

- Hawkhead, Paisley.*—Jane Mackinnon, Margaret G. Brown.  
*Inverness.*—Maria S. Sutherland, Sarah McNab, Johan Fraser, Margaret Campbell, Jessie MacLachlan, Margaret Nowery.  
*Lanark.*—Mary Singer, Georgina Campbell, Mary McCulloch Aitken, Dorothy Cooper, Mary Ketchen, Flora McDougal Baillie, Annie Davis Clifford, Thomas Prentice.  
*Melrose.*—Alexander Bruce, Charles Cowie, William J. Ingram, Peter Sinclair, Elizabeth McIntosh Forbes, Agnes Neil Mitchell, Janet McGlashan McKinnan, Ethel Palleser, Ann Sinclair, Lizzie W. C. P. Webster.  
*Midlothian.*—Maimie F. Low, Charlotte Manson, Jean Martin White.  
*Montrose.*—Agnes S. S. Smith, Margaret Potter, Julia Brown, Margaret C. Munro, Elizabeth D. Gibson.  
*Paisley, Riccarton.*—Mary Coburn Douglas, Isabella Duff.  
*Perth District.*—Mary Taylor, Elizabeth L. Alexander, Jessie A. Fraser, John Fraser.  
*Murray, Perth.*—Jean McDonald, Lizzie A. Wilson, Mina de H. Estcourt, Elizabeth McLean.  
*Larbert Sterling.*—Agnes McG. McLaren, Isabella P. Dixon, Mary Noonan, Annie Talbot, Mary Flannelly, Elsie Green, Mary McNally, Delia T. Kearney, Kathleen C. Mawn.  
*New Saughtan Hall.*—Isabelle Black, Mary Jane Brown, Mary A. McInnes.  
*Ballinasloe.*—Kate Reilly, Margaret Egan, Katie Treacy, Mary Dooley, Ada Connelly, Mary T. Manning, Maria Fallon, Agnes Hicks, Katie Goode, Ellie Concannon, Julia Coyne, Patrick Kelly, John Hanniffy, Michael Kelly.  
*Londonderry.*—Isabella Baird, Susanna Collins, Joseph Millar.  
*Monaghan.*—Thomas Farrelly, Joseph Cochrane, Charles Coleman, Michael McManus, John McEntee, Maggie McCaffrey, Maggie I. Hanna, Maud Lynch, Maggie Mulligan, Annie McEneary, Mary Murtha, Bridget Hughes, Annie Daley, Annie Cully.  
*Mullingar.*—Christopher Fox, Annie Jeanlan, Brigid Ledwidge, Mary Brady, Mary Anne King, Kate Keogh.  
*Omagh.*—Mary McAleer, Mary McGonigle, Katie Jackson, Brigid Donaghey, Rosanna Doherty, Rebecca Morrow, Isabella M. Guy, Mary T. McLaughlin, Martha Lowe, Catherine McNulty, Robert Porter, Andrew Stevenson, Edward McCormack, Thomas Gavin, Mary Gray.  
*Portrane.*—Caroline S. Noble, Thomas McDonnell, Patrick Glennon, John Cullen, Bartholomew Dowdall, William Brady.  
*Richmond.*—Patrick Coogan, Denis Lacey, Rose Kiernan, Kate Cass, Christina Fegan, Jane McNally, Elizabeth J. Gavin, Margaret McGloin, Elizabeth Gore, Elizabeth Doyle, Jane Keogh, Margaret O'Foole.  
*St. Patricks.*—Eva Marcella Smyth, Stasia O'Loughlin.  
*Waterford.*—Catherine Neary, Anastasia Flynn, Hanna Carroll, James Maher, William Gallagher, Richard Barry.  
*Bethlem Hospital.*—Fred Ernest Wallen, Gladys F. M. King, Eveline M. Hinds, Sybil E. Burleigh.  
*Warwick.*—Eva Florence Stroud, Mabel Tompkins, Katie Fleming, Annie E. Dimond, Kathleen Carlos, Elsie Jones.

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 OBITUARY.

G. T. HINE, F.R.I.B.A.

THE list of Honorary Members of the Association has suffered a sensible loss by the death of Mr. G. T. Hine, F.R.I.B.A. That list has been designedly restricted to our medical colleagues, and has been almost entirely barred against laymen. The laymen admitted since the institution of the Association can be reckoned on one hand. The sole essential condition on which this exclusiveness has been waived is successful endeavour in pursuing one of the three cardinal objects of the Association—"the improvement in the treatment of the insane." In Mr. Hine's case it would be impossible for anyone, however critical, to deny that the lot of the insane is a good deal happier since he devoted his marked talent to their better housing.

When one speaks of an architect's ability the mind naturally exercises itself first about his power to give an imposing and artistic *cachet* to a pre-ordained structure. In this direction Mr. Hine was entirely circumscribed by forced economy on the part of his employers. He had no chance of designing masses of buildings for the insane in the magnificent style sometimes adopted outside his own sphere of action. Nevertheless he was very successful in producing satisfactory piles, which were always neat and never offensive to the eye; some indeed are striking. When one thinks of the huge masses, necessarily plain and often much reduplicated, which he had to throw together in such fashion as to avoid unwieldy ugliness, it may be rightly claimed that his work in the artistic direction was as excellent as it could be. In another direction, that of securing fair pleasingness combined with appropriate usefulness, Mr. Hine was equally successful. He adopted a very safe course in framing estimates, placing his calculations, if anything, a trifle above expectation, with the result that those estimates were very rarely exceeded, apart from unavoidable variation in prices brought about by external agencies. If the committee liked to increase their requirements, the excess in cost rested with them.

