

Dr. G. N. Bartlett was appointed Hon. Divisional Secretary.

Drs. Norman Lavers and G. S. Pope were elected as Representative Members of Council.

Drs. Aveline and J. M. Rutherford were elected as Members of the Committee of Management.

The Autumn Meeting was fixed for Friday, October 27th, 1916, the place of meeting being left to the Hon. Secretary, and the Spring Meeting for Friday, April 27th, 1917.

The members present alluded to the loss sustained by the Division in the recent death of Dr. C. S. Morrison, and it was proposed that the Hon. Secretary be requested to convey their sympathies to Mrs. Morrison.

NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Northern and Midland Division was held, at the kind invitation of Dr. Hamilton Grills, at the County Asylum, Chester, on Thursday, April 27th, 1916. Dr. Hamilton Grills presided.

The following seven members were present: Drs. H. Dove Cormac, Graeme Dickson, G. Hamilton Grills, C. H. Gwynn, R. W. Dale Hewson, S. Rutherford Macphail, T. Stewart Adair.

Apologies were received from various members who were unable to be present.

The minutes of the last meeting were read and confirmed.

Dr. T. Stewart Adair was unanimously re-elected Secretary for the ensuing twelve months.

Owing to the membership of the Division having fallen below 150, two Representative Members only can be elected to the Council. Dr. J. R. Gilmour and Dr. D. Hunter were unanimously re-elected, Dr. J. W. Geddes having withdrawn his name.

The kind invitations of Col. Vincent, to hold the Autumn Meeting, 1916, at the Wharnccliffe War Hospital (Wadsley Asylum), Sheffield, and of Dr. H. Dove Cormac, to hold the Spring Meeting, 1917, at the Cheshire County Asylum, Macclesfield, were cordially accepted. The dates were left to the Secretary to arrange.

Dr. Power, Senior Medical Officer, County Asylum, Chester, was proposed by Dr. Cormac as a Member, and duly seconded. The Secretary stated that this would be put through the Association in the usual way.

An interesting display of various articles of restraint used in the asylum, apparently prior to 1840, was made by Dr. Grills, who gave a short description of them. They included leather appliances for securing various parts of the body, leather gloves with and without handcuffs, iron belts, etc. An informal chat followed on the present difficulty of obtaining male staff, on the employment of female staff in male wards, and other subjects of administrative interest.

A cordial vote of thanks was accorded Dr. Grills for his kind hospitality.

ASYLUM WORKERS' ASSOCIATION.

ANNUAL MEETING.

THE Annual Meeting of the Asylum Workers' Association was held on May 17th at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, the President (Sir John Jardine, Bart., M.P.) in the chair.

ANNUAL REPORT, 1915 (Abridged).

The Central Executive Committee, in submitting their Annual Report for 1915, are proud to be able to record the fact that the response of members of asylum staffs to the call of King and Country has been such as to have been unexcelled in numerical proportion by that of bodies of workers in any other professions or occupations. It was estimated in May last that considerably more than 2,000 attendants in asylums in England and Wales had joined the colours, as well as numerous clerks, artisans, etc. Since that time the numbers have been added to continually, and in many instances practically all the remaining workers of military

age under the various Asylum Authorities have presented themselves for attestation under Lord Derby's scheme. This regular and systematic denudation of staffs since the outbreak of the war has, of necessity, thrown a considerable burden on those remaining in charge of the patients, which has only in part been relieved by the provision of temporary attendants of over military age or otherwise ineligible for service. Numerous nurses have joined the Red Cross, but, speaking generally, the female sides of asylums have not been affected to anything like the same extent as the male sides. Nevertheless, the Central Executive Committee feel that they cannot speak too highly of the self-sacrifice and devotion to duty which on all hands have been displayed by asylum nurses during the present times of stress and anxiety. Several asylums in Great Britain have been converted into war hospitals, and many of the attendants and nurses have been retained for military service; the former enlisting as orderlies in the R.A.M.C., and the latter becoming nurse probationers. The admirable manner in which these have acquitted themselves in their various spheres of work, and the rapidity with which they adapted themselves to the novel conditions, are striking evidences of the efficiency of the training of modern asylum staffs.

