He could not call it the dawn, because the dawn did not arise in the north, but he hoped it would not be of a temporary character like some lights they had known. In conclusion, accepting Dr. Carswell's view that a little vanity was a useful stimulus towards doing good work, they might congratulate him on possessing a certain amount of that useful foible, to judge from the quality of the lecture he had given that afternoon.

Dr. J. G. SOUTAR seconded the vote of thanks to Dr. Carswell for an interesting and valuable address. There had been a delightful blend of the philosophic outlook and the practical application of it in what he had said, and therein he had paid one of the highest testimonies to the great physician whose name those lectures bore. It was Maudsley more than anyone else who showed them that psychology was not a matter confined entirely to the unsound mind, that its great purpose was not merely to cure mental disorder, but to do all that could be done to prevent such disorder arising. The great claim which had been urged by Dr. Carswell that afternoon was that much could be done, not merely to prevent or diminish the incidence of mental disorder, but to raise the general level of mental soundness of the race. That was the aim of psychology to-day. There were several points in Dr. Carswell's lecture which would furnish texts for a lecture in themselves, but his audience would carry such points away with them and think them over; they included not only the points he had elaborated, but many others which he had only incidentally suggested, and which remained to be developed.

The vote of thanks was carried by acclamation.

Dr. CARSWELL, in acknowledgment, thanked the audience not only for their appreciation, but for their patience in enduring his rather bare statistical account and his rather Scottish exhortations. He was sufficient of a Scotsman to admit that he never saw an audience before him without feeling that he wanted to do them good!

This terminated the proceedings.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the Division was held by the courtesy of the Committee of Management and Dr. H. Wolseley-Lewis at the Kent County Mental Hospital, Maidstone, on Wednesday, April 30, 1924.

Members, as they arrived, were conducted in small groups, each with an officer of the hospital as guide, to see the many interesting and instructive features of the hospital and grounds.

At 1 p.m. they sat down to luncheon, at the conclusion of which Col. NATHAN RAW proposed the health of Dr. Wolseley-Lewis, to which the latter replied.

Dr. WOLSELEY-LEWIS then led the members through the most interesting parts of the hospital, and demonstrated the possibility of creating within walls, to all outward seeming those of a prison, the efficiently cheerful wards of a modern mental hospital.

At the ensuing meeting, at which Dr. Chambers took the Chair, the minutes of the Autumn Meeting, having been published in the JOURNAL, were taken as read and confirmed.

Dr. Noel Sergeant was elected Hon. Divisional Secretary, and Drs. A. Helen A. Boyle, A. A. W. Petrie, F. R. P. Taylor and H. Wolseley-Lewis were elected Representative Members of the Council for the year 1924–25.

The election of the three members of the Divisional Committee of Management to fill vacancies was deferred to an adjourned meeting to be held on May 22, 1924.

The following gentlemen were elected ordinary members of the Association:

FREDERIC CECIL MARSH TAYLOR, M.R.C.S., L.R.C.P.Lond.
Proposed by Drs. M. A. Collins, J. A. Topham, and Noel Sergeant.

THOMAS RONALD FORSYTHE, M.B., Ch.B.
Proposed by Drs. H. Wolseley-Lewis, W. E. Collier, and Noel Sergeant.

ROBERT MELVINE MACFARLANE, M.B., Ch.B.
Proposed by Drs. H. Wolseley-Lewis, W. E. Collier, and Noel Sergeant.

An invitation to hold the next Autumn Meeting of the Division at Peckham House was received from Dr. King, and accepted with pleasure.

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PAPER.

"A Retrospect and Its Lessons," by H. WOLSELEY-LEWIS, M.D., F.R.C.S.

[*Abstract.*]

DURING the nineteenth century great amelioration in the lot of the insane had taken place. Madhouses became asylums, and later mental hospitals; keepers became attendants, and later highly trained nurses. Reflection on these evolutions in the past enabled us to visualize the best lines of development in the future.

