

SOUTH-EASTERN DIVISION.

The SPRING MEETING of the South-Eastern Division was held by the courtesy of Dr. Seward at the London County Asylum, Colney Hatch, on Tuesday, April 28th, 1908.

Among those present were Drs. MacDonald (President), Harvey Baird, C. H. Bond, P. E. Campbell, Jas. Chambers, R. H. Cole, H. Corner, J. F. Dixon, W. J. Donaldson, J. O'C. Donelan, A. C. Dove, F. A. Elkins, J. S. Gordon-Munn, N. J. Gavin, T. D. Greenlees, H. E. Haynes, J. W. Higginson, Robert Jones, Mary E. Martin, A. S. Newington, G. E. Peachell, W. Rawes, W. J. Seward, J. G. Smith, James Stewart, D. S. Thomson, P. W. Turnbull, F. Watson, R. Whittington, T. Outterson Wood, H. Wolseley-Lewis, and R. H. Steen (Hon. Sec.).

The visitors included George Billings, Esq. (Member of the Visiting Committee), W. C. Clifford-Smith, Esq., and Drs. Birt, Howden, Jones, and Blandy.

Apologies were received from Drs. Alliott, Amsden, Boycott, Bower, Ewart, S. J. Fielding, Haslett, Kingsford, Moody, Mott, Shuttleworth, R. Percy Smith, Taylor, and H. V. Walker.

The wards of the institution having been visited Dr. Seward entertained the members to luncheon. At the termination of the lunch the President proposed a vote of thanks to Dr. Seward for his kindness in so hospitably receiving the Division.

The meeting of the Divisional Committee was held at 2.15 p.m.

The general meeting was held at 2.45 p.m., the President in the chair. The minutes of the last meeting, having appeared in the JOURNAL, were taken as read and confirmed.

The following members were elected by voting papers to take office for 1908-9 Hon. Secretary of the Division.—Dr. R. H. Steen.

Representative members of the Division on the Council.—Drs. Boycott, Fennell, Wolseley-Lewis, and F. W. Mott.

The following gentlemen were elected as ordinary members of the Association; Dr. Edgar Faulks, Assistant Medical Officer, London County Asylum, Bexley, and Dr. Francis Arthur Knox Stuart, Assistant Medical Officer, West Sussex Asylum, Chichester.

Drs. Seward, R. H. Cole, and J. G. Smith were elected as members of the South-Eastern Divisional Committee of Management, which now consists of the following:

<i>Retire in 1909.</i>	<i>Retire in 1910.</i>	<i>Retire in 1911.</i>
Dr. Donaldson.	Dr. Taylor.	Dr. Seward.
Dr. Crookshank.	Dr. R. Langdon-Down.	Dr. R. H. Cole.
Dr. Stoddart.	Dr. Dixon.	Dr. J. G. Smith.

The invitation of Dr. Elkins to hold the autumn meeting of the Division at Leavesden Asylum was unanimously accepted with much pleasure. The date was fixed for October 6th, 1908. The date of the spring meeting was fixed for April 27th, 1909.

CONTRIBUTIONS.

Dr. W. J. SEWARD read a paper entitled, "Notes on the History of Colney Hatch Asylum."

It having been suggested to me that it might be of interest on this occasion if a short account were given of the history of the Asylum, I very willingly undertook the duty, but I have to ask for your kind indulgence as I have been unable, owing to unforeseen circumstances, to devote as much time as I intended to the preparation of the following notes:

As you are doubtless aware, this Asylum originally belonged to the old County of Middlesex, and was transferred in 1889 to the new County of London under the provisions of the Local Government Act of 1888. Hanwell, which was the first asylum erected for the County of Middlesex, was opened in 1831, with accommodation for about 500 patients, which was gradually increased, till in 1846 the number of patients was 972. By this time such a large increase had taken place in the number of patients needing asylum care and treatment that Hanwell was unable to supply half of the required accommodation. It was there-

fore evident that a second asylum must be provided, and in January, 1847, the Court of Quarter Sessions appointed a Special Committee to select a suitable site, and they eventually secured the property on which the Asylum now stands, its area being 119 acres, and the price paid being at the rate of £150 per acre.