The distribution of the former inmates of these war hospitals amongst neighbouring asylums has in many instances added considerably to the already heavy burden imposed upon the officers and staffs responsible for their care and general welfare.

The matter of the position of asylum officers on active service with relation to the Superannuation Act, which was fully discussed in the Annual Report for 1914, continued to engage the attention of the Central Executive Committee during the early months of the year under review, and it gives them much satisfaction to be able to report that Asylum Authorities in England and Wales have, as far as it has been possible to ascertain, made satisfactory provision for the safeguarding of members of their staffs serving with the forces, in this important respect. Twenty of these authorities have passed resolutions in accordance with the suggestions contained in the Association's circular letter of November, 1914, *vis.*, "That for purposes of pensions years be added to the period of service of such officers, corresponding to the time spent on active service with H.M. forces, under Section 2(3) of the Superannuation Act." In the majority of cases it appears that the alternative course agreed to by the Home Secretary (that of treating active service during the present war as part of their officers' asylum service, and pensionable under the Act) has been adopted. It is possible that after the war certain unforeseen difficulties may become apparent, and for these a solution may be found by the insertion of a special section into the Asylum Officers' Superannuation Act (Amendment) Bill.

The question of the employment of female nurses in the male wards of asylums has on more than one occasion engaged the attention of the Central Executive Committee, who did not consider that the matter was one calling for any resolution or definite expression of opinion on their part. They have, however, encouraged discussion on the subject in the columns of the *Asylum News*.

The Central Executive Committee cannot conclude this report without expressing their indebtedness to Dr. J. Farquharson Powell for his most efficient conduct of the business of the Association as Hon. Secretary. Notwithstanding the increasingly onerous duties of his official position consequent on the war, he has found time not only to act as Secretary but to carry out, with marked ability, the editing of the *Asylum News*, and in both capacities he has earned the grateful appreciation of the Association.

The PRESIDENT, in moving the adoption of the report, said: We have a smaller attendance to-day than we have been used to at these annual gatherings, but I think that the letters of apology for the absence of many distinguished, capable, experienced, and sympathetic men show that if it were not for the extra labour that the war has cast upon nearly everybody we should probably have had a large and distinguished meeting this afternoon. All who know the high purposes of this Association will be pleased to learn that while this country is being assailed by powerful kings and their armies our small population of asylum workers had given more than 2,000 men to the forces last May, and since then a great many more have gone. In many asylums, therefore, the work is being carried on with new staffs. Moreover, many of the medical officers have accepted commissions, and,

like the asylum workers, are now serving the Crown in a way that very few people are able to do—by the application of their own special medical knowledge and experience. The next point has reference to the Superannuation Act. You will see from the report that arrangements have been made to prevent the Superannuation Act from being in any way worked to the injury of those who have gone to the Army or Navy. As for the finance of our Association, it is in a better condition than might have been expected when so many people have gone to the war, and so many calls are being made upon everybody. Taking the report altogether I think we may adopt it with satisfaction. Much is due to the exertions of our officers. (Hear, hear.) We may congratulate them on the way in which the *Asylum News* has been kept going, and on the fact that to a certain extent we have got Dr. Shuttleworth into harness again. (Hear, hear.) There are things that we cannot do without his help.