Analogies existed between the early years of the nineteenth and twentieth centuries. In each case a great war, with its concomitant economic and social difficulties, shook the nation to its foundations; in each case an awakening of the public conscience in regard to the treatment of the insane can be observed. An Act was passed, in 1808, "permitting County Justices to raise money to erect asylums for pauper lunatics." In 1815 a Committee of the House of Commons was appointed "to consider of provision being made for the better regulation of Madhouses." The evidence taken at this Committee gradually led up to the Act of 1845, which made it compulsory for local authorities to provide for their pauper insane, and established the Lunacy Commission, which first visited this institution on September 30 of that year. Similarly, at the beginning of the twentieth century, in 1908, the Report of the Royal Commission on the Care and Control of the Mental Defective was issued, followed in 1913 by the Mental Deficiency Act. A succession of Bills for the early treatment of mental diseases had been promoted, culminating in the Bill now before Parliament. The Lunacy Reform Conference convened by the Board of Control was held in 1922, and in the same year was issued the Report of the Committee appointed to investigate the charges made by Dr. Lomax in his book, *The Experiences of an Asylum Doctor.*

At the beginning of the nineteenth century methods of treatment of the insane included flogging, confinement in iron cages, chains and manacles, etc. In considering the conditions under which the insane existed in those days, one had to bear in mind the state of public opinion at that time. Slavery had just been abolished; public hangings were common spectacles; prison reform was in its infancy; discipline in the navy and army was enforced with great severity; the Poor Law Amendment Act was not passed till 1834.

There was ample evidence to show that our predecessors' treatment of their patients was due to ignorance rather than indifference. The partizans of restraint and non-restraint methods carried on a heated controversy from 1814–1840, and some of their arguments are of great interest to-day. It gradually came to be recognized that moral treatment was better than mechanical restraint, that it was essential to have attendants of a humane disposition and plenty of them, and that classification of the patients was of the greatest importance. In this institution, in 1837, the wages of a male keeper were £27 per annum, and of a female £16 per annum. They were quite untrained; their diet was meat, bread, cheese, butter and beer; they apparently had no regular leave from duty, and they were in a proportion of one to twelve noisy and one to twenty quiet patients. In their book of rules they are ordered not to strike or use harsh or intemperate language to the patients, but that they must at no time leave their galleries without having first locked up in their rooms any patients who were liable to be violent, except such patient is properly secured.

A return made in 1825 showed that there were in Kent 210 lunatics and dangerous idiots, and in 1828 the Court of General Session ordered that an asylum should be built to house them. This was erected at a cost of £50,000, and provided accommodation for 174 patients (it has since been added to until it contains more than ten times that number). It was opened on January 1, 1833, and is the twelfth oldest asylum in the country. The original building was intended for the safe keeping of dangerous persons rather than as a hospital for the treatment of mental diseases; it was designed by Mr. Whichcord, the County Surveyor, who was also the architect of Maidstone Gaol, and points of similarity between them are obvious. A glance at its north aspect shows this even now: massive stone walls, small iron-frame windows, absence of ornament; and within at that time narrow stone stairs, low-vaulted ceilings, rows of dark dungeon-like cells with a narrow gallery running between them, dimly lit by an oil lamp; at the angle between two galleries the "keeper's room"; floors of stone, whitewashed walls,

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windows covered with a wire screen; sanitary accommodation a small sink and single earth closet; furniture a few deal tables and forms fixed to the floor; heavy wooden chairs in which patients were strapped; a primitive wooden bedstead with a central drain in it, and straw for bedding.

As there was no night staff, the patients had no means of attending to the calls of nature, with the result that we read frequent complaints of the foul smells, and even stone floors were replaced in some of the wards with slate, as being less absorbent. Dysentery appeared there in 1834, and cholera in 1854. In 1835 the water consumption was only 10 gallons per patient per day. On visiting the cells in the morning it was not uncommon to discover that a patient had died during the night. Such was the routine, and we read of no way in which it was relieved; no books, no games, no entertainments. At the same time entries in the visitors' book lead us to suppose that this was well thought of as an asylum, as witness the following: "I have much pleasure in expressing my satisfaction as to the arrangements and situation as well as the management of the asylum, which I find superior to any I have witnessed in various parts of the Continent as well as in Ireland." The comparative absence of coercion and restraint is also repeatedly commented on. A minute of the committee in 1840 expressed a desire that restraint such as might be used in prisons should be done away with; but in the same year Mr. Sergeant Adams in his report to the Middlesex Magistrates said that he found in this asylum two men who had been chained to their beds for 4½ years, and one female fastened in a coercive chair by a large cuirass of thick leather, her hands being pinioned in front of her; there were also some 20 or 30 others in manacles. On January 12, 1841, was found the following minute in the records of the Court of General Session in reply to Sergeant Adams' statement, which is instructive as showing the feeling at that time, and emphasizing the fact that the intentions of the authorities were excellent, even if their methods were crude:

