

STUDY TOUR AND POST-GRADUATE EDUCATIONAL INFORMATION
SUB-COMMITTEE.

AN ACCOUNT OF A TOUR OF SOME MENTAL HOSPITALS AND
CLINICS OF THE DEPARTMENT OF THE SEINE.

(June, 1929.)

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THE completeness of the programme for a visit to Holland with which our Dutch colleagues responded to our inquiry early in 1928, left the Sub-Committee no ground for hesitating to make the Mental Hospitals of the Netherlands the object of their first study tour.

Nor did the call of the historic memories of mental medicine leave us in any doubt that we should select the hospitals and clinics of Paris for our second tour.

Our journey being direct, and one hotel sufficing for the entire period of our stay in France, we did not, on this occasion, seek the help of a travel agency. Dr. Targowla, a corresponding member of our Association, was kind enough to find the party a comfortable hotel, well within its means, and much less expensive than its equivalent at home. Both he and Dr. Henri Colin, an honorary member of the Association, set in motion the official processes which procured our invitation and M. Chaudet's welcome provision of a private municipal 'bus for our daily journeys.

The well-being of the writer having been threatened by his exhausted fellow-travellers after their strenuous days in Holland, he took the precaution of dropping Dr. Targowla a hint that in Paris the members of the party would expect frequent half-holidays—a hint which was not forgotten either in his time-table or by those who were so kind as to conduct us through the hospitals.

Our party numbered nine only, a figure for which the recent French Vaccination Order was in some measure responsible. We crossed the Channel on Sunday, June 2, one member making his passage by air and the others by water.

Dr. Targowla had provided us previously with notes on French Lunacy Law and Procedure, particularly with reference to its application in the Department of the Seine, whose Council controls the public mental hospitals of Paris. As these notes present, in a concise form, an account of the methods of admission of patients, they are quoted at length below.

The French Lunacy Act of June 30, 1838, provides for two modes of procedure for admission to asylums:

- (a) Voluntary.
- (b) On certificate.

Voluntary admission requires:

1. A request for admission signed by some person, *e.g.*, relative or friend.
2. The identification documents of the person who makes the request and of the patient.
3. A medical certificate signed by a doctor (in cases of urgency the certificate is not indispensable for the public asylums, but in Paris it is always required).

The law of 1898 regarding the compulsory medical relief places the cost of treatment on the departments (counties) and townships, and, to that end, defines the place of settlement for at least a year. As a result, certain counties accept for voluntary admission only those patients who can defray the cost. In Paris this method of admission is applicable only to patients whose place of settlement is the Seine Department.

Admission on certificate applies particularly to individuals "liable to make a public disturbance or dangerous to public safety."

A reception order is made by the Prefect of Police in Paris on the information of the commissaries of police; they step in when a danger is pointed out to them by "common report" or by a medical certificate.

It is the practice for alleged patients to be sent to the special infirmary of the Prefecture of Police, to which are attached two alienists; they make their examination, and if mental disorder is diagnosed, a certificate is signed by the Prefect of Police ordering confinement.

Patients are then conveyed to the admission department of Sainte Anne, where the voluntary patients also go. If they are considered mental cases, a new certificate is made out by the senior physician. This department may retain certain patients, but its function is to distribute them to the various county asylums; in preference, acute cases are placed in the admission departments of the St. Anne Asylum and of the Villejuif Asylum, and chronic cases in the other asylums (Ville Evrard, Maison Blanche, Vacluse, Moisselles).

On their arrival at one of these institutions the patients are again certified, and a second certificate is made out fifteen days later indicating that the patient ought to be retained. These certificates and the documents authorizing confinement are forwarded to the Prefect, who informs the Procureur of the Republic (the Public Prosecutor). Further, all certificates are copied in the Statutory Register, and every month a note of the condition of the patients is there entered.

This register must be submitted to all administrative and legal authorities who have the duty of visiting the asylum. Once every six months the Procureur visits the institution and interviews the patients. In addition, a statement is sent every six months to the Prefect conveying the opinion of the senior physician and of the inspecting physician. The Prefect decides as to detention or discharge of the patient.

In the case of voluntary patients discharge is allowed forthwith on the certificate of the senior physician affirming the recovery, or on the petition of the patient's family or of the person who requested his admission, even though the patient has not recovered.

In the case of statutory certification discharge is proposed by the senior physician and authorized by the Prefect of Police. It may chance that from police considerations the Prefect will decline to discharge in spite of the medical opinion.

For several years, in addition to the St. Anne Asylum, the psychiatric hospital of Henri Rouselle has been in use; patients enter and leave freely, without any legal formality. It retains no patients in confinement. Chronic, violent or dangerous patients are admitted in the regular way (voluntary or on certificate) and removed to the Reception Ward of St. Anne. Protesting patients are either set at liberty, or confined according to the needs of the case. This is a hospital for observation and treatment without confinement.

For children there is a dispensary, an annexe of the Faculty of Medicine, which functions as a hospital. The juvenile patients (confined on certificate or voluntarily) are sent either to the Hospice de Bicêtre (Fondation Vallée) or to the Vacluse Asylum.

The Annual Report on the Asylums of the Department of the Seine for the year 1927 states that the number of patients at the end of that year was 9,181. Including the patients boarded in provincial asylums, the total reached 14,502—a figure equivalent to 1 in about 300 of the population of the Department of the Seine. Men formed 34.5% of this total and women 65.5%. Admissions to the asylums of the Seine during 1927 were 3,898, of which 36.4% were on the voluntary basis.

The proportion of this number which is quoted as discharged cured is 45.6%. Including those discharged relieved the percentage is 62.6.

The death-rate for the year was 123 per 1,000 of the patients remaining on December 31.

International Congress of Mental Hygiene.

June 3.—The Infirmerie Spéciale of the Prefecture of Police was the first institution on our programme. The International Congress of Mental Hygiene, however, held its meetings on the day allotted to this visit, and we were kindly invited to attend its sessions at the Henri Rouselle Hospital and the Palais Royal. Our programme was in consequence altered, and the visit to the Infirmerie Spéciale was postponed until the following day.

At the Congress, papers were read by delegates from Hungary and Czecho-Slovakia, and Dr. Archdale, who was called upon at short notice to represent our Association, gave some particulars of the work of the clinic associated for some years with the Sunderland Mental Hospital.

The Commissioner for the Affairs of Mental Patients in Hungary, Mr. Gustav Olah, related the inauguration in that country of a League of Mental Hygiene, and the building of a new department (on the open system of the Henri Rouselle Hospital) in the grounds of Lipotmezoe, the State Hospital for Nervous and Mental

Patients. He stated that popular lectures were held by asylum physicians for the dissemination of mental prophylaxis, and that the after-care of discharged patients was carried out by ladies of their Red Cross Society, with the assistance, where required, of specially selected physicians. In the town of Győr a union of the sections for nervous and for mental diseases had been brought about with the object of improving facilities for early treatment.

