

spinal column, which is regarded as unclean. The man who kills for Mohammedans should be one who prays five times daily, and he must utter a prayer at the time of slaughter. In general, all Mohammedans are meat eaters, but among Hindus the highest caste will not eat anything which necessitates the destruction of life.

As regards drinking-water, it is only necessary to say that separate drinking-water fountains for Mohammedans and Hindus are provided throughout the hospital.

Washing and bathing are very important duties for all Indians, and ample facilities have to be provided. In the hospital buildings there are no fewer than seventy specially constructed bathrooms, each accommodating several patients at a time, and having hot and cold water supplies laid on to overhead showers. When I tell you that an Indian must bathe the greater part of his body before each time of prayer, and that a good Mohammedan must pray five times daily, you will not perhaps be shocked to hear that the amount of water used in the hospital averages between sixty and seventy gallons per head per diem.

The manner in which water-closets have been constructed so as to be suited to the habits of Indians is an interesting sanitary feature which will be demonstrated this afternoon; and it will also be explained how use of stones and earth for cleansing purposes by some classes of Indians has necessitated special arrangements to prevent blocking of the drains leading to sewers.

For religious observances the Sikh Hindus have a house of prayer, in which their holy book or "Granth" is kept wrapped in silk under a canopy of gaily coloured cloth. Here a great crowd of Sikh patients assemble with bare feet each evening to listen to the reading of the book and to recite their prayers. For Mohammedans it was not possible to provide a stone building or room, because, if that had been done, it would for ever have had to remain a mosque belonging to the Mohammedan community. On the recommendation of the caste committee, the difficulty was overcome by constructing a temporary shelter or travellers' mosque, which can be removed at any time without offence to religious susceptibilities.

Finally, a word must be said about funeral arrangements. Mohammedans bury their dead, but among Hindus cremation is the rule. When a Mohammedan dies, his comrades prepare the body for burial, and it is then conveyed to the Mohammedan cemetery at Woking, where the funeral ceremonies are carried out under the

direction of the Mohammedan priest who resides there. Hindus who die are cremated by members of their own caste on a specially prepared site on the Downs at Patcham. The burning is done on a funeral pyre of wood logs in precisely the same manner and with the same ceremonies as would be performed in India.

### HOSPITAL TREATMENT OF PREVENTABLE CASES IN MENTAL DISORDER.

Dr. W. A. Chapple, M.P., writing in the *Lancet* on the need for hospital treatment of mental disorders, says that "the difficulty of getting alienists to address themselves to the real problem of the hospital treatment of preventable cases in mental disorder is one of policy—viz., the classification of mental cases into two great divisions, preventable on the one hand, and confirmed or dangerous on the other.

"To the alienist the ideal is to bring within his scope the whole field of mental disorder. Early and preventable cases inspire him. He is conscious of his service and power when such cases are brought to him for treatment. He ignores the very essential fact that to every case, whether early or late, which he treats in an asylum he adds the stigma of insanity: If it were not for this, there would be no problem to face. The question is, How can early and preventable cases be dealt with without branding the patient and saddling him with a disability that must remain with him for life, and even be handed down to his posterity? The popular test of insanity is commitment to an asylum. 'He has been in an asylum,' 'His mother was in an asylum,' 'His father was in an asylum,' are the popular phrases by which the stigma is expressed, and to this comment upon an inmate, however brief his detention may have been or trivial his mental disorder, there is no possible reply or explanation to satisfy the popular mind.

"It is already a notorious fact that a far larger proportion of our soldiers in the field are suffering from nerve-wrack and mental shock than in any preceding war. It is equally notorious, happily, that these symptoms are generally temporary and capable of complete removal by appropriate treatment. It would be a cruel wrong to brand any recoverable case with the stigma to which I have referred, and, in addition, to weaken his chance of employment in the future. Now the problem before the War Office is how to treat these soldiers without contact, either in appearance or in reality, with any institution associated with

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