"The attention of many members of the Court has been probably drawn to the remarks made by Mr. Sergeant Adams at a meeting of the Justices of Middlesex, relative to the mode of treatment pursued in this asylum towards certain individuals confined therein. The Visiting Justices under this impression have felt it their duty to report to the Court on those cases, and also on the treatment generally pursued towards the patients in this establishment. The cases to which the learned Sergeant is supposed to refer are the following, *viz.*, James Ward and William Doolan. The first of these persons was tried at the Assizes in Maidstone in the year 1834 for murder, and was acquitted on the ground of insanity. The Medical Superintendent, believing from the peculiarly irascible temper of this man and from the violence of his language that he would do serious injury to those who had the charge of him or to some of the patients, placed him in close confinement in his own room, and this was continued until about 18 months ago, since which time he has been allowed to mix with the other patients in the airing-grounds, but still under restraint, as he is not considered by the Medical Superintendent fit to be trusted entirely. The other patient, William Doolan, is of a very ferocious disposition and great personal strength, and having on one occasion seized a poker which had been very improperly left loose in the gallery, he knocked down the keeper, and was in the act of striking a second blow, when one of the patients seized his arms and thus in all probability saved the keeper's life; this man has also occasionally been under close confinement, and is at times so ungovernable that it is difficult to pursue a milder treatment towards him. These cases are peculiarly dangerous, and require most careful treatment, and whether they have formerly received closer confinement and more personal restraint than would now, under the mode of management recently adopted at Hanwell and elsewhere, be thought necessary, the general management is not to be judged by these cases, which are the exception and not the rule. With respect to the patients generally, the Visiting Justices can with confidence assert that their health, cleanliness and comfort are closely attended to, that no cruelty is exercised towards them, and that there is no personal violence; this last is plainly shown by the absence of fear on the part of the patients towards their attendants, and also by the fact that to the inquiries of the Visiting Justices made to the patients when discharged on their recovery, as to the treatment they have received, their answers are uniformly expressive of gratitude for the kindness which they have experienced.

"So great improvement in the treatment of lunatics has taken place within the last few years that people in general form most erroneous opinions when they

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hear of cruelty in lunatic asylums, picturing to themselves all the horrors said to have formerly existed in such establishments. It ought to be recollected that the question now debated is whether all personal restraint is to be done away with. Persons who adopt this opinion are perhaps inclined to look with too much harshness on those who do not coincide with them to the full extent, and may use language which conveys to others ideas of cruelty which they themselves do not entertain. Those whom the Court of General Session have appointed Visiting Justices of this Asylum have not been indifferent to this great question. In the course of last spring one of their number visited Hanwell Asylum and Bethlehem Hospital for the purpose of seeing and obtaining information on the mode of treatment in those establishments. In consequence of what he reported, the Visiting Justices requested the Medical Superintendent to visit the Asylum at Hanwell, which he accordingly did, and inspected that establishment with Dr. Connolly, the Resident Physician. At the next meeting of the Visiting Justices he presented a report to them in which he recommended that certain articles of dress, such as are used at Hanwell for particular classes of patients, should be provided. This was accordingly done, and by these means the necessity for confining patients to their beds at night and the use of belts and muffs have to a great extent been done away with. He also recommends the employment of additional attendants with the view of diminishing the restraint, but as there were at that time as many attendants in proportion to the number of patients as in any county asylum, and more than in most, the Visiting Justices did not think it right to employ more until restraint had been reduced as far as possible with the existing establishment. This has in their opinion now been done; they have therefore determined to appoint two additional keepers and two additional nurses with a view of introducing the system of no restraint. It may be necessary perhaps to inform the Court that this system is new, that it is only 16 months since it has been established at Hanwell, but that the success attending it has been such that many other asylums are adopting it, but at the same time it must be remembered that some physicians of great eminence are of opinion it is not so good as that of moderate restraint.