The delegate for Czecho-Slovakia related in his paper the numerous endeavours made in recent years for the advancement of eugenic principles to ensure mental health and prevent physical and mental degeneracy.

Probably the most important contribution to the Congress was a report by Dr. Toulouse and Dr. Dupouy on proposals for fresh legislation in the care of the mentally afflicted.

The report envisages a control and coordination by the State of all the activities and agencies of the Departments (counties) supporting the movement for mental prophylaxis and the formation of an Advisory National Council to assist the Government in this enterprise.

A National Institute is contemplated for training and research, to be associated with the University of Paris.

Each Department of France, under this *régime*, would possess a centre for psychiatry and mental prophylaxis with the following units :

1. A dispensary.
2. A psychiatric hospital of two sections :
 - (a) For observation of all classes of insane patients who may be dangerous.
 - (b) For the treatment of harmless patients, acute or long-standing cases, amenable to curative measures.
3. Hospice or Colony accommodation for the incurable or feeble-minded, on open-door principles.
4. A psychiatric home for the confinement of dangerous patients and those for whom segregation is imperative.
5. A special establishment, which may be a section of (4), for anti-social or criminal patients.

The Departmental Council would also be responsible for Research Laboratory and School for Mental Prophylaxis.

The report gives in detail the functions of these respective units and procedure for securing legal authority for "placing under observation" patients suspected of mental disorder and anti-social acts who are unwilling to accept treatment.

Home treatment with money payments is provided for. Particular attention is given to the selection of employment at the outset of a person's career or after a mental breakdown for successful re-adaptation to social demands.

The promoters of the scheme would like to charge the Dispensary also with advisory functions relating to marriage and eugenics, delinquency, prostitution, vagrancy, immigration and propagandism.

Provision is made for the protection of patients' private interests and property, and for the financial control of the centres.

Admission to private asylums is to be either (a) voluntary, or, in the case of (b), patients "placed under observation," a request must be made to the Prefect by the medical officer of the establishment with the consent of the medical inspector of the Department.

L'Infirmierie Spéciale.

June 4.—The Special Infirmary, founded in 1850, is a low block within the courtyard of the Prefecture buildings in the island of a Cité. The patients' quarters consist of 20 single rooms with concrete floors, the corners of which are rounded ; the windows are strongly guarded, and the sanitary convenience is a fixture in a corner of the room ; the door has a small aperture instead of a window. Half these quarters are for men and half for women ; one room in each section is padded with stout canvas panels.

Each patient is thus entirely isolated during his short stay here, 70% of the patients remaining less than 24 hours ; a few may remain as long as four days.

Admissions number about ten a day ; 400 prisoners are admitted for special observation during the year, half of whom are usually found to be malingerers. In these cases the period of stay may extend into weeks. Foreigners constitute about 7% of the admissions.

The Infirmerie is the single portal through which pass all insane patients regarding whom the police have had to take action, with or without medical advice. The system has the great advantage of providing a dossier in each case which is available on any readmission, and is kept up-to-date with information of a patient's transfer, discharge or death in any of the hospitals to which he is sent. We saw several dossiers of alcoholic patients who had been repeatedly to the Infirmerie, the particulars recorded being ample and readily available.

The medical staff of the Infirmerie consists of two specialists in psychiatry—Dr. Clerambaut, who has served thirty years here, and Dr. Heuyer, of the Faculty of Medicine of the University of Paris. They visit twice a day. There are two men and two women nurses always on duty for 24 hours continuously; they then go off duty for two days.

Admission to the Infirmerie Spéciale is on the order of the Prefect of Police, who is notified of the discharge of each patient or of the need for asylum care; in the latter case a further order accompanies the medical certificate of the Infirmerie physician. These documents are valid for fifteen days' detention, and the patient is removed to the Asile Ste. Anne.

Although the quarters at the Infirmerie Spéciale look uninviting and rather gloomy, it has to be remembered that the stay is only for a few hours. No patient comes into contact with another. This single portal provides a single and complete dossier of great value to the physician in deciding as to the disposal of the patient. It is, in this respect, in considerable contrast to the Metropolitan Poor Law methods.

L'Asile Ste. Anne.

June 5.—We visited, with Dr. Targowla, the Asile Ste. Anne in the Rue Cabanis, built in 1862.

It comprises several units, indicated below, and in the same grounds are the buildings of the Henri Rouselle Hospital for uncertified patients.

The following table shows the distribution of the sections:

	Patients.			Medical Staff.	
	M.	F.			
L'Admission (or Admission Hospital)	40	40	.	1 Médecin Chef. 2 Internes	
(University) Clinique	120	120	.	1 Professor. 4 Chefs de clinique. 2 Internes.	
Ste. Anne	}	1st Section	216	177	1 Médecin Chef. 2 Internes.
		2nd Section	216	177	Do.
			<u>592</u>	<u>514</u>	
			1106		

The Institution is under the management of a lay director, and each section has a médecin chef of considerable experience, who is assisted by two residents of a few years' standing.

The admissions number 4,000 a year, about 1,800 men and 2,200 women; 75% of the patients come through the Infirmerie Spéciale, and all are from the Department of the Seine. They are thence distributed to other sections of Ste. Anne and other asylums.

The wards are lofty, fairly spacious and rectangular, with good cross lighting and ventilation. As a rule the ground floor has a wide balcony on the south wall in the closed garden, but it is not the practice for patients to use the garden unless they can walk.

In the male admission block we saw a ward of 56 recent cases where the nursing staff numbered 31. Several small wards contained two beds. The previous heating by hot air has been replaced by hot-water pipes well screened. Much use is made of "sommifen," but not after the intense method of its inventor, Dr. Kläsi; it is given for about a fortnight, but intermittently after the fourth or fifth day, and is administered intra-muscularly.

A certificate is usually written by the médecin chef of this admission block two days after the patient's arrival, and according to the nature of the case, the patient is passed on to another section or another asylum.

Imbeciles as well as patients with mental disorder are dealt with under the same enactments, so it was not surprising to find little boys among the men.

This, however, was only among the admission group, who pass on in a few days. Most of the patients in this section were confined to bed, and we saw very little excitement of a turbulent character.

Visiting sample wards of one of the sections (216 male and 177 female beds), we saw a male ward of 24 beds with 11 nurses for the 24 hours. It was principally devoted to organic mental disease; another small ward contained chiefly cases of general paralysis, complete records of which were demonstrated by Dr. Le Roy, who is in charge of this section; he is a contributor to the *Journal of Mental Science*.

The male nurses take meals in the same refectory with the patients who are up and about.

