Member of Council) had not been well recently and that he wished to be relieved of his appointment. The Committee suggested that the name of Dr. R. Eager, O.B.E., should be considered in place of Dr. Barton White.

On the proposition of Dr. G. W. T. H. FLEMING, seconded by Dr. S. EDGAR MARTIN, Dr. R. Eager and Dr. J. R. Benson were elected as Representative Members of Council, and the latter as Chairman of the Division.

Dr. S. Edgar Martin was nominated to serve on the Nursing Advisory Committee.

The place of the Autumn Meeting, to be held on Thursday, October 28, 1937, was left in the hands of the Hon. Divisional Secretary.

The CHAIRMAN then opened a discussion on **" Present Trends in Psychiatry "**, making reference to the marked changes which had taken place during his long association with mental disease. He suggested, however, that much more information would be gained from the younger members, and called on Dr. Fleming.

Dr. FLEMING spoke about the unreasonableness of a medical superintendent of a mental hospital being under the medical officer of health; the idea to him was unworkable. He pointed out that only those who had had many years of practical experience of work in mental hospitals were competent to advise on their administration. He feared, however, that the experiment would be tried—possibly not on a large scale for some years. He thought that the present Board of Control, although helpful, could be made stronger and more useful to those in need of their assistance.

Dr. KING-TURNER followed, and agreed with Dr. Fleming that it would be an evil day for mental work when the medical officer of health could dictate the question of policy to the medical superintendent.

Dr. J. J. B. MARTIN thought that co-operation between the medical officer of health and medical superintendent could be attained.

Drs. N. R. PHILLIPS, J. W. LEECH and N. MOULSON also contributed to the discussion.

Members were shown over the house and grounds of Holme Lacy during the day and were greatly impressed. They were entertained to lunch and tea, and on the proposal of Dr. J. R. Benson a hearty vote of thanks was accorded to the Chairman and Committee of the Hospital and to Dr. Fleming for their kind hospitality.

NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Division was held, by the courtesy of Dr. G. Hamilton Grills, at the County Mental Hospital, Chester, on Friday, April 23, 1937.

The following members were present, in addition to eight visitors: Dr. G. Hamilton Grills (Chairman), Drs. Archdale, Bamford, Barbour, Cormac, Craigie, Crowe, Davidson, Drake-Brockman, Drury, Forsyth, Foster, Fox, Holmes, Hull, Macmillan, Mackenzie, Malloy, Pool, Potts, Richards, Robertson, J. Russell, J. I. Russell, Silverston, Smith, Starkey, Sykes, Thorpe and Tisdall.

During the forenoon members visited the Admission Hospital, which consists of a 25-year-old unit, modernized to conform to present-day requirements. To facilitate a comparative study a booklet of plans of several new mental hospitals was supplied to each member attending.

The party was kindly entertained to lunch and tea, and a vote of thanks was proposed by Dr. Potts and seconded by Dr. Drake-Brockman and carried by acclamation.

Dr. Grills presided, and the meeting opened at 2 p.m.

The minutes of the previous meeting, having been circulated, were confirmed and signed.

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

The following, after ballot, were elected to ordinary membership of the Association :

WILLIAM GRAHAM, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., Senior Assistant Medical Officer, Royal Albert Institution, Lancaster.

Proposed by Drs. Henderson, Silverston and Coupland.

GEOFFREY WILLIAMSON, M.B., Ch.B.Manch., D.P.M.Manch., Assistant Medical Officer, County Mental Hospital, Prestwich.

Proposed by Drs. Gifford, Curran and Talbot.

ARCHIBALD JAMES BAIN, M.B., Ch.B.Edin., D.P.M.Leeds, Senior Assistant Medical Officer, City Mental Hospital, Humberstone, Leicester.

BERESFORD TOM RICHARDS, M.R.C.S., L.R.C.P., D.P.M., L.D.S., Deputy Medical Officer, Erdington House, Birmingham.

Proposed by Drs. Forsyth, Kirkland and O'Reilly.

The following officers were duly elected :

Representative Members of Council : Drs. G. Hamilton Grills, C. J. Thomas, H. Dove Cormac and Duncan Macmillan.

Divisional Chairman : Dr. G. Hamilton Grills.

Divisional Secretary : Dr. J. Ivison Russell.

Dr. H. Dove Cormac was nominated to serve on the Nursing Advisory Committee.

Dr. GRILLS presented two films showing :

(1) Patients at games and exercises.

(2) Guests at Freilicht Park, Klinberg.