" MARSHAM.
WILLIAM W. T. BALDWIN.
THOMAS TURNER ALKIN.
MAX. D. D. DALISON."

A study of the case-books suggests that medical treatment was of a rather heroic nature: First patient, a woman, admitted on January 3, 1833, suffered, apparently, from recurrent mania and phthisis. On January 6 she had a purgative, on the 7th an opiate, on the 8th pil. gamboge (*pro re nata*); on February 8 she had a purgative, another on the 9th; she then had a severe hæmoptysis, so on the 10th she was bled (14 oz.), and given mag. sulph. (every six hours); on the 12th she had an enema and another on the 13th; on the 18th she had croton oil, which was repeated on the 23rd. On March 6 she had to be confined to her room; on the 16th she had an opiate, and she was found dead on the 17th. The coroner's jury found that she died " By the visitation of God "! Such treatment appears drastic, but it was not unusual. Their idea of hydrotherapy was a " surprise bath "; it was reserved for the very violent. A hood was placed over the head, and a girdle with a rope attached round the waist; the patient was then suddenly pushed into a tank of cold water. Such a tank was provided there in 1843, and the doorway through which the patient came could still be seen. In 1848 the medical officer orders seclusion in a dark room, and that the patient be fastened to his bed by a strait waistcoat and a belt, and remarks that " there are rare cases in which the existence of contrivances for restraining a patient prove a blessing, and their use a simple act of humanity." Both doctors and committee were, however, sincere in doing their best for the patients according to their lights, and there was evidence that curative treatment was aimed at.

It has already been said that the Act of 1845 made it *compulsory* for the local authority to provide accommodation for the pauper insane, and we find the Kent Justices reporting as follows in that year

" It appears to them that in the event of still further accommodation being required, the proper course, and that which would be in accordance with the opinion of the Commissioners in Lunacy, will be to build or purchase or hire a house to which the patients who are considered incurable could be sent, where they could receive all the attention requisite for their cases, while they could be provided for

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at a much less cost than by adding to the present building, which is constructed on a more expensive principle, in order to afford advantages to those who are deemed curable."

The result was the opening of the additional building in 1850 (marked green on the plan). In it may still be noticed heavy stone masonry, iron frame windows, and low vaulted ceilings, but it would also be observed that the airing-court was surrounded by a sunk fence and not a high wall, that windows were larger and not covered by wire guards, floors of wood instead of stone, doors with spring locks so that the continual use of a key was not necessary, more associated dormitories and day-rooms, which were larger and lighter and more airy; water-closets were installed, and gas took the place of oil lamps. Dr. Huxley, brother of the famous professor of that name, was Medical Superintendent at this time, and evidently did what he could to relieve the monotony of the patients' existence: football, trap-ball, battledore and shuttlecock were introduced, and playing-cards provided. Steel knives and forks and earthenware mugs and plates were served out; chairs in addition to forms were purchased, and we learn that rubber sheets made their appearance on the iron bedsteads with which the dormitories were furnished. When the additional building was opened an Assistant Medical Officer was appointed, and more attention was paid to the medical treatment of the patients. The nursing staff, however, was still very inadequate, one attendant looking after thirty patients without assistance for a fortnight at a time; out of eighteen wards only two had more than one nurse; there was still no night staff. At this time all the criminal lunatics from Maidstone Gaol were sent here, and were evidently a turbulent element, and many of them quite unfit to mix with the other patients. Such being the administrative difficulties, they could hardly be surprised that restraint was occasionally resorted to, seclusion was frequent, and there was more than one record of a keeper being discharged for striking or ill-treating a patient. One-sixth of the inmates were wet and dirty in their habits; their clothing was often wet during the day and their beds during the night; a large number wore ticken dresses locked at the neck. The medical staff, in their efforts to cope with their patients without resorting to mechanical restraint, used sedatives freely, the usual thing being tinct. opii 1 dr. *t.d.s.* and wine. In severe cases chloroform was given, and its administration repeated at intervals of a few days; shower baths and tartarated antimony were in common use. Under such treatment there seems to have been a fair number of recoveries, but a large number of chronic, degraded, troublesome cases. Gradually an improvement in the conditions under which the patients lived was taking place, and an impetus was given to this in 1863 by the advent of Dr. Kirkman as Medical Superintendent. A band was started, bagatelle boards and other games made their appearance; birds, pictures, plants and flowers were introduced into the wards; entertainments, dances, magic lantern lectures were occasionally given; four days' leave of absence was allowed; a limited night staff was provided. The patients were encouraged to employ themselves usefully as much as possible. Occupation therapy and re-education of the patient whose condition admits of it is of the greatest value. There was now an "occupation officer," whose business it was to see that every patient, so far as his health permits, was occupied in some way or other, and that every effort was made to interest him in his work.