Premiums were then offered for plans, and a number of leading authorities in connection with asylums and hospitals having been consulted, those submitted by Mr. S. W. Daukes were eventually selected. The estimate based on the original plan was £80,000, but many additions and alterations were subsequently made, including the Recreation Hall, and when the plans were finally settled the lowest tender amounted to £138,000.

On the 8th May, 1849, the Foundation Stone was laid by the Prince Consort, and at the conclusion of the ceremony the Lord Lieutenant of the County (the Marquis of Salisbury of that day) announced by the Queen's command that Her Majesty had been graciously pleased to found a fund, to be called the Victoria Fund, for the relief of patients discharged on recovery.

The building, as far as the original contract was concerned, was completed in less than eighteen months, and was handed over to the Committee on the 31st October, 1850; but much work remained to be done, including a costly system of heating and ventilation, which eventually proved to be a failure. The chapel was dedicated and the cemetery consecrated by Dr. Blomfield, Bishop of London, on the 1st July, 1851, and on the 17th of the same month the first patients were received. The final total cost, including the land and equipment, was £292,000, and as accommodation was provided for 1240 patients, the cost per bed was about £235. This would now be considered a moderate expenditure, but the Committee evidently feared that it might be thought extravagant, and they were therefore careful to point out that they had considered it their duty to provide an asylum "complete with all that modern science and the present enlightened views of humanity had rendered available for the care and comfort of the unfortunate class of invalids to whose use it was to be dedicated, and that they would not show a proper estimate of the generous sympathy of the ratepayers towards this suffering portion of their own poor neighbours if they sacrificed to a feeling of false economy anything that could minister to the mind diseased"; and they concluded their first report by reminding the ratepayer of "those encouraging words of Scripture, 'He that hath pity upon the poor lendeth unto the Lord: and look, what he layeth out, it shall be paid him again.'"

When completed the building was described as "standing unrivalled as a lunatic asylum, unique in size, elevation, and accommodation, in this country or perhaps any other," and a printed guide was prepared "for the use of the numerous visitors, English and foreign, who visited the Asylum during the period of the Great Exhibition in the Crystal Palace in Hyde Park, among whom were many men of high standing in the ranks of philanthropy, art, science, medicine, and architecture." It does not seem to have occurred to anyone that this building, which was considered to be so perfect, would within a few years be regarded as being altogether out of date, and that it would be necessary for very large sums to be expended in order to bring it up to something approaching the requirements of the future in regard to comfort and sanitation.

The elevation is generally considered to be handsome and artistic, but the interior of the wards then presented an extremely gloomy and depressing aspect. An arched fireproof ceiling of tiles and concrete, similar to that still to be seen in the corridors, gave to the wards a tunnel-like appearance, and the very small iron window-frames admitted a minimum of light and air. The w.c.'s consisted, even in the largest wards, of two small rooms, opening directly into the ward, and each provided with a single seat. As regards furniture nothing was provided beyond plain deal tables and benches, the rough unplastered walls were not even painted, but simply whitewashed, and there was a total absence of pictures or any kind of decoration. Some of the arrangements of those days for the health and comfort of the patients seem strange to us now. In the original rules for the weekly bathing it was provided that *not more than three* patients should be bathed in the same water, and it was considerably added that the more sensible and cleanly patients should have the privilege of entering the bath first.

Incidental reference has been made to the erection of the Recreation Hall, and although it will not compare with the magnificent halls of our modern asylums, it

is not without historic interest, as it was described as a "great new feature," and it would seem probable that it was the first hall of the kind which was ever erected in connection with an English asylum. It was not, however, originally intended for entertainments and dances, but as a place in which the patients might take exercise in wet weather, and the words "Exercising Hall," which appeared in large letters on the front of the gallery, were removed only a few years ago.

The Medical Staff consisted of two medical officers, who had charge of the male and female sides respectively, and their salaries were £200 per annum. They were not then called Medical Superintendents, and it was only two years later that an Assistant Medical Officer was appointed as an experiment. The first medical officers appointed were Dr. (afterwards Sir Charles) Hood and Dr. J. G. Davey, both of whom resigned their appointments in the year following the opening of the Asylum, the former on his election as Resident Physician at Bethlem, and the latter on obtaining a Government appointment in Ceylon.