Dr. GRILLS then opened a discussion on **" The Admission Unit in a Modern Mental Hospital ".**

He said : The subject-matter of my short talk will be confined to general principles of treatment afforded by the modern admission unit of a mental hospital. I should, perhaps, in the first place, tabulate headings under which treatment in such a modern unit has of late years been much facilitated. I will confine my formal talk to the second heading on the list and discuss the physiological effects of light and moving air on the body.

I think it may help if I tabulate headings for subsequent informal discussion, as follows :

1. A quite separate road and a direct entrance to the receiving room of the admission ward.
2. Transverse light and ventilation.
3. Facilities for separating patients inclined to be noisy
4. Continuous bath room.
5. Facilities for colonic irrigation.
6. A well-furnished treatment room with a small clinical laboratory attached.
7. The main pathological laboratory, the operating room, the X-ray room and the dentist's room should be in the vicinity, not necessarily the immediate vicinity.
8. Facilities for occupation therapy in all rooms occupied by patients in the admission unit.
9. A special room for gymnastics and specially furnished for occupational therapy. This room should also have a garden attached for special occupations and also a screened sector for sun-bathing.
10. A quiet reading-room.
11. A common-room for social evenings for male and female patients.

These and other such matters are best dealt with in an informal discussion.

I will now discuss a few of the physiological effects of light and moving air on the skin. Sir Leonard Hill, in his book *Sunshine and Open-Air*, states that " exposure to natural sunlight and open air promotes in a wonderful way the health, the vigour and the longevity of animals even when otherwise unable to adapt themselves to markedly adverse conditions ". I will try to throw some light on the physiological explanation of these facts. In 1927 I visited Dr. Rollier's

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

clinic in Switzerland, and there for the first time realized, in some slight degree, what total isolation of the body means, and what the skin is capable of when restored to its natural surroundings—light and air. In 1932 I visited Herr Zimmermann's " Freilicht Park " at Klinberg, and took a cine-film of the active life led by his guests, some of whom had suffered from surgical tuberculosis, some from asthenias of various kinds, and some who merely came for an invigorating holiday.

The organ primarily concerned with the effects of light and moving air is the skin. The skin or ectoderm from an embryological point of view is our primordial self and is the father of all we possess. Our brain and cord are a mere invagination of the skin, first seen in the early weeks of intra-uterine life. The chemical composition of the skin and central nervous system is a unique one. Our skin gives a galvanic reaction to every thought. Taking embryology as our evolutionary record the skin has, through the ages, undergone little or no change, but the brain, with the cord, has undergone many. In all the additions and subtractions of our evolutionary past the skin and its immediate offspring, the nervous system, are always one, and dominate and direct the health and happiness of our lives. If the skin is the father of all we possess, it should not surprise us if we found it to be a wise old owl and not merely a protection and covering for the underlying progeny. In the autumn of 1932 I had the pleasure of seeing Sir Leonard Hill demonstrate a skin reflex of which I had no previous knowledge. This reflex was associated with the tissue surrounding the turbinate bones, which tissue became instantly swollen and erectile or the opposite and so hindered or facilitated the free entrance of air. The stimulus which brought this reflex into play varied. For example, a bright light directed on to the skin (as opposed to dull red rays), moving air (as opposed to stagnant air), cool air (as opposed to warm air), could each or all enlarge the air-passages, so that when all three—light, moving air, and coolness—were brought to bear on the skin the throttle, so to speak, was widely opened.

Moving air increases body metabolism enormously under certain conditions. Life in a well-ventilated ward, where the patients are in bed, puts the metabolism 20% above the standard figures for a given weight and age as compared with patients in a badly ventilated ward. If there is, in addition, exposure of patients to the moving air of a verandah, the metabolism goes up another 20%. This increased metabolism found in verandah patients is equally present when the patients are screened from the direct rays of the sun, and it is also present on days which are cloudy, and must therefore be attributed to the moving air.

The physiological effect of light in the presence of recent pigmentation of the skin is of special interest when we are making a study of these effects on muscle tone, and when we are making a study of the sense of fitness which accompanies such muscle tone. As you know, the retina is quite transparent to light, and light has no effect of any kind on the retina in the absence of the choroidal pigment. If this pigment is ever so little displaced from the retina we are instantly blind. A beam of light thrown on an excised iris (which is naturally pigmented) causes it to contract. A muscle-nerve preparation shows no contraction if a beam of light is thrown on it, but it does contract if a solution of pigment (eosin, melanin, etc.) is first of all placed on the muscle-nerve. Fibrillary twitching is often seen under the well-pigmented skin when artificial sunshine is being administered. Rollier says that his patients, who are confined to bed for months on end by reason of surgical tuberculosis, and are constantly irradiated by natural sunlight and become well pigmented, need no masseur, that there is under these conditions no muscular wasting and that the muscles are hard, firm and well-developed. Now we know that the skin is full of all kinds of nerves and it is, I think, reasonable to assume, that each nerve draws deep draughts of energy from the outer cosmos, each energized according to its particular function in the presence of light and pigment.

