there any mental improvement. The fourth case, æt. 20 (adolescent insanity of the maniacal form), remained of the same weight at the end as at the commencement of treatment. At the commencement urine markedly phosphatic, no phosphates at the end. In this case there has been considerable mental improvement, which is believed to be due to 'Swedish drill' and 'skipping-rope' exercise as much as to the milk treatment.

"The method of administration in all cases was the addition of one ounce of 'soured milk' to a pint of fresh milk, as otherwise all would refuse it, and two pints a day were given, at 11 a.m. and 7 p.m. There never was any vomiting, but constipation attended the treatment. No diarrhœa occurred, but in two cases it is noteworthy that a scarlet rash—something midway between that of measles and that of scarlet fever—appeared in one, with hyperpyrexia lasting a week. This rash resembled that in septic intoxication, but it is not possible to connect it definitely with the sour milk treatment, although they *may* be related as cause and effect.

"The whole of this treatment, in my opinion, requires that a careful bacteriological examination of the fæces be made before treatment to note the streptococci, staphylococci, bacilli and bacteria, and these notes would have to be compared with a full examination after the treatment in order to show how completely the intestinal flora had been modified by the Bulgarian bacillus, which is supposed to "oust" the others and to appear itself in the fæces. I would not consider that conclusions could be reliable unless and until this had been done. Needless to say, I have given up this method of treatment: the results were not encouraging, and, as already stated, the stuff is anything but agreeable to look at or to taste.

"I wish to record my indebtedness to my colleagues, Drs. C. T. Ewart, W. S. Hughes, G. H. Harper-Smith, and F. Paine, for their notes and interest."

Dr. DIXON stated that he had treated several cases with milk containing the lactic acid bacillus, and mentioned a case of hypochondriacal melancholia in a woman, in which to his mind the results of the treatment had been strikingly successful.

Dr. GREENLESS also spoke.

Dr. PHILLIPS, in his reply, stated that the unsatisfactory results obtained at Claybury might be owing in some measure to the unsatisfactory type of case which had been chosen for treatment.

The members dined together after the meeting at the Cafe Monico, Piccadilly Circus, W.

SOUTH-WESTERN DIVISION.

The SPRING MEETING of this Division was held, by kind invitation of Dr. Norman Lavers, at Bailbrook House, Bath, on Friday, April 29th, 1910.

The following members were present: Drs. Aldridge, Bazalgette, Blachford, Bullen, Kough, Lavers, MacBryan, MacDonald, Marnan, Morton, Mules, Nelis, Pope, and the Hon. Div. Sec.

There was also one visitor.

Dr. MacDonald having been voted to the Chair, the minutes of the last meeting were read and signed.

Dr. Aveline was re-appointed Hon. Divisional Secretary.

Drs. Glendinning and Lavers were elected to fill vacancies on the Committee of Management.

https://doi.org/10.1192/bjp.56.234.557 Published online by Cambridge University Press