The beneficent work of Dr. Connolly at Hanwell was still so far a novelty, that it was thought necessary to draw special attention to the fact that mechanical restraint would not be used at Colney Hatch. In the first report reference was made to the large number of patients who were brought to the asylum in restraint, many of whom had for a long time been tied down in their beds in the work-houses.

It would seem, however, that chemical restraint was freely used in the form of opium, and there is a curious account in the first report of the administration of chloroform on two occasions "with most decided success" in the case of a female patient who was in a condition of acute maniacal excitement. The report is as follows: "I found her in a dreadful state of excitement, plunging about in so violent a manner that to leave her alone even in a padded room, was deemed impracticable and unsafe. Such continuous and exaggerated insane impulse I have never before seen. The attendants were exhausted, literally worn out with fatigue; the inhalation of $\frac{3}{16}$ ss chloroform not only deprived her directly of all muscular power, but threw her into a profound slumber, in which she continued for nine consecutive hours. It was some days before she recovered the free use of her lower extremities, her gait assuming that of a person partially intoxicated; and, what is worthy of notice, perhaps, the use of the catheter was for some eight or ten days after its inhalation rendered necessary." It was added that the use of chloroform in such cases was probably not unattended with some danger, an opinion with which most of us are likely to agree. Within a few months of the opening of the asylum there was a severe outbreak of dysentery in the wards, many of the cases ending fatally. As a preventive, and as an aid to convalescence, an experiment was made in the substitution of cider for the customary allowance of beer, it being thought that the free acid which it contained might give a healthy stimulus to the digestive organs, and it was believed that some benefit resulted from this treatment.

On the last day of the year 1851, what was described as "a novel and extraordinary experiment" was made, which is thus recorded in the first annual report: "on New Year's Eve the committee was enabled (such was the perfect order and discipline established in every department) to allow a festival to be given to the patients, of the nature of those so much approved and enjoyed at Hanwell, but with this additional and remarkable feature, that the lunatics of the two sexes met at the same time in the large exercising hall and danced together, enjoying several hours of rational amusement, to the honour of the non-restraint system, without a single incident to cause alarm, annoyance, or regret, either at the time or afterwards, the asylum during the night being more tranquil than usual." If we are tempted to smile at this rather quaint account of what has long been part of the ordinary routine of every asylum, we must I think admire the courage of those who made a novel departure, which evidently caused them no little anxiety.

Time will permit me to refer but briefly to the subsequent history of the asylum. Through successive enlargements the number of patients gradually increased, until in 1883 they reached a total of 2240. In 1896 the deficiency of accommodation in the County of London had become so great, that it was necessary to provide additional beds with as little delay as possible, and temporary buildings for 300 female patients and the necessary staff were erected and occupied within little more than six months, the number of patients being thus increased to 2584.

These buildings were destroyed by the disastrous fire which occurred in January, 1903, and will shortly be replaced by the new buildings which are now in course of erection. The area of land belonging to the asylum has been increased by successive purchases, and now amounts to 165 acres.

Some thirty years ago the structural alterations and improvements were commenced, which have been in progress from time to time ever since. The arched ceilings were removed, the prison-like windows replaced by large sashes, sanitary blocks were built, and in the majority of the wards the walls have been plastered. The drainage system has recently been entirely renewed, and the male wards are now warmed by means of steam from a central boiler-house, an arrangement which is being extended to the remainder of the building. Much still remains to be done, and it is hoped that the work of improvement may be continued.

Our population is unique among the asylums of this country in the number of Jewish patients which it includes, all the pauper patients in the county who are of this faith being sent here. They now number over 400, and are rapidly increasing. Arrangements are made for their religious requirements, a minister holding services twice weekly, and they have a special dietary, which is prepared by a Jewish cook in a separate kitchen. As a large proportion of them are aliens of Russian nationality, who speak little or no English, it is necessary for us to have an interpreting attendant on our staff. All these special arrangements necessarily involve a considerable additional expenditure.