With regard to that duty of an architect—the production of a building that would answer its purpose to the full—Mr. Hine was abundantly successful. He had the good fortune to take up his work just at the time when the care of the insane was commencing to take on a scientific aspect. We can see, in the costly rebuilding of the lightless, airless barracks which did duty for asylums before that time, the effects of the want of science. When it became evident that the requirements of hygiene and scientific treatment called for special provision, the building of the asylum became a special study, and the way was open for anyone who chose to devote himself to the specialty. If Mr. Hine cannot be deemed the originator of the art in the form in which it now is, and as far as we know there is no one to deny this credit to him, he was at least a most competent exponent. The principal features which can be traced in his chief work may be given as follows: First, the arrangement of the wards or blocks round a common administrative centre, so as to secure a minimum distance between centre and periphery. This resolved itself naturally into the shape of a bow or half-wheel. The disposition of the component blocks offers a variety of treatment, whether in echelon or continuous, all requiring a certain amount of partitioning off from one another, combined with means of ready access from each to its neighbour. Much ingenuity was required in securing these objects. Then followed the designing of detached "hospital blocks," the demand for which was, of course, created by medical thought. Mr. Hine also designed in happy usefulness some novel houses or villas for low-grade children and idiots. Another medical suggestion found ingenious and successful treatment at his hands. We refer to the arrangements by which male wards can be nursed by females to a greater or less extent, as might be found desirable. His art in these directions did not come all at once, it had been built up by degrees, mostly on experience renovated by experience, and here arose the mutual benefit which came from Mr. Hine's intimate association with our body and its members. Both sides benefited, for, while he listened with advantage to private or public conversation on medical requirements, the medical element was encouraged to evolve useful betterment by the knowledge that there was one at hand who could put them into being. Mr. Hine was most sympathetic in such matters, and always ready to take any amount of trouble to work out a suggestion, if possible.

We think that it would not be unreasonable to claim that Mr. Hine has founded a distinct school of asylum architecture. Below will be found a list, possibly not exhaustive, of those asylums for the building of which he was responsible. If asylums built by other hands can be found which by their dispositions might seem to invalidate such a claim, one can but say that the plans of any asylum have been easily obtainable, and further, that the similarity of design is but a compliment to Mr. Hine.

Personally Mr. Hine was something more than an Honorary Member to many of us. He was a rare companion, full of information, always ready for a jest, but possessing that modest quasi-deferential manner in asylum conversation belonging to the strong and industrious mind which is perpetually waiting on the wisdom of fools.

Mr. Hine's name and memory, as part of the Association, are preserved to us in the person of his son, who is with the R.A.M.C. on bacterial work. Mr. T. G. M. Hine has been a member for ten years.

Asylums built by Mr. Hine: London County—Claybury, Bexley, Horton, Long Grove; Gateshead, Hampshire (second asylum), Hertfordshire, Kesteven, Merthyr, Sunderland, Surrey (Netherne), Sussex Cent. (Hellingly), Swansea, Worcestershire (Barnsley):

Several other asylums were added to or altered by Mr. Hine, *e.g.*, Dorset, Cotford, Moulsoford, St. Albans, Wilts, Leicester.

#### BALLINASLOE ASYLUM.

THE Inspectors' report on certain occurrences which took place in the above asylum, as published in the April number of the Journal, has led to a rather anomalous condition of things, as will be seen from the following extract from the pages of the daily Press:

#### BALLINASLOE ASYLUM INQUIRY.

Dr. T. J. Considine and Dr. Wm. Dawson, Lunacy Inspectors, attended at Ballinasloe Asylum to hold an inquiry as the result of a report which they had made as to the treatment of some patients in the institution.

Dr. Comyn, solicitor, said he had advised his clients, the Matron and the staff, to decline to give evidence. The Court of Inquiry should be an independent tribunal.

Dr. Considine said the inquiry was called for by the Asylum Committee, and they had power to hold it. Those who declined to be examined did so at their peril.

Dr. Kirwan, R.M.S., was first called, and said on the advice of his solicitor he declined to give evidence.

The Matron and the other members of the staff did likewise.

Dr. Ada English, Acting R.M.S., said she was told when taking up the position that it was not her duty to visit the female side. She agreed with the Inspectors' report. She did not remember giving permission to put the patients to sleep on straw.

Dr. Murnane said he saw the patients lying on straw, but he gave no permission for its use. He never knew that the patients were naked.

This concluded the inquiry.

#### CORRESPONDENCE.

##### ROYAL MEDICAL BENEVOLENT FUND.

*To the Editor of THE JOURNAL OF MENTAL SCIENCE.*

DEAR SIR,—The Royal Medical Benevolent Fund, the great Benevolent Society of the medical profession, is sorely in want of money now.

Though in ordinary times the medical profession supports its own poor, in these war times this is no longer possible. At the May meeting the Committee had a balance of only £17 in hand, and at the June meeting was faced with a deficit of £16. The demands were heavy and had to be met, and this could only be done by withdrawing £500 from the bank.

As the direct outcome of the war, not only are the ordinary cases of poverty greatly increased in number, but an entirely new class of case has arisen urgently requiring relief, in which without actual poverty there is great temporary distress, distress, however, which it is hoped will relieve itself soon after the war is over and the doctors serving return to their civil duties.

At the outbreak of war the medical profession responded freely to the Nation's call. The Territorial Medical Officers were at once called out, and other medical men volunteered. Both alike had to leave their practice at very short notice, and often without being able to make adequate provision for its continuance and maintenance during their absence. Their pay went but little way to supply the loss which their absence entailed, for the working expenses of the practice could