

The following Committee was appointed to consider and report on the formation of Colonial branches:—Drs. Beach, Hayes Newington, Urquhart, and Robert Jones.

THE EDITORSHIP OF "BRAIN."

The Annual Meeting of the Neurological Society was held at 11, Chandos Street, on February 14th, the meeting having been postponed from the date originally fixed, on account of the death of Her Majesty Queen Victoria. The address was given by the in-coming President (Dr. W. Julius Mickle) on the subject of "Mental Wandering." The most noteworthy change in the list of officers of the Society is the disappearance of the name of Dr. A. de Watteville from the editorship of 'Brain,' the journal of the Society. With reference to this the Council make the following remarks in their report:

"It is with great regret that the Council announces that Dr. A. de Watteville has resigned the Editorship of 'Brain.' When accepting his resignation, the following resolution was unanimously adopted:—The Council accepts with great regret Dr. de Watteville's resignation of the Editorship of 'Brain,' and desires to take this opportunity of recording the deep debt of gratitude that the Society owes him for the way in which he has conducted the Journal for the past twenty years. The Council feels that parting with Dr. de Watteville is an event of great moment to the Society, for he has not only brought 'Brain' to a high standard of perfection, and secured for it a great European reputation; but even the existence of the Journal at the present time is due to his energetic action at a critical juncture in 1880. Moreover, the Council is mindful that the Society itself took origin on Dr. de Watteville's initiative, at a meeting held at his house, on November 14th, 1885."

We are sure that our readers, many of whom are members of the Neurological Society as well as of our own Association, will fully endorse the regret expressed above. The task of Editorship is very materially lightened for the future by the reputation secured to 'Brain' by Dr. de Watteville's labours in the past, and we may express the hope that it will still be maintained. The new Editor is Dr. Percy Smith, who will be assisted in the selection of papers by a Committee.

THE CONSTRUCTION OF ASYLUMS.

On February 18th, at the Royal Institute of British Architects, Mr. George T. Hine, F.R.I.B.A., contributed an interesting paper on "Asylums and Asylum Planning." In the course of his address, which was read by Dr. HAYES NEWINGTON, he said:

Asylums were built for people who had to be watched, nursed, and provided with employment and recreation under conditions inapplicable to sane people, and to provide for all these, while the subjects were under detention, a special knowledge was required to make their lives bearable, and, as far as possible, pleasurable.

Existing types of plan were all more or less developments of the corridor and pavilion systems. In the early days the corridor system, consisting of a long gallery, with single rooms opening out of it, was the only recognised principle on which an asylum could be built. The form was usually quadrilateral. After 1845, while the internal arrangements savoured less of restraint, the principle of the corridor system still prevailed. The first development was an attempt at classification by the introduction of a ward for the sick and infirm on each side of the building; the number of cells was reduced, and more patients were allowed to sleep in associated dormitories. In the seventies special provision began to be made for epileptics, and the Lunacy Commissioners in 1874 published a plan, designed by Mr. Howell, for an epileptic ward, which had been adopted with trifling variations in nearly every asylum designed within the last twenty years. In the decade 1871-80 the pavilion system came into vogue, the transition stage being represented by the asylum at Whittingham. Architects designing asylums should give first consideration to the site. In many of the plans coming under his official

notice the buildings were generally left to adapt themselves to the site rather than the site being adapted to the buildings. Describing the Claybury Asylum, designed by himself, Mr. Hine said the problem to be solved was how to accommodate 2000 patients within reasonable distance of the administrative centre without prejudice to the position and aspect of their wards. The plan adopted was a modification of the *échelon* type, the wards being approached from obtusely oblique corridors, the pavilion system being almost a necessity from the conditions issued. The asylum was built on the top of a hill, falling all ways, and by removing the apex of the mound, representing nearly 100,000 yards of soil, which was well disposed of in filling up a valley to the north of the asylum, a level plateau was obtained, sufficient to allow of half the patients' blocks and the whole of the administrative department being erected at one uniform level, the remaining wards being slightly lower, but in no case more than five feet below the central buildings. At Bexley Asylum for 2000 patients he first introduced the villa system on a tentative scale of three villas holding thirty-five patients each, and a detached hospital for fifty phthisical cases or others requiring isolated treatment. Bexley had proved so satisfactory, that the London Asylums Committee had arranged with him to use the same plans, with a few modifications and improvements, for a second edition of this asylum at Horton.

The London Asylums Committee had found it necessary to add temporary buildings to some of their asylums. These erections, chiefly of wood and iron, provide accommodation for 1700 patients at a total cost of about £173,000, averaging £100 a bed—a costly expedient considering the limited life of these structures.

The system of housing in the acute hospital the curable and incurable cases together was encouraged by the Scottish Commissioners, the incurable patients being generally fitter companions for the curable than the curable patients were. English medical experts, however, held that a hospital totally distinct and apart from the asylum, for the reception and treatment of new cases which were not diagnosed as hopelessly incurable, must prove an important factor in the cure of lunacy. The provision of an acute hospital Mr. Hine considered to be one of the most important evolutions in modern asylum planning. As an illustration of the possibilities of asylum designing, the plans of the new East Sussex Asylum now erecting at Hellingly were referred to.

To understand the first principles of asylum construction, it is necessary to know something of the eccentricities of insanity, and the habits and treatment of the insane. The student in asylum planning should make friends at all opportunities with the medical experts, and study the subject in the light of those whose duty it was to look after the insane. The architect could materially assist the doctor in both the cure and protection of the patient by the careful consideration he gave to the details of planning and construction of the asylum, and in doing this he would find that he must design buildings which gave security without appearance of restraint. The ever-present sense of detention was, in a way, as inimical to cure as were the cells and fetters of the eighteenth century.

In the ideal asylum the most important building must be the acute hospital. Here it was that every patient, unless hopelessly incurable, was admitted, and during his stay in this hospital his future life was probably determined, whether he should recover and go back into the world, or whether he should pass to the main asylum to eke out an unhappy existence at a cost of more than £30 a year to his country. On every ground we could not afford to neglect anything—consideration, care, or money, necessary to produce a building which afforded the doctors the best opportunities for treating and curing their patients. Any money thus spent would prove the truest economy in the end. A well-built asylum, designed on liberal principles, and fitted with all modern appliances, could not be erected for much less than £300 a bed.

Dr. MARRIOTT COOKE, one of the Commissioners in Lunacy, proposed a vote of thanks to Mr. Hine. This was seconded by Dr. URQUHART, and enthusiastically adopted.

The discussion which followed showed that Mr. Hine had raised questions of great importance, and that his record of his work and opinions met with very general approbation and keen interest.