Lieut.-Colonel THOMSON, R.A.M.C., in seconding the motion, said it was very deplorable that the Executive Committee had found it necessary to limit the *Asylum News* to quarterly instead of monthly issues. The membership of the Association was not quite satisfactory. Compared with that of other organisations it might be regarded as fair, but he thought it could be improved. The people at headquarters had done admirably, but more interest and energy put forth locally might produce good results. (Hear, hear.) Perhaps he might offer a useful hint. The Norfolk County Asylum, of which he had charge, had been converted into a military hospital. Frequent entertainments for all kinds of objects were got up there, and it occurred to him that the asylum people themselves were not unworthy objects. He got the new-comers interested in the subject, and he was glad to say that two little entertainments yielded without the least difficulty £10. He did not think it was laid down clearly enough that the phrase "asylum workers" in connection with the Association included artisans and everybody else, and that all were invited to become members. (Hear, hear.)

Sir JAMES CRICHTON-BROWNE, in the course of his remarks when proposing the re-election of Sir John Jardine as President, after paying a fitting and well-merited tribute to the valuable services Sir John had rendered to the Association, made the following reference to German ideas and methods: It is too soon to speculate what may be the ultimate effects of this war on medical psychology in this country, but there is one effect that is already certain, and that is that it will explode and utterly demolish the spurious deference and respect hitherto bestowed on German teachings and methods. Our young medical psychologists have been wont to hurry off to Berlin, Leipzig, or Vienna, to sit at the feet of some supposed pundit in mental and nervous pathology. Our journals have been full of translations from the German, and we have been plied with adulations of German wisdom. There will be no more of that. I say deliberately that in our department we have nothing to learn from the Hun, that in his treatment of the insane are to be seen traces of the inherent brutality of his nature, and that what has been extolled as German psychological wisdom has been like German sausage, a confused mass of very dubious and indigestible ingredients. (Laughter.) As regards the modern humane treatment of the insane, there is absolutely nothing for which we have to thank Germany. It is France, beginning with Pinel, and England, beginning with Conolly, that have led the way in that matter, and introduced every amelioration. Germany has lagged shamefully behind. As late as 1855 that most cruel invention, the circular swing, by which unhappy patients were whirled round with enormous velocity, until they were seized with sickness and vomiting, and often fainted away in a state of terror—an invention discarded in this country one hundred years ago—was in constant use; and as late as 1871—that is to say, less than fifty years ago—in most German asylums was to be seen the high collar round the throat, used to prevent the patient moving his head, heavy chairs in which patients were securely tied down, stocks in which their feet were held fast, the cuirasse, or leather jacket of stout ox-hide, with sleeves and gloves of the same material, and leather buckles and masks that were strapped over the face and gagged the mouth to prevent screaming. At that time brutality reigned supreme in the so-called lunatic hospitals of Germany; and only a few years ago I saw the strait-waistcoat in free use in a German asylum, and other devices which I could not but condemn. Those who have read the accounts of what took place at the camp at Wittenberg, that den of cowardice and cruelty—(hear, hear)—will not

doubt that inhumanity still lingers in German asylums. There is a vein of hardness and cruelty in the German character that has vitiated their treatment of the mentally afflicted. I have heard of deputations of governors of asylums in this country going to visit asylums in Germany in order to pick up new and useful ideas in the treatment of the insane. They might just as well have stayed at home, except that they might obtain hints as to what to avoid. The arrangements for clinical teaching and scientific investigation in German asylums are superior, and the organisation of the lunacy system is good, for it is in organisation that the Germans excel, but in all that concerns the humane treatment of the patients German asylums are behind the age. One feels in them at once an atmosphere that is different from what prevails in our asylums—a coldness, a severity, an indifference to human suffering that is revolting; and as regards German asylum officers, I would say that they show a coarseness and callousness that painfully contrast with the urbanity and sympathy we are accustomed to here. They largely regard their patients as more or less interesting specimens, but lose sight of their sentiency and sorrows. It would be inappropriate that I should discuss here the recent additions to medico-psychological science in this country derived from Germany. Psycho-analysis the most notable of these is called—"prurio-analysis," I should be inclined to call it—a slimy, useless, and offensive agitation of human sludge. I confess I turn with disgust from the German text-books, such as those of Kraft-Ebbing and Freud—the former was a favourite study of Oscar Wilde—and thank God for the clarity, the directness, the practical cleanness, and common-sense of our nature-grown medical psychology. (Cheers.)