The sleeves of restless patients are not infrequently tied to the bedstead, and in a female ward we saw acutely suicidal patients wearing a strong combination garment, the ankles of which were fastened loosely but effectively to the lower end of the bed. Such restraint is carried out under medical prescription and is registered.

We saw a female acute ward of 10 beds with a single room in each of the four corners. There were 6 nurses for the 24 hours for the 14 patients, and the working week consists of 48 hours. The day quarters adjoining this ward were very clean and furnished with pleasant-looking, though large cupboards, tables and benches. There were some useful ward trolleys lined with lead. Most of the women who were up were busy on the verandah, cleaning vegetables.

We could not learn that any special mental or occupational therapy was carried out here.

While the wards are of a useful design, the sanitary conveniences are not detached as in our sanitary spurs; there was a noticeable difference in the smart appearance of the men's and women's wards which we visited.

All the major surgical and obstetric treatment of the Paris Asylums is carried out in the Surgical Pavilion of Ste. Anne. It contains two surgical and one obstetric theatres and the patients are accommodated in small wards of 5 or 6 beds. The doors are kept locked, but the nurses obtain a clear view of the wards from the wide corridor through the large glass partitions. Two surgeons are employed; the operations average 350 a year. The nurses are trained in the hospitals of the Department.

It would appear that the clinical research work of each section of the hospital is carried out within the section itself, and not in a general laboratory.

The Hôpital Henri Rouselle was visited on June 6. It contains in its four pavilions 81 beds for men and 101 beds for women, who are admitted, as to a general hospital, without certificates or orders. It has also an out-patient department and a special one for children.

The story of the development of a hospital of this special type is to be gathered from the several books descriptive of the "service ouvert," from the industrious pen of the Director, Dr. Toulouse.

As far back as the eighteenth century curable and non-dangerous lunatics were received for treatment and observation in various Paris hospitals, particularly Hotel Dieu, and this practice remains to the present there, as in other institutions which receive the mentally afflicted on an open basis. Such institutions, however, lack specialized means of treatment; they do not receive or retain all and sundry of the mental sick; any calling for special nursing are removed to the asylums or to the Henri Rouselle Hospital.

In 1899 Dr. Toulouse set aside in his hospital an "open" ward for those patients who did not need confinement. They were able to come and go, follow their occupation, and obtain their discharge on request.

Dupré, in 1904, and Gilbert Ballet in 1914, as well as Régis of Bordeaux, urged a definite separation of curable psychopaths, who could be treated on the open system, from the other patients whose condition demanded the adoption of measures to prevent them from injuring themselves or others.

In 1918 Dr. Toulouse brought about the creation of the Committee of Mental Hygiene by the Ministry of Hygiene, and in 1920, together with Dr. Genil-Perrin, the establishment of the French League of Mental Hygiene, similar associations being promoted throughout the provinces.

The League, on the initiative of Dr. Toulouse, induced M. Henri Rouselle to investigate the need for the establishment of a hospital on the open-door principle. On his recommendation M. Brunet proposed it, and a centre for psychiatry and mental prophylaxis was founded by the Conseil-Général and the Administration of the Department of the Seine in 1921, the Henri Rouselle Hospital being the principal unit.

Unlike similar foundations for early treatment of mental disorder in other countries, this hospital receives patients without any formalities whatever from every part of the country and of any nationality. Later, steps are taken to obtain the cost of his stay in hospital, but his admission is not delayed by any preliminary formalities. The doctor decides if the case is one for admission, and that suffices to open the door to the patient.

The Paris Centre for Mental Prophylaxis comprises :

1. A central dispensary for the examination, classification and treatment of patients.
2. A mental hospital for the observation and treatment of patients requiring continuous care.
3. A social service to follow up the patients attending the dispensary or those discharged from hospital if they so desire.
4. A department for home visitation by assistants specially trained for this duty.
5. Laboratories for examination and research.
6. An institute of psychiatry and mental prophylaxis.
7. A school of mental prophylaxis for training those engaged in the various departments of practical psychiatry.

The dispensary consultations since 1922 are shown in the following table ; they take place twice daily as well as on Saturdays from 5 to 7 p.m. :

	New patients.	Total.	Medical home visits.
1922	1,848	3,289	..
1923	3,043	8,267	..
1924	3,201	9,601	..
1925	3,255	10,428	84
1926	3,263	11,144	107
1927	3,479	11,960	153
1928	4,836	13,382	213

All the patients undergo a series of examinations into their physical and mental state. Advice and medicine may be given gratuitously.

The hospital is divided into three sections :

- (a) *Observation*—usually over a period of several days.
- (b) *Treatment*—which may be extended to 4 or 5 months.
- (c) *Research*.

The medical staff assisting Dr. Toulouse are Drs. Targowla, Badonnel, Chatagnon, Courtois.

The various pavilions with the nursing and ward staff are shown below :

	Male.	Beds.	Matron.	Nurses.	Ward maids or male attendants.	Night staff.
Pavilion Esquirol	.	36	1	2	5	2
„ des Perches	.	45	1	4	7	4
Female.						
Pavilion Ferrus	.	65	1	5	12	4
„ Morel	.	36	1	2	4	2
		182	4*	13	28	12†

The buildings also contain a lecture-room and numerous consulting-rooms for the dispensary or out-patient department, as well as a registry. One smaller room in the same corridor was equipped for obtaining serological specimens ;

* And a general matron.

† And a general night superintendent.

samples were being taken from small children by dry-cupping the back and scari-fying the hæmatoma thus raised. We saw sterile needles, in tubes, with a very convenient flat grip near the centre.

As in other French hospitals, there are several two-bed rooms for patients; Dr. Toulouse desired to provide each patient with a single room, but the expense of securing undisturbed rest at night in this way proved considerable.

The doors are largely of glass, and these and the windows are prettily curtained. In the women's pavilions the entire wall of the "salle de repos" above the height of 3 ft. is decorated to represent landscapes. Coloured basket chairs and small tables, with provision for music and games, and the airy brightness of the quarters render them very attractive-looking, but beyond the daily work of the ward, and needlework, no employments of a therapeutic kind are provided.

The second floor of the Pavilion Ferrus is largely devoted to those patients whose removal to an asylum is required; a table below indicates the number removed for voluntary admission and those admitted on a Prefect's order, the latter being largely in the minority:

	d'Office.	Voluntary.	Total.	Percentage of new consultations.
1925	259	604	863	26·4
1926	266	596	862	26·4
1927	313	610	923	26·5
1928	444	794	1238	25·6

This table shows that 1 in 4 of the new patients is passed on ultimately to the asylum.

Single rooms are required for certain patients, and these are well lighted and a little more spacious than our own and the doors are much more liberally glazed.

Rooms, whether for day or night purposes, are not constructed for more than about a dozen to eighteen patients in each.

No special provision is made for exit in case of fire from the upper floors.