As already mentioned, both of the medical officers who were originally appointed resigned in the year following the opening of the Asylum. Sir Charles Hood, who subsequently held the position of Lord Chancellor's Visitor, was followed by Mr. D. F. Tyerman, and he was succeeded in 1862 by Dr. Edgar Sheppard, who was for many years Professor of Psychological Medicine in King's College, London, and to whose enthusiasm for hydrotherapeutics we owe our very useful Turkish bath; he retired in 1881. Mr. W. G. Marshall was appointed to succeed Dr. Davy in the charge of the Female Department, and he held office for more than thirty-eight years. On his retirement in 1890 it was decided that in future there should be one Medical Superintendent for the whole of the Asylum. The memory of my two old chiefs, with whom it was a privilege to be associated, will always be cherished by me. I must also refer to our former Chaplain, the late Rev. Henry Hawkins, who was so well known to many who are here to-day. As the founder of the After Care Association his name will long be remembered and honoured. A tablet to his memory has been placed in the Asylum Chapel.

The work of bringing an old asylum up to the level of modern requirements is very costly, and can never be completely satisfactory. It has been suggested that it was a mistake to attempt it, and that it would have been better to entirely demolish and rebuild. From what you have had an opportunity of seeing to-day you will be able to judge to what extent success has been attained.

DISCUSSION.

The PRESIDENT said he was sure that all present were very much indebted to Dr. Seward for the excellent way in which he had brought before them the history of so well-known an institution. He complimented Dr. Seward and the committee for the admirable arrangements made for the care of the Jewish patients.

Dr. D. G. THOMSON said that as superintendent of the oldest existing public asylum he had been extremely interested in hearing the historical references in Dr. Seward's paper. He thought it would be difficult to answer Dr. Seward's question as to where an entertainment room was first established in a public asylum, because many asylums some time before 1851 had dining halls, and the practice in earlier days seemed to have been to remove the benches and tables from the halls and to allow the patients to dance and have entertainments in them. Certainly long before 1850 there were associated entertainments at the Norfolk County Asylum.

Dr. ROBERT JONES pointed out the great changes for the better which had taken place at Colney Hatch Asylum since he was Assistant Medical Officer there many years ago. He stated that he was much interested in the question of Turkish baths as a means of treatment of the insane, and he expressed the hope that some

day Dr. Seward would be able to find time to write a paper on the value of this treatment.

Dr. OUTTERSON WOOD having also spoken,
Dr. SEWARD replied.

Mr. W. C. CLIFFORD SMITH read a paper entitled, "A Descriptive Account of the Buildings now in course of erection at Colney Hatch."

The opportunity of providing in new buildings for the deficiencies of the old occurs so frequently in asylums that I almost require to submit an apology to you for offering for your consideration a description of the structures now in course of erection here, but I put forward as an extenuating circumstance my belief that in these new buildings some accommodation of a special character is being provided.

The Colney Hatch Asylum was brought into existence very rapidly, and its enlargement followed quickly upon its opening, and although considerable additions have been made from time to time, the accommodation for sick and infirm cases in the female division remained insufficient until the temporary buildings were erected in May, 1896. These structures, all of which were for female patients, provided the infirmary wards required, but the calamity that befell them in January, 1903, and caused their total destruction, again brought the institution to its old condition.

When it was decided to replace the beds lost by the fire, Dr. Seward formulated his requirements to meet the conditions at that time existing, with the result that the buildings now in course of erection will not only give the necessary infirmary space, but also provide separate blocks for female patients suffering from phthisis and dysentery.

The total accommodation is for 314 patients and 20 staff, viz.:

	<i>Dormitory.</i>	<i>Single Room.</i>	<i>Staff.</i>
1 Villa for Boys	36	4	3
1 Block for Phthisical Cases	20	4	2
1 Infirmary Block	42	6	4
1 " " "	42	6	4
1 Block for Chronic Cases	54	6	3
1 " " Acute Cases	54	6	3
1 " " Dysentery Cases	26	8	1
	274	40	20

Thus there are seven buildings, six being for female patients, and a seventh for the reception of the boys who are at present distributed in the wards of this Asylum. I should state that the majority of the boys who come under certificate in the County of London are sent here. The six buildings for the female patients are arranged on the site occupied by the temporary structures before referred to. Five are grouped together, and are connected below ground by subways through which the steam and hot-water services are to be carried, while communication on the surface between the buildings will be by covered ways open at the sides. The sixth building, that for phthisical cases, is wholly detached above ground from the others, but for heating and kindred purposes it is connected with the system of subways. These buildings will obtain their heating and hot-water supplies from the boiler-house shown on the general plan to the south-east of the block for dysentery cases. This boiler-house and its plant is not only designed to provide heating and hot-water supplies for the new buildings, but it is also arranged to provide the heating and hot-water supplies for a section of the wards in the main asylum which at present derive their services from a number of independent boilers contained in separate stokeholds some distance apart. All the new buildings will be lighted by gas from the asylum works, and the water-supply will be furnished by the well on the estate. The heating will be by low pressure steam, radiators being employed in the day rooms and dormitories, and pipes in the single rooms. The hot-water supply will be delivered by a forced circulation. Besides the steam heated radiators, both central and ordinary fireplaces are to be installed, and I may mention that the central stove is particularly well adapted for use in wards and dormitories.