About this time further efforts at improvement were hampered by overcrowding. As control and intelligent observation of the patients became more difficult, seclusion was often, and restraint occasionally, resorted to; accidents, sudden deaths and escapes recurred with ominous frequency. Eloquent of the condition of things was a report of the Medical Superintendent that out of 750 patients, 671 were dirty, violent or dangerous. There was no infirmary ward set apart for the sick, and in 111 of the single rooms and five of the dormitories the floors were still of slate. The case-book notes of this period were of no scientific value, and only average about one per annum per patient; they were chiefly descriptive of violence, abusive and disgusting language, degraded habits, etc., with occasional long explanations of injuries sustained by patients, usually ending up with a statement that "it does not appear that more force was used by the attendants than was necessary." There were constant changes in the nursing staff, no less than 100 nurses and 62 attendants leaving in one year. The Minute Book of the Committee showed frequent dismissals for striking patients, drunkenness, breaking out at night, etc. After such a lapse of time it was impossible to apportion the

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blame for all this misconduct and lack of discipline, but it was evident that the staff was recruited from the ranks of the unskilled and uneducated; no effort was made to train them or interest them in their work, which was arduous and difficult; they were badly paid and their hours were long; they had no ideals and no nursing instinct.

Notwithstanding the opposition of the Commissioners to any enlargement of the Asylum, the new building was opened in 1870, and stands, with its large, well lighted day-rooms, spacious, airy dormitories and adequate sanitary annexes practically unaltered to-day—a witness of the progress that had been made in the housing of the insane. They would have the opportunity of seeing three buildings—the old, the additional, and the new—each a type of the period at which it was built, with twenty-year intervals between each period.

Although ideas in regard to the treatment of the insane were becoming more enlightened, improvements matured slowly in large institutions, and the patients still suffered from the ignorance and indifference of the staff. Tell-tale clocks were introduced here in 1876, and there were only four nurses and four attendants on night duty, and these were at times discovered asleep. For many years now the tell-tale clocks have been disused, and there are at present twenty-one female and twelve male nurses on night duty.

During the next thirty years no enlargement of the Asylum took place, but a number of structural improvements had been made in the older buildings. Single rooms were removed to let in more light and air, dividing walls disappeared to form associated dormitories, iron-framed windows were replaced by wooden sashes, heating apparatus was introduced in 1880, earth closets done away with in 1886, and the last of the stone floors disappeared in 1895; walls were plastered, much painting and internal decoration undertaken. At the same time the dress of the patients became better: they were sometimes allowed to wear their own clothing. They had a better and more varied diet; they had more medical attention; they had more entertainments, more walks beyond the asylum grounds; basket and mat making were introduced. One looked in vain, however, for evidence of effort being made to obtain the right type of staff, or to train or to interest them in their work. No lectures were given until 1895, and then but little encouragement to attend them or to pass the Medico-Psychological Association examination was offered. Recruits to the service came mostly from an uneducated, unskilled class, whose ideas of nursing were confined to the prevention of accidents and escapes. A military discipline was maintained; dismissals were frequent; allegations of ill-treatment common; mechanical devices, locked doors, special bath-keys, fire-guards, blocked windows and rigid regulations took the place of intelligent observation by the staff, between whom and the patients there seems to have been little sympathy. The institution was no longer a prison, but it was not yet a hospital.