X-rays are used mainly for examination of the alimentary canal. There is a chemical as well as a serological laboratory; the assistant in the latter informed us that about 25% of the serum examinations were positive for syphilis.

The physiological laboratories are at the top of the Pavilion Ferrus; the investigations at present in progress are mainly on neuro-muscular problems, such as fatigue.

Associated with the hospital is a University clinic under the direction of Prof. Claude, for the instruction of students in psychiatry.

The laboratories of the Centre are concerned also with the problems of industrial psychology. This has resulted so far in a reduction of 20% in the accidents in the case of the Transport Company of Paris.

Dr. Toulouse was kind enough to furnish me with a copy of the patients' menu of the previous week, which is reproduced below.

The food looked very appetising here as in the other asylums, and fresh fruit was much in evidence. Decanters of a red fruit juice are usually to be seen on the dinner tables.

The cooking for this hospital is separate from that of the adjoining Asile St. Anne, and Dr. Toulouse would like to see it entirely in the hands of an outside catering firm.

The cost of maintenance is 32 francs a day, *i.e.*, about 5s. 2d.

HÔPITAL HENRI ROUELLE.

Menu des malades.

1929.

		Le Matin—Soupe maigre.		Dîner.	
Mois de mai, Jours.		Déjeuner.			
Lundi	27	Bœuf garni	Soupe maigre.		
		Lentilles au lard	Haricots rouges.		
		Dessert	Fromage.		
Mardi	28	Triperie	Potage aux pâtes.		
		Nouilles milanaise	Bœuf grossel.		
		Dessert	Pommes purée.		
			Biscuits.		

Mois de mai. Jours.		Déjeuner.	Dîner.
Mercredi	29 . . .	Veau rôti Salade Dessert	. Soupe maigre. . Purée de pois. . Fruits frais.
Jeudi	30 . . .	Charcuterie Haricots blancs Dessert	. Potage tapioca. . Bœuf cornichon. . Riz au gras. Confiture.
Vendredi	31 . . .	Poisson frais Pommes anglaise Dessert	. Soupe maigre. . Bœuf maigre. . Lentilles au jus. Pruneaux.
Mois de juin.			
Samedi	1 . . .	Mouton rôti ou ragout Haricots blancs Dessert	. Soupe maigre. . Macaroni italienne. . Figues.
Dimanche	2 . . .	Bœuf mode ou lapin (6ème femmes) Pommes nouvelles Dessert	. Potage vermicelle. . Haricots rouges. . Fruits frais.

Le Patronage de l'Enfance.

June 7.—We were taken to the Patronage de l'Enfance, 379, Rue de Vaugirard, founded in 1890 by M. Henri Rollet, at that time Advocate in the Court of Appeal of Paris, and since 1914 Judge in the Children's Court of the Department of the Seine.

The objects of the Patronage are: The protection of orphans or children in moral danger, in wretched surroundings, or in the hands of incapable parents, and of children brought before the Courts for offences.

It is not a penitentiary, and does not attempt to assume the functions of such. It takes a permanent interest in its protégés, and invites them to appeal to it when in trouble, and to regard it as a permanent second home.

Its principal rôle is the care of boys, but cases from the courts are received up to 18, and no refusals are made on the grounds of creed or nationality.

Previous to 1890 M. Rollet had been general secretary of the Society for the Rescue of Children, which had declined to extend its activities beyond helping children brought before the Courts. This limited object did not satisfy the more comprehensive public spirit of M. Rollet, hence the founding of the Patronage.

Its first appearance was modest indeed, and dependent upon the personal resources of M. Rollet, assisted the following year by Mme. Rollet (Renée Janet). It acquired some legal recognition in the form of a Ministerial Order, but it had no other home than that of the Founder, and his landlord soon took exception to the presence of the riff-raff of Paris under his roof.

M. Lépine, the Prefect of Police, came to the rescue with the offer of premises in the Palais de Justice and M. Rollet thought he had reached port, but he had reckoned without the architect and the protests of certain folk against what they regarded as sordid surroundings. This resulted in the Patronage again finding itself in the street. From this dilemma it was rescued by the offer of a shop in the Rue de l'Ancienne Comédie by Mme. la Baronne Thénard, which afforded a roof for the daytime under which occupations for the children were organized, such as making paper fire-lighters from old newspapers and railway tickets given by friends. This shop, however, provided only day quarters, with no night shelter, but M. Rollet presently obtained some land, and the necessary tentage was supplied by the Minister for War. When the winter arrived it was necessary to find other quarters, and ultimately a portion of another Patronage in the Rue de Vaugirard, under the management of M. l'Abbé de Pitray, was offered, but the outcry of the parents of his pupils dreading contact with the unfortunate or convicted protégés of M. Rollet compelled a further move, and temporary lodgings in a house in Rue Garancière were offered by Mme. la Comtesse de Madre.

These sufficed till 1898, when a group of ladies under the direction of the Comtesse de Fleigny secured premises at 149, Rue de Rennes, large enough to arrange for a dormitory and a refectory, the office and the workshop remaining in the premises in Rue de l'Ancienne Comédie. A Dominican Order provided the cooking, clothing and nursing services as well as the oversight of the occupations.

The Patronage received the recognition of the French Academy in 1909, and the following year a bequest of one of its benefactors, Mlle. Morlot, of about 4,000 pounds. That lady's nieces, however, prevented the realization of this bequest for many years on the grounds that the Patronage had not been acknowledged as an institution of public utility prior to the death of Mlle. Morlot.

When the Patronage was brought by M. Rollet to the notice of M. Rosenheim, the latter quickly decided that it should be endowed with a permanent and regular administration. He introduced to the Patronage his friend, M. Muller, who has thoroughly organized its house arrangements and finances.

From 1910 M. Paul Kahn, Advocate of the Court of Appeal, has co-ordinated the work of the Patronage with the needs of the Courts and the public authorities.

The present site of the institution was acquired by M. Rollet, who erected on it the building bearing his name; it was opened in July, 1913, by M. Poincaré, the President at that time.

An Act of 1898 authorized Courts to send to charitable institutions children who could not return to their own homes or be sent to a penal colony, as they appeared to be more unfortunate than vicious. A Court of the 8th Chamber came to be devoted to children's cases in which the Public Prosecutor took no proceedings, and an Act of 1906 allowed judges to determine that minors up to the age of 18 had acted "without discernment." In 1907, on the instigation of M. Clemenceau, then Minister of the Interior, it was decided, in order to remedy the inadequacy of the law of 1898, to make more use of Article 66, *i.e.*, postponing sentence pending a report on the minor's conduct in an institution to which he had been provisionally committed. From November, 1924, to May, 1925, 70% of the decisions of the Courts were reversed by the Court of Appeal of Paris, and in this way a large number of children were sent to institutions not of a penal character, some even going to their own homes.