Many changes take place in the blood under the influence of sunlight, its bactericidal power is raised, its phosphorus, iodine and calcium content is raised also. A

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

calcium deficiency is of daily occurrence in many of our slow convalescents, yet a fourteen-day irradiation may double the calcium content. Calcium salts administered for chilblains are for the most part ineffectual, or so slow as in practice to be ineffectual, unless there is a simultaneous use of irradiation. Blair Bell states that the calcium content of menstrual fluid is more than thirty times greater than that of the systemic blood. It would appear from this that the Eskimo woman would be badly handicapped during the long polar night, when she would be unable to replace the loss in her calcium content during menstruation. However, Nature settles the matter in her own way, for the Eskimo woman ceases to menstruate altogether during the long polar night. Our women patients during a breakdown behave in a similar fashion.

The therapeutic effects of endocrine gland substances are for the most part very slight, unless at the same time the patient is irradiated by natural or artificial sunlight. In the experiments of Grant and Gates all the endocrine glands of the animals experimented on were increased in weight after irradiation. The parathyroids showed a 50% increase. In studying the plans presented to you it will readily be seen how the best use of light and air is made in all rooms occupied by patients, and how well-planned the verandahs are, even the single rooms having direct access to the open or to verandahs.

Discussion.

Dr. Dove Cormac (Parkside) said that the original Admission Unit at Parkside was designed by Dr. Sheldon, who was Medical Superintendent in the 'nineties, when no other mental hospital in the country had one. He had made a mistake, however, in combining the admission with the sick wards. The new out-patient clinic comprised two consulting-rooms for the doctors, a social worker's room, small clinical laboratory, dispensary, hydrotherapy and electrotherapy rooms, massage and sunlight treatment rooms. This was built in the centre, and adjoining it were two blocks for voluntary patients. Voluntary patients were always telling other patients about the stigma of certification, and therefore he thought it advisable that voluntary patients should be separate from certified patients.

Dr. A. Pool (Sheffield) said he would like to thank Dr. Grills for the introduction of this discussion. He would give a few details about the South Yorkshire Mental Hospital Admission Unit. Accommodation was provided for fifty on each side on two floors. He felt that was a mistake, and did not quite fit the bill from the point of view of convalescence. Accommodation on the upper floor should be slightly different from that on the bottom. Also, the size of the corridors would not allow of the beds being taken out. He felt that to overstep the official figures of the Board of Control was necessary because extra space was needed in the corridors.

Another factor was the type of verandah which the Board of Control had insisted on : a huge concrete slab across the window so that a portion of the light was taken out. They insisted on the air coming in with direct cross-ventilation, and this sacrificed the appearance of the bottom floor.

His admission-rate had gone up by leaps and bounds since the Admission Hospital was built. Last year he had had 650 admissions. This was too many ; one could not possibly deal with them.

Dr. Archdale (Sunderland), referring to facilities for separating noisy patients, said that the first essential was segregation. In the new treatment block at Sunderland, bed patients were separated into three groups, and patients who were up were separated into six groups. The variety of patients one got was tremendous, and if they could be split into three or four groups it was a great help. He had a ward with four departments and a common room which was divisible into three, and a solarium, and patients who were up could be in any of these places.

He did not like receiving blocks for treatment. The admission block should be a sort of clearing-house—patients staying from three days to three weeks. If it

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

was a functional case he did not use the admission block as an early treatment block; he was also very much opposed to having senile cases in the admission block. He also disagreed with Dr. Dove Cormac's idea of having separate places for voluntary patients. Patients should be segregated according to their requirements.

Many hospitals were now getting as many voluntary as certified patients, and he was convinced that in course of time the certified would not be more than one-third.

He had had a lot of trouble with the Board about w.c.'s. He did not like sanitary annexes for acute cases. He preferred w.c.'s accessible and observable, and plenty of them, and not to have any commodes about the ward. He would like something like the railway carriage toilet room.

Dr. T. W. DAVIDSON (Leicester) said he thought that for hospitals with 1,000 patients, the Board of Control scale of 30 females and 25 males for the admission hospital was too small; that it should be very much larger, otherwise a patient was likely to be moved out because of recent admissions.