In 1906 a further enlargement of the asylum took place by the addition of two blocks for 100 each; the laundry was rebuilt, and a boiler-house and isolation hospital erected (marked yellow on the map), and in 1912 a general bathroom was added. During the last twenty years most of the institution has been remodelled with the object of converting what was originally a prison into a hospital, and though there are obvious limitations in so old a building, those efforts had not been altogether unsuccessful; at any rate there was in that institution an exceptional opportunity of studying the evolution of asylum architecture during the last century.

The writer then commented on the difficulties and anxieties occasioned by the war and its after-effects. Nevertheless, he continued, none will deny the improvements that have taken place in the housing, clothing and feeding of the insane, but of far more importance is their treatment as sick persons, and not merely as antisocial units to be segregated from the general community. The whole atmosphere in which they live had altered, and no factor in producing this change is of more influence than the attitude of the nursing staff.

It is not enough to insist on the ethical side of the nursing profession, but proper facilities for teaching and training the staff should also be provided. This they hoped to do in the near future by building a training school and introducing doubly qualified sisters at least in the infirmary and "acute" wards. In the meantime every probationer had to attend each year lectures by the medical officers, tutorial classes by the sister-tutor, clinical demonstrations in the wards, and get signed up

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for practical work in various types of ward (including the male wards) and for night-duty. Also it was the practice to put a senior probationer on duty with some particular patient for special observation and individual treatment.

The importance of night nursing in mental hospitals is apt to be overlooked. Training in night-duty was an essential part of every nurse's curriculum. It used to be considered necessary to have a sort of peripatetic watchman continually opening doors and waking people up—presumably to see that they had not committed suicide. What was wanted was an intelligent nurse ready to minister to the mental or physical wants of any patient requiring assistance. At that hospital many of the single-room doors of the convalescent and chronic wards were left unlocked; nurses going round did not needlessly disturb sleeping patients by opening doors, but directly anyone was restless, noisy, or tapped on the door, a nurse went to see what the matter was and did everything she could to alleviate the condition.

I have already drawn attention to the necessity of preventing patients acquiring faulty or degraded habits in single rooms at night. It is especially necessary to prevent recent acute cases acquiring such habits, and this can sometimes only be done by individual attention, and each nurse should have a turn as "special" on this type of case. It is a platitude to insist that patients should not be allowed to lie about; should be encouraged to keep themselves as clean and smart as possible; that their dress should be attractive; that bad manners and bad language should be discouraged; but the tone of the patient automatically rises with that of the nursing staff, and it should be possible some day to entirely eliminate the destructive, degraded chronic of defective habits. In this context I should like to record my opinion that it is a great advantage to have as many female nurses as possible on the male side, provided they are of a refined, educated and well-trained type. The war taught us that greater freedom might be accorded to our patients with good results. We have about 150 patients on the male and 500 on the female side in open-door wards (that is, wards where the door opens with an ordinary handle instead of a key); there are also 32 male patients "on parole," who go out where they like on Saturdays and Sundays. These privileges are much appreciated and rarely abused, and I look forward to a time when a considerable percentage of our patients will be "voluntary boarders." I believe it is important to educate them to have an insight into their condition, and also to encourage in them a sense of responsibility. We have a good many social events, both on the male and female side, at which both sexes are present, and we have whist drives and concert parties largely arranged and carried through by the patients themselves, at which the staff are hardly at all in evidence. I venture to suggest that it is possible to create an *esprit de corps* among the patients—at any rate among those for whom this is likely to be a permanent home. We are very proud of the beautiful carving in our chapel, and of much other conscientious and excellent work that has been done for us by patients.

Mechanical restraint has been abolished almost everywhere; chemical restraint in the shape of sedative drugs is only used here very exceptionally; we rely on prolonged baths, occupation therapy, and skilled nursing.

To refer to what was said earlier in this paper, nothing takes the place of the hand of the nurse, but that hand must be directed by intelligence, kindness and sympathy.

Members were then entertained to tea by Dr. Wolseley-Lewis, which concluded a meeting the full enjoyment of which had been assured by the very great care Dr. Wolseley-Lewis had taken to perfect the arrangements, whereby every member obtained the maximum of instruction and enjoyment.

Divisional Committee of Management.

There were present Drs. C. W. Bower, W. Brooks Keith, H. G. L. Haynes, A. A. W. Petrie and Noel Sergeant, but the meeting of the Divisional Committee of Management was adjourned until May 22, 1924.

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