The Patronage is at the disposal of all courts in France, particularly where no charitable institution is available. Thanks to the Government, the aid of the Pari-Mutuel has enabled the Patronage to erect a third Pavilion—opened by M. Millerand in 1923.

The Patronage is essentially an establishment which, in a thoroughly scientific manner, inquires into the cases of children brought to its notice by the Courts or by parents or schools, on account of some difficulty in management.

Suitable boys are placed in single care in the country, not more than one boy going to the same village. From the figures given below the proportion of mental defectives to the entire number dealt with will be seen.

The routine examination in each case includes inquiries by assistant medical officers into the following aspects:

Heredity.

Past history and early development.

School attainments.

Psychological—on the lines of Binet-Simon, Terman, Claparade, etc., and where indicated, psycho-analysis.

Physical—the special senses, neurological, serological.

Where the conditions call for it a visit by a social assistant to the pupil's home.

When, during the course of a week or more, the above examinations are completed, they are reviewed by Dr. Heuyer, the principal medical officer of the attached Neuro-Psychiatric Clinic, who is appointed also by the Courts to examine prisoners. He records his opinion and prognosis, giving directions for the future care of the pupil.

On our arrival at the Patronage Dr. Heuyer received us in his consulting-room, and explained the methods now being related; he showed us the quarters and the examining rooms; these latter are temporary, but extraordinarily well equipped and rendered clean in a surgical sense.

There is accommodation for the prolonged observation of 96 patients, but at the moment the number of beds occupied is fewer than 50. There are dormitories of a square design with 24 beds, some of which contain also six single rooms and there is a sick bay of four beds. The observation dormitory has a duty room for the night nurse and a sleeping cubicle for a nurse. The day quarters include school rooms, workshop, refectories for younger and older pupils, and a playground which will presently be utilized for an additional pavilion.

The placing of boys in the provinces is carried out under a well-regulated system, each guardian entering into a contract in which his obligations are completely set forth and directions given for any circumstances that may arise. The object of the placing is to make a good citizen of the pupil. Till he is 13 he must attend school. After that age he is to take up some occupation. If at the age of 18 he is suitable for the Army he is allowed to enlist. Generally the criminal pupils are retained till the age of 21.

The placed pupils and their guardians are under the inspection of one of 15 delegates of the Patronage, an unpaid person usually of substantial position.

The manager of the Patronage is a layman.

In addition to Dr. Heuyer there are four doctors, including an ophthalmic surgeon and a laryngologist, as well as three psychological examiners and seven medical and psychological assistants. There are chaplains of the Roman Catholic Church, the Protestant and the Jewish faith.

The following tables explain much of the nature and scope of the work carried out by the Patronage.

In 1926 the classification of the pupils committed by the Courts to the Patronage was :

5.5%	requiring hospital treatment, e.g., tuberculosis, epilepsy.	
5%	insane, dementia præcox, encephalitis.	
35%	mentally defective	} = 59%.
24%	unstable	
17%	perverts.	
13%	normal children perverted by social environment.	

In October, 1926, the Patronage opened a neuro-psychiatric clinic or out-patient department of children. In the 1928 Annual Report 690 new cases are recorded ; they were classified under the following headings :

5.8%	epilepsy.	
.7%	dementia præcox.	
2.2%	epidemic encephalitis.	
58.7%	mentally defective	} Idiots and imbeciles 7.1%. Feeble-minded, 17.5%. Feeble-minded with disorder of conduct, 34.1%.
11.6%	conduct disorder without mental deficiency.	
8.3%	perverts.	

Taking the mentally defective and unstable, the percentage is practically identical for both years and both groups.

Hereditary factors were found in 425, acquired infections and cranial injuries in 32, and exceptional social conditions in 10. Of the 425 with a hereditary ætiological factor, the varieties are stated below :

Congenital syphilis:		
Certain	. . . . .	83
Probable	. . . . .	90
Suspected	. . . . .	97
Psychopathic heredity	. . . . .	92
Alcoholic	„	41
Tuberculous	„	22

The following figures concern the hereditary factors in 100 cases of " pervers instinctifs " :

Like heredity	. . . . .	32
Psychopathic heredity	. . . . .	6
Alcoholic	„	8
Syphilitic	„	18
Tuberculous	„	6
Various and multiple hereditary factors	. . . . .	15
Heredity of no significance	. . . . .	15

Dr. Heuyer regards "les pervers instinctifs" as abnormal children having such defects of character that they are unable to make the necessary moral adaptations to their social environment. They exhibit various types, but there is always an underlying disregard of family obligations and ties which develops into hatred of an impulsive type, and a desire to render evil for evil. It develops also instability and contributes to vagrancy, which, if a crime, is a minor one, but is at the root of many others. Hence he claims the need for examining the young vagrant. Indeed all the children in whom there is disordered conduct require a complete medico-psychological examination and an inquiry into their environment. They should be separated from the normal before decisions are taken as to their future care. The same remedy will not do for the pervert due to bad social environment as for the mentally defective or congenital pervert; the former can be taken into the Patronage and subsequently placed in a rural family; the mentally defective requires to go to a residential school, of which there are at present far too few in France. For the congenital perverts a reformatory is needed. He claims it is a mistake to place such children in a rural family. They should be prevented from becoming free agents at the age of 21, at a time when they are the most likely to marry. In order, however, to secure this end fresh legislation will be required.

From the Annual Report, the statistics for January 1, 1928, show that during the previous year the Patronage as a whole had dealt with 2,262 fresh cases and 2,064 old ones; 1,801 from both groups appear to have been "placed" and 2,063 returned to their own families or countries.

The expenses of the Patronage are about £6,000 a year. The cost of each pupil here is 16-18 francs a day, *i.e.*, 3s.

A scale of pay is drawn up for the placed pupils, together with pocket-money; the latter commences at 2 francs a week for a boy of 13, and rises to 8 francs for a boy of 19-21. The pay in cases of "placement agricole" rises from 480 francs a year for a boy of 13 to 2,100 francs for one of 19-21, but as age is only one indication of physical power, a boy of 17 and poor physique may be classed in the 15-year group, and in the case of abnormal boys the salary is only fixed after an individual examination.

We see in the Patronage an institution which endeavours to place all unfortunate children on right lines for their future development, whether normal or abnormal, intelligent or defective; but before embarking its protégés on their new life it puts them through a complete physical and mental examination, taking their history and environment into account, and in this way the medical staff is in full possession of the facts before proceeding to advise on a remedy.

L'Asile de Villejuif.

June 8.—L'Asile de Villejuif, about five miles from the centre of the city, on the southern outskirts, was built in the early 'eighties, and has beds for 1,500 patients, of whom about 700 are women.

The party was here met by Dr. Colin, who was so good as to spend the morning with us.