Dr. FOX (Cranage M.D. Institution) agreed that an admission hospital with 30 on each side was too small.

Dr. J. I. RUSSELL (York) asked whether, in the experience of those present, a padded room was essential in a new admission hospital, and whether anyone shared his view that its psychological effect on a patient was harmful.

Dr. DOVE CORMAC thought padded rooms were useful if they were painted white—patients did not then have the feeling of being shut in. They were more for the confusional type of patient. In the voluntary patients' unit at Parkside there was no padded room because he was not going to put patients there who would require that amount of control.

Dr. RICHARDS (Birmingham) related that the wife of a medical colleague who had recovered from a puerperal psychosis had told him there was nothing in being in a padded room at the time, but that afterwards there was an awful feeling of disgrace, which always remained with her. He thought the padded room had a very bad effect on the patient when she had recovered.

Dr. POOL thought that a padded room had the advantage of relieving a nurse in the continuous strain of nursing a restless patient.

Dr. ARCHDALE considered that if the padded room in an admission block were placed with the single rooms, out of sight of the ordinary patients, there was no objection to it.

Dr. DRURY (Leicester) said that a point overlooked by the Board of Control was the variety in the types of cases admitted in different mental hospitals. He had served in three mental hospitals: in the first the patients were agricultural workers and city workers in equal proportion; in the second they were all industrial, and in the third they were practically all agricultural and nearly all old people. The admission hospital at one place would be quite useless at the others.

With regard to padded rooms, it was the duty of the charge nurse to get a patient out of a padded room as soon as he showed signs of being quiet. A patient need not know that he had ever been in a padded room.

Dr. FORSYTH (Birmingham) spoke of his experience during the war. At first he had been shocked to see patients secluded in padded rooms or put in strait-jackets, but these patients did exceedingly well in a few days. On the other hand, 30 dementia præcox cases who were drilled daily showed no mental improvement.

Dr. BAMFORD (Gateshead) said he was in agreement with Dr. Drury regarding the variety of cases in different districts. In Lancashire he had every type of case; now on Tyneside he had a remarkable number of paranoiac cases, and nearly all came from South Shields.

Dr. POOL said he would like to ask those who had had experience of new admission hospitals whether they had found the costs had gone up considerably through the number of nurses required. His maintenance rate had gone up 1*s*. 4*d*. per week, mainly due to necessary extra staff.

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

Dr. EAST (Morpeth) asked whether it was the experience of other Superintendents that they got more seniles from public assistance hospitals than from their own homes. He had found that a large number of these old folks had a free house. The married son or daughter went to live with the old people, and in order to get the house they got the old man or woman certified and sent to hospital. In many cases they were only shifting the old folks in order that they could have a free house, and these old people were occupying valuable beds.

Dr. MALLOY (Cheddleton) said he would like to take up the cudgels over the question of sunlight and exercise in the treatment of mental disease. They all knew that sunlight was important for health; the question was how much? They went out to play golf, but they did not take off their clothes. Was it not a cult, and might it not be a harmful cult? People in the northern climes were much more intelligent than the tropical native. The latter might be superior physically, but was he superior mentally? Those people who played games managed to keep normal mentally, but he thought that people who improved their bodies by special exercises lost something mentally. He knew plenty of people who were physical culture experts who could talk of nothing else, and their whole outlook was physical. If physical exercises did not improve the normal mind, why then expect physical exercises to help those with mental disease? He was not making an absolutely destructive criticism: he thought that games were much better. He could think of many patients who could not be got to participate in these physical exercises. The problem that interested him most was, what to do with them, and he would be interested to know from Dr. Grills what kind of cases were doing the exercises. There were many who would not benefit, e.g., chronic hallucinatory psychotics. Regarding the question of whether the treatment of the mentally ill was largely a question of building up their bodies, when he observed his dementia præcox cases, he found that many of them had very fine bodies, and many admissions with acute mental symptoms were well developed physically. Granted that some patients, particularly confusional cases, improved with their physical condition, there were many more who improved physically without improving mentally. In the manic-depressive and the dementia præcox groups it was possible to improve the bodies with artificial methods, but it met with such ill success that one felt that it was only touching on the fringe.

He found nudism was very useful in defective children. At his place most of them ran about naked in the summer. For one thing, it got rid of bad sexual habits. Since the children had run about without clothes in the summer, they had been freer from disease in the winter, but he would protest very strongly about nudism for adults. He thought there was something peculiar about nudists. Sunlight was very good, but making a god of it was going a little too far.