The arrangements for ventilation are simple, and I repeat them here because of

the excellent results obtained from similar arrangements in other buildings I have designed. All radiators and pipe circuits have adjustable fresh-air inlets, and there are also fresh-air inlets provided below the window-sill levels in the day-rooms, dormitories, single rooms, and stores. The outlets from all important rooms except the single rooms are in the ceilings, and these openings are fitted with curbs and baffle plates to prevent down draughts, and from the roof spaces the heated air which rises from the occupied apartments finds its way into the open atmosphere through the louvred ventilators which are shown on the ridges. The outlets from the single rooms are the gratings over the doors.

All the buildings occupied by the patients are of single floor height, the design being a plain one, Fletton bricks being used for facing work and ordinary tiles for roofs. The disposition of the wards and dormitories is such as to obtain the maximum advantages of sunlight and air. The day rooms have a south by west aspect, and it will be seen that both dormitories and day rooms are arranged to obtain cross ventilation. Verandahs are to be erected at each building for the benefit of the more helpless patients. There are no special arrangements of the buildings to which your attention need be called, unless it is in the method of access to the sanitary annexes, where the disconnecting corridor is accessible both from day-room and dormitory. The administrative block includes the quarters and offices for a medical officer, staff offices, nurses' messroom, and the general bathroom, the dressing-room of the latter being also the visiting room. The bath house is to be equipped with spray baths, but there will be a slipper bath in each ward also.

The treatment of the site for the five grouped buildings necessitated some consideration, as it had originally a fall of 34 ft. in 712 ft., or 1 in 20.9, and although the temporary buildings were erected upon it, the difference in the levels of the wards was such that the corridor connecting them could not be comfortably negotiated. To improve this condition I designed the buildings at the lower part of the slope to stand well above the ground and at the upper part below the level. The ground excavated from the upper part has been used to raise the level of the lower, and by this means something approaching a series of plateaux has been obtained which will render communication comparatively easy.

The estimated cost of the buildings, with which is included everything but furniture and clothing, namely, buildings, fittings, padded rooms, roads, paths, fencing, etc., is £130 per bed, and in considering this cost it must be borne in mind that one half of the accommodation is entirely for infirmary cases, and, as you are aware, the accommodation provided on infirmary lines is 33 per cent. greater than for chronic patients.

In the discussion which followed the reading of this paper, the President, Drs. Thomson, Elkins, Robert Jones, J. F. Dixon, Hubert Bond, Donaldson, Seward, and Steen took part.

Mr. CLIFFORD SMITH, in his reply, stated that the reason gas was to be used in place of electricity for lighting purposes was that they had a gas plant already in position, and the expense would have been much greater had electricity been used. He then dealt with the discussion which had taken place with regard to the best means of heating asylum wards, and expressed himself as well satisfied with central stoves, which were not only valuable as heating arrangements, but were also excellent for the purposes of ventilation. The advantages and disadvantages of heating by steam and hot-water systems was then dealt with, and he expressed the opinion that in the future a minus pressure steam system would come into vogue and be most satisfactory.

Dr. HARVEY BAIRD read a paper on "Some Observations on Insanity in Jews" (see page 528).

In the discussion which followed, the President, Drs. Robert Jones, Seward, Hubert Bond, Donaldson, Stewart, and Steen took part.

Dr. BAIRD having replied,

The PRESIDENT announced that Dr. Thomson's paper on "A few Remarks on the Teaching of Psychiatry," had been postponed till a future date.

In the evening many of the members dined together at the Café Monico. Among the members were Drs. Bower and Edwards, who had been unavoidably prevented from attending the meeting.