The male and female sections of the hospital each consist of a series of parallel blocks of two floors, the intervening ground being walled in to form square gardens, each occupying about four times the area of its ward, and enjoying the ample shade of trees. A broad verandah extends the entire length of the south wall of each block, and the patients evidently make good use of it.

The wards are broad and rectangular, well lighted by large windows on each of its long sides.

The floors are stained and polished, are of a light colour, and their cleanliness is obvious. There are spacious day-rooms, for the few who desire to occupy themselves in needlework, and some of these rooms are well supplied with comfortable chairs and wall pictures. Wash-basins are fixed within the dormitories, and minor or special cooking is done, as at a grill, within the ward dining-room. Eggs were put out for several patients who did not desire meat, and their omelettes would presently be prepared on the spot.

Corridors are out of doors, and do not in this way, like some of our galleries, interfere with the cross-lighting and ventilation of the wards.

The provision originally intended for night space was fairly generous, 80 sq. ft. per bed, 16 ft. being allowed for day space, independently of the dining-room;

the total was about 107 sq. ft. Each block was intended to hold about 70 beds, 52 of which were on the first floor. The stairs and offices are in the centre of the block.

A large number of frail, senile and idiot patients are nursed in bed for a large part of the day. Those with faulty habits usually remain permanently in bed, where extensive precautions are taken with layers of waterproof sheeting to preserve the bedding.

The acute ward is well provided with single rooms nearly twice the size of those in England, and much more freely glazed, but a naked patient may still be seen with a bedding of loose straw. Women's strong clothes take the form of pyjamas.

The female section of some 700 patients has a staff of 177 nurses (*i.e.*, one nurse to 4 patients). They work for eight-hour periods.

The kitchen contains a large central coal range and several steam cookers. No patients are employed here.

A liberal use is made of chloride of lime in the cleansing of this building, particularly for the tables and benches.

The daily meat ration is 5½ oz. for men and 4½ oz. for women. The menu for to-day's dinner was "soupe, légumes, confiture ou dessert."

There are several metal baths in the acute wards, but the bathing of other patients is conducted in the large bath-house near the main kitchen.

The pharmaceutical laboratory of a French hospital figures much more prominently than the dispensary in England, considerably more preparation of drugs being made.

A pathological laboratory is fitted up in the same building, but much of this work is conducted here, as in other asylums, in the more private laboratory of the sections, of which there are five at Villejuif, each under the charge of a *médecin en chef* of considerable experience, with the assistance of an "interne," the latter usually qualified about two years before appointment.

The entire institution is under the control of a lay director—a system obtaining largely in France.

The Criminal Section.

In an illuminating monograph Dr. Colin discusses the reasons which led him to urge the erection of these quarters. He describes two classes of troublesome patients:

1. The vicious, insufferable exploiters of asylums.
2. The criminal lunatics, unstable, epileptic or moral imbecile.

The first group comprises those difficult insane whom some call vagabonds and criminals. They are a tedious element even in prisons, and their incorrigible ways render them unsuitable for detention in an asylum. Realizing that they lack ability to tolerate alcohol, they make use of the fact to obtain arrest and avoid adaptation to life and the rigors of winter, secure in the knowledge that the production of their original certificate of discharge from an asylum will prove a ready passport to the *Infirmerie Spéciale*.

His description of these unstable people—often former residents of a defective colony—corresponds largely with the type known to us as the high-grade feeble-minded delinquent. In some aspects it resembles the hypomaniac who trades on his legal irresponsibility. Once within the asylum such patients soon seek the profitable occupations where they, sooner or later, become insufferable both to other patients and staff, cheating the former of their little presents left by visitors. They provoke trouble and discord, organize plots and calumnies, and in due time make insistent demands for discharge.

Some 200 of these patients, improperly accommodated either in the prisons or asylums of that time, were known to Dr. Colin and his colleagues in the Department of the Seine. It was his desire to provide separate quarters for them, where they would have employment, organized in every detail and be under constant supervision and medical oversight.

The vote of the Conseil-General, however, decided that the new buildings must receive patients of both groups.

Two blocks for male criminal patients were opened on March 3, 1910, with the arrival of what was described to us as "55 Sinisters." The number was raised to 64 in January, 1912, when nine of the resident attendants removed to quarters outside the institution.

Each patient is provided with a single room, and several industries afford adequate occupation, *e.g.*, book-binding, chair-caning, machine knitting, boot and slipper making.

A standing order forbids two patients working together; there must be either one or three, by way of diminishing opportunities for conspiracy. No patients of this section are employed on the land, of which this institution has but little to spare for agricultural uses; garden supplies are contributed mainly from the more rurally situated asylums of the Paris group.

The beds of the criminal patients are fixtures, as are the tables and benches in the dining-room, and are so designed as to frustrate attempts to conceal knives and forks.

Dr. Colin has designed a special pattern of low bedstead with broad flat springs to support the mattress. In the workshop the tools, at the close of work hours, are placed in racks on the walls, where they form a pattern which renders conspicuous the absence of any one tool.

The single rooms are large and have alternative exits to the corridor and to the garden; on the first floor they can be opened on to a balcony which the architect insisted on providing, but which the patients are never permitted to use.

The windows of these single rooms and the workshops are narrow but open on a central pivot parallel to their long sides—a device which yields the maximum of ventilation.

The gardens are enclosed by high, close-meshed wire fences, in places surmounted by large sheets of armoured glass. At the bases of fences and walls pretty flower-beds are expected in some measure to deter escape. Beyond these fences, the boundary wall near this section consists of a formidable structure some 16 to 18 ft. high, rising out of a deep trench.

Maison Blanche.

June 10.—Maison Blanche was opened in 1900 for women patients only, and stands beyond the suburb of Neuilly sur Marne, about ten miles from Paris. The accommodation is for 1,570, but there are now 1,700 actually resident. The nurses number 400 and the principal medical officers 4, assisted by 4 internes. A dentist visits for one day every six months. A lay director is in charge who had nothing but ridicule for the "service ouvert" of the Hôpital Henri Rouselle, and was at pains to contrast the saving of labour in distributing stores and meals to the parallel blocks built on the older asylum design, compared with the toilsome distribution in the pavilion system. There are broad roadways between these wards, but the blocks of the older type to the east are connected by a roofed open corridor.

The modern pavilion is L-shaped in general plan with a square day-room protruding outwards from the angle. In the angle itself are a spacious vestibule and cloak-room.

Down one wing is a passage with single rooms right and left; some have unbreakable glass. There is a dormitory of 12 beds at the end.

The other wing contains a passage with offices, including a clinical examination room, bath-room, surgery and a dormitory of about 20 beds at the end. Ablutions are carried on in the ward, and a w.c. is available within the ward for patients under the constant observation of the nurse on duty. The accommodation is bright and airy, and the windows are curtained. Each pavilion has about 70 beds, and during the daytime there is a minimum staff of six nurses. This section of 420 beds has a staff of 94.