Dr. GRILLS, replying, said he found it difficult to reply to Dr. Malloy, who had made such an extensive use of nudism in the treatment of his patients. He, Dr. Grills, had treated only one, a child, aged 8, for post-encephalitis, almost in the nude. Encephalitis was bacterial in origin, and sunlight increased the bactericidal power of the blood. The patient recovered. He did not think we could afford to be extremists in using sunlight in a remedial way. It might, indeed, kill. The north light or the cool morning sunshine was best. There were not many cases on record who were treated in the nude, but without meaning to be facetious, he would refer to the ancient record of Nebuchadnezzar, who was driven from amongst men into the open, where he ate grass, and where his naked body was covered with the dew of Heaven, and it would be remembered that after days his understanding returned unto him. He thought it was necessary always to be an extremist when you wanted to draw comparisons. Comparisons were drawn as to the body metabolism and the physiological effects in a room ill-lighted and ill-ventilated, and a room well-lighted and well-ventilated. This again as compared with the enhanced metabolism of patients on a verandah, or the enormously increased metabolism of patients who were in the open.

The object of his paper had been to show that function comes first, and that

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press

there was no finality in the arrangements of our bricks and mortar in trying to attain the ideal.

He agreed with Dr. Malloy that it was difficult to get chronic patients to undertake gymnastic exercises. It was also practically impossible to put them in gym. costume, nor was it necessary. It was easy, however, in the case of recent admissions, and these two classes of patient had been illustrated in the first film. He had never met any patient yet who had become a bore talking about his physical prowess acquired by exercises.

Every patient went to the exercise classes if they were fit. They had different forms of exercise—Margaret Morris, Swedish, and Hornibrook's Abdominal Culture. In the chronic wards the worst patients were taken up and down the corridor, including catatonic patients and patients who would not move at all.

IRISH DIVISION.

THE SPRING QUARTERLY MEETING of the Irish Division was held at the Hampstead and Highfield Private Mental Hospitals, Glasnevin, co. Dublin, by the kind invitation of Dr. W. N. Eustace, on Saturday, April 3, 1937.

In the forenoon the members were conducted on a tour of the adjacent Botanical Gardens. Later the members and guests were hospitably entertained to luncheon. The guests included Mr. J. G. Perry, B.L., Registrar to the Chief Justice, and Dr. Foley, Sligo. At the conclusion of the luncheon Dr. Martin proposed a cordial vote of thanks to Dr. Eustace for his kindness in receiving them and for his generous hospitality. Dr. Eustace suitably replied.

The following members were present :

Dr. J. C. Martin in the chair (and subsequently Dr. T. A. Greene), Drs. S. Blake, R. D. Brennan, W. J. Coyne, P. J. Cassin, Kathleen Dillon, J. O'C. Donelan, W. N. Eustace, H. J. Eustace, J. J. Fitzgerald, Dorothy Gardner, P. Grace, D. Hegarty, D. B. Lothian, R. R. Leeper, B. Lyons, P. Moran, C. J. McCarthy, Eveleen O'Brien, Mary Robson, R. Taylor and R. Thompson (Hon. Sec.).

The minutes of the previous meeting were read, approved, and signed by the Chairman. The meeting then proceeded to the election of the Officers of the Division for the year 1937–1938, and the following, after ballot, were declared elected :

Hon. Secretary : Dr. P. Moran.

Representative Members of Council : Dr. T. A. Greene and Dr. J. C. Martin.

Dr. J. O'C. DONELAN proposed, and Dr. R. R. LEEPER seconded, the re-election of Dr. Martin as Chairman of the Division for the ensuing year. Dr. Martin, in thanking the Proposer and Seconder, said that—while he greatly appreciated the honour—he would prefer not to hold the office of Chairman for a second year, and begged leave to be allowed to withdraw and vacate the chair. He desired to take this opportunity of thanking the members for the unfailing courtesy and loyal support he had received during his year of office.

Dr. MARTIN then proposed that Dr. Greene be elected Chairman for the ensuing year ; this was seconded by Dr. CASSIN and carried unanimously. Dr. Martin then vacated the chair, and in handing over the Badge of Office as Chairman to Dr. Greene, heartily congratulated him and wished him every success.

Dr. Greene then took the chair.

The Mental Nursing Advisory Committees to the General Nursing Councils were re-elected as follow :

For Irish Free State.—Drs. S. Blake, J. O'C. Donelan, P. Grace, R. R. Leeper and J. C. Martin.

For Northern Ireland.—Drs. F. J. Deane, Dorothy Gardner, N. B. Graham, M. J. Nolan and J. Watson.

https://doi.org/10.1192/S0368315X37244368 Published online by Cambridge University Press