In the infirmary ward for recent patients there were 12 nurses to 60 patients, 2 nurses being on duty at night.

The pavilions have fenced airing-courts which present a more open appearance than many of the others we had seen in older buildings.

In the East Section (of parallel blocks) the gardens of two wards meet, and are separated by a very high open iron fence.

The light oak stained tables, benches, presses and floors in the day-rooms give a pleasing effect, and seem to lessen the need for decorations.

Apart from these blocks is one with about 18 single rooms for noisy and excited patients. Some of them to-day were undergoing continuous bath treatment for excitement, in the special room containing six baths regulated by one set of taps.

A commendable feature of the single rooms was a direct opening to the airing-court as well as to the broad corridor.

A padded-room has panels of oiled canvas, as in some of our older poor-law institutions.

Nurses in this ward are strictly enjoined to wear a head-gear to prevent the hair being seized by patients.

No patients are employed in the central kitchen.

There are no occupations of a therapeutic kind beyond the ordinary necessary services, *e.g.*, the laundry, house and needlework.

About 50 patients a year are transferred to colonies where industries are carried on.

The maintenance rate, under 20 francs a day (or 22s. 6d. a week), is said to be the lowest among the Paris asylums.

Dr. Dove Cormac has kindly provided notes elaborated by Mr. K. Kelly, which he obtained at Maison Blanche, of a process for making an impervious flooring.

COMPOSITION FLOORS CONSISTING OF SAWDUST, MAGNESITE AND MAGNESIUM CHLORIDE.

Magnesium chloride (about 9s. 6d. per cwt.) is solid like rock salt, and has to be reduced to a liquid by heat. In the melted state its specific gravity is about 1300; 1 cwt. of solid will produce about 10 gallons of liquid.

For mixing with magnesite and sawdust it should be reduced to a specific gravity of 1150 with water, as tested with a hydrometer; a raw potato is about this gravity.

It will be found that equal parts of neat liquid and water give a specific gravity of 1100. With more water it will take a longer time to set; less water will hasten its hardening qualities. The process when carried out during the winter takes longer in drying and a stronger liquid should be used. In warm weather a weak liquid is advisable.

All surfaces treated with this composition must be free from all moisture, whether the surface be stone, brick, concrete or wood, previously brushed clear of dust, and then wetted with the neat liquid of a specific gravity of 1300, to give a key to the surface which is being covered.

Magnesite, which costs about 14s. 9d. per cwt., is in powder form, like plaster of Paris; it is mixed with the sawdust in the proportion of four parts of sawdust to one part of magnesite.

Sawdust from deal or pitch pine is the most suitable. Hardwood sawdust such as oak, ash or elm, should be avoided. Wood-dust is manufactured specially for this purpose; it is, however, more expensive.

Colouring matter of various shades can be used—red oxide of iron for red, yellow ochre for buff, oxide of manganese for black, yellow ochre and burnt sienna for brown colour.

The dry colours are mixed with the sawdust and magnesite in stronger shades than are ultimately desired as they will bleach on drying. The mixture is then wetted with the chloride and laid like cement.

To finish the floor, if the material is laid in two layers of a thickness of $\frac{3}{4}$ in. the first layer of $\frac{1}{4}$ in. can be laid without any colouring matter, and of a slightly weaker composition. When it is sufficiently set to be walked upon, and before it is hard, brush it over with the neat liquid to give a bite and lay on the remaining coat, trowelling off the surface with a very thin layer of magnesite and colouring matter only, without sawdust, well pressed into the face to close up the porous sawdust.

The approximate quantities for a 4 to 1 mixture are (1 cwt. of chloride liquefied yields 10 gallons, one of which when mixed with water and the other ingredients requires about 15 lb. of magnesite: Chloride $1\frac{1}{4}$ cwt., magnesite $1\frac{1}{4}$ cwt., sawdust 3 bags, red oxide $\frac{1}{4}$ cwt.). These quantities will cover 25 square yards $\frac{1}{4}$ in. thick. They cost respectively 14s. 3d., £1 2s. 1 $\frac{1}{4}$ d., 1s. 6d., 3s. 6d. That is £2 1s. 4 $\frac{1}{4}$ d. for 25 yards, or 1s. 8d. per yard for materials providing a thickness of $\frac{1}{4}$ in.

Vaucluse.

June 11.—Vaucluse, near Epinay-sur-Orge, was the last hospital on our programme. It is fifteen miles out of Paris and our driver had not previously made the journey. Our late arrival was much bewailed by our host, the Director, for it left insufficient time for a complete visit to the mental hospital and the mental

defectives colony before the elegant luncheon which the Committee had so generously provided in a manor house on the estate. This chateau retains many of the decorative features which adorned it in the eighteenth century.

Vaucluse is one of the older institutions, having been built sixty years ago. It stands on a terraced hill overlooking the valley in which is the farm colony for 250 mentally defective boys under the care of Dr. Simon, who, to our regret, was absent in Paris. The estate covers about 500 acres.

The accommodation of the asylum proper is 800 beds, 400 for each sex, but the number of patients provided for by the kitchen to-day is 1,260—including 270 boys in the Colony.

The wards are divided into rooms for 16 beds on the scale of 65 sq. ft. per bed. Along the south wall, as at Ste. Anne, there are wide stone verandahs overlooking pleasant though rather confined courts and gardens. The design of these wards, without interior corridors, provides for light and air, but the present overcrowding lessens these advantages.

Dangerous patients and some noisy ones are housed, as at Maison Blanche, in a separate building, with single rooms only, each having its own high-walled grassed yard, but owing to the slope of the ground, a fair view is obtained of the surrounding farm lands. Each single room has a w.c. in one corner, the flushing of which is controlled from the corridor.

This small block of nine rooms has three nurses during the day and one at night—a total staff of seven, including three chefs.

The entire staff of the institution, including 18 members of the administrative staff, is 419.

The chapel is now a cinema, where an entertainment is given every three weeks.

Although many of the organic cases are retained in the asylums nearer Paris, there was a considerable number of them at Vaucluse.

In one section—that of Dr. Genil Perrin—which contained 456 patients on January 1, there were 324 admitted during the previous year; 26 were discharged cured, and 68 relieved; 109 were transferred to provincial asylums, and 52 to other asylums of the Department of the Seine, and 8 were removed to foreign countries; 6 patients escaped, and 75 died, of whom 40 were cases of general paralysis of the insane, and 8 of tuberculosis.

In the general kitchen there are 5 cooks and 12 patients.

The kitchen copy of the menu, kindly given me by the Steward, contained the following:

ASILE DE VAUCLUSE.

Diet List for Tuesday, June 11, 1929.

	Early meal.	Second meal. Ordinary.	Third meal. Ordinary.
PATIENTS, 1,260:	Soupe aux lentilles	Mou et cœur en civet Macaroni Hne.	Soupe a l'oseille. Haricots rouges. Figues.
		Special. Panade aux œufs Macaroni Hne.	Special. Soupe a l'oseille. Purée de Haricots. Figues cuites.
PERSONNEL, 419:	Lait café	Saumon Mou et cœur en civet Pommes nouvelles Confitures	Saumon. Mou et cœur en civet. Haricots rouges. Mendiants.
INTERNES, 5:	Lait café	Saumon Mou et cœur en civet Pommes nouvelles Confitures Crème	Potage sauté. Bœuf braisé. Petits pois. Fromage. Mendiants.

The Nursing Staff in the Department of the Seine.

Until 1906 the training of nurses had for some time been modelled on the system of the general hospitals. Each asylum held courses of instruction, but the examiners belonged to the Asile Ste. Anne. The examination papers, distributed to the six institutions, were all sent to those headquarters for correction. One practical test only was included in the examination, namely on drugs, conducted by the senior dispenser at each asylum.

Experience has taught that the standard of education among the nurses was too low to display their knowledge in written papers.

After due consideration of special reports on the subject by Dr. Henri Colin, the Conseil-General approved of a new form of examination and a systematized course of instruction in :

1. Administration relating to—
 - (a) Public assistance in general, and in particular, its application to the insane.
 - (b) Asylums, admission, etc., patients' documents, reports, registers, relations with patients and doctors, medical and general services.
2. Anatomy, physiology and psychology.
3. Hygiene.

Air, water, food, drink, personal cleanliness, clothing, exercise, rest, quarters, special hygiene affecting the sick and those about them, the bed, disinfection, isolation, etc.
4. Sick nursing.

Surgical dressings, antiseptics, asepsis, accouchement, sterilization of instruments, preparation for surgical operations, care of the anæsthetized, care of patients' beds, of wounds, of scalds, of hæmorrhage. Hypodermic medication, thermometers (various). Counter-irritation. Venesection. Aspiration.

Apparatus for fractures, dislocations, catheterization. Various forms of lavage. Dressings, etc., for special organs.

Medical nursing, general and special, *e.g.*, respiratory, alimentary, cardiac, urinary, contagious.
5. Mental nursing.

Various clinical forms of disease and their particular requirements, *e.g.*, suicide, comatose states, epilepsy, etc.; duties on admission. first fortnight, escapes, deaths, toilet, baths, diversions, etc.
6. Pharmacy.

Various forms of external and internal medicaments.

Dangerous drugs. Urine testing.

In each of these subjects there are written and oral examinations, the maximum for the former being 180, and for the oral 120 marks. In addition a practical examination is held in hygiene and nursing, for which a maximum of 60 marks is given.

Many members of the female staff of the asylums are married; in some cases their husbands are also on the institution staff.

At Maison Blanche a crèche has been built for the children of the married nurses, too young to attend school.

Nurses' salaries are about 1,000 francs a month, which, at the current rate of exchange, is about £8.

In the Department of the Seine the interne (assistant medical officer) receives 12,000 to 14,000 francs a year, and the médecin en chef (or senior medical officer) 29,000 to 40,000 francs, or about £320 and quarters. He retires at the age of 65 on a pension of 75%.

In the provinces the doctors' salaries range from 28,000 to 36,000 francs.

Among the more striking impressions of the visit, which the courtesy of our colleagues in Paris enabled us to enjoy, may be summarized :

1. The single portal for all mental patients regarding whom the public authorities are obliged to take action.

The Infirmerie Spéciale, though unattractive and remote in appearance from a hospital, provides a brief isolation under trained observation, together with a complete individual dossier, always available. This observation is preliminary to one of several days at the clearing hospital of Ste. Anne.

2. As designed, the wards of all the asylums were pleasing, well lighted and ventilated and generous in space, but much encroached upon in some cases by the increasing call for beds.

A separate building composed of single-room accommodation for noisy and dangerous patients is a feature of French mental hospitals which for several reasons we should probably not desire to introduce, but single rooms with an exit to a garden, which have already been erected in Britain, are well worth repeating.

As in Holland, more risks are taken with glass, particularly in single-room doors.

The ward gardens of the older institutions, though pleasantly shaded with foliage and broad verandahs, are rather confined and lack an outlook.

3. Lay directorship does not seem calculated to encourage initiative in the medical or social welfare of the patients or a co-ordinated research on the pathological side.

The excellent industries provided for the criminal patients at Villejuif have not been extended to the ordinary wards, where there would appear to be scope for them as occupational therapy.

4. The midday and evening meals correspond largely to our patients' dinners, and to the amplified breakfasts of recent years.

Vegetables figure prominently in the soups, but potatoes are served only once a week. The meat ration is good and fruit was much in evidence. As anticipated in a country where skilled attention is universally given to the preparation of food, the dietary was well chosen and the meals free from any suggestion of stodginess.

5. Mental prophylaxis has taken a firm hold in Paris, and if the legislative measures proposed by Dr. Toulouse and Dr. Dupouy are adopted, will constitute the pivot of future activity. The mental hospital will be but one unit in the scheme, which includes dispensaries, laboratories and social services such as after-care. Detention under certificate will be reserved for dangerous patients who are unwilling to remain under treatment.

At the Hôpital Henri Rouselle the fact is appreciated that one does not get rid of insanity by calling it neurasthenia, and that provision has to be made for it, in some cases, in institutions of another type. One in four of the new patients attending the dispensary or hospital is passed on to one of the asylums of the Seine, but it is observed that the greater number of them are transferred on a basis, voluntary as far as the patient's family is concerned, and unaccompanied by the Prefect's order. In these cases discharge is much the same as in the case of private patients in England.

6. A further instance of the application of the idea of prophylaxis is to be seen in the work of the Patronage de l'Enfance, which, in a very complete way, overhauls the juvenile cases that are brought to its notice, and applies the most appropriate remedies within its extensive reach. These remedies include means for dealing with boys of normal or of defective intelligence.

In taking leave of our veteran host, M. le Directeur de l'Asile de Vacluse, our tour of the mental hospitals of the Department of the Seine reached its close. We had the company, back to Paris of Dr. Targowla, who had done so much for our comfort, and to him we are indebted for a thoroughly interesting programme.

Our good driver, however, less familiar with the lanes of Vacluse than with the streets of the capital, would have prolonged our journey but for a wide-awake member, who observed that we were presently following the sun and the direction of Orléans instead of turning our backs on both and heading for Paris, where there was little enough time to spare for our train from the Gare du Nord. It sufficed, however, for a sprint into the Louvre by another member who had set his mind on securing a copy of one of the most expressive statuettes which the sands of Egypt have yielded.

These notes on our tour would be incomplete without the intimation that the member who flew to Paris made the return journey in the company of his colleagues who adhered to less soaring modes of transport !