Dr. G. E. SHUTTLEWORTH, seconding the motion, said that nobody knew better than himself the many excellent qualities which had made Sir John Jardine a tower of strength to the Association. As he (Dr. Shuttleworth) was Hon. Secretary when the President accepted office, he could testify that in season and out of season he was always accessible for advice and assistance about anything likely to benefit asylum workers. Sir John Jardine had a greater part than was generally known in the passing of the Asylums Officers' Superannuation Act of 1909. He was what might be called chief lieutenant to Sir William Collins, President of the Association at the time, who successfully passed the Bill, which Sir John backed. Indeed, priority in desiring such a measure might perhaps be given to Sir John, for he had actually brought in a Scottish Bill on the subject, but he was good enough to hand over his position to Sir William Collins, and amalgamate his proposals with those of the latter in a comprehensive Bill for the whole kingdom. People were apt to think the Act of 1909 was the end of legislation in connection with superannuation, but it was nothing of the kind. Sir John Jardine had introduced into the House of Commons an amending Bill to establish desirable points which in 1909 were dropped in order to secure the passage of that year's measure. (Hear, hear.) These points related to the age qualification for superannuation and other matters. They held that twenty-five years' service should be enough to qualify for superannuation in the case of women, whatever their age. They would like to have the same thing for men, but were told that in this case they were sure to be refused superannuation, on grounds of precedence, before the age of fifty. If Sir John Jardine could secure these two points for them—not to mention others—they would think themselves lucky to have retained him as their President. (Hear, hear.) He (Dr. Shuttleworth) had that morning come across an original prospectus of the Association. He was not the first Secretary, though some people thought he was. Dr. Harding, of Northampton Asylum, and afterwards Dr. Walmsley, of Darenth, preceded him. The founders were Miss Honnor Morten (now deceased), of nursing fame, and Miss Laura Evans, then Matron of the Northampton Asylum. The Association had ever been lucky in its *personnel*. It was attaining its majority this year, and during the twenty-one years had had five eminent Presidents. The first was Sir Benjamin Ward Richardson. Then came Sir James Crichton-Browne (whom they were proud to see with them to-day). After him the presidency was held successively by Sir John Batty Tuke and by Sir William Collins. Now they had Sir John Jardine, and he did not know that any society could have been more fortunate in securing a succession of such able and distinguished Presidents. (Hear, hear.) The Association's first circular calculated that there ought to be at least 5,000 members, in order to secure satisfactory working. Something like that number was obtained while the work of promoting

the Superannuation Act of 1909 was going on, but as soon as the measure became law the membership fell. People thought they had got what they wanted, and they probably asked why, in that case, they should continue to pay subscriptions. That looked rather like proverbially short-lived gratitude, but he hoped asylum workers would realise the necessity for renewed effort, and that the membership would again increase in view of the need of still further improving the position of asylum employees of all classes in relation to superannuation by vigorously pressing on Sir John's new Bill as soon as opportunity occurred. There was a new direction in which he hoped to see the members of the Association multiplying. Under the Mental Deficiency Act, 1913, many new institutions were being organised and brought under the supervision of the Board of Control, and there would be more still when at length peace arrived. It would be incumbent on people employed in the care of the mentally deficient to be as well equipped as those in the service of the insane. The Board of Control had issued a circular stating that they intended to take account of the qualifications of persons employed in connection with mental deficiency cases. Some who belonged to the Asylum Workers' Association had practical knowledge of the care of the mentally deficient, and would be glad to enrol in the Association persons engaged in that work and to look after their interests, which were akin to those of asylum workers generally. He hoped that the Medico-Psychological Association would be willing to lend a hand in the special training necessary for this class of workers. (Hear, hear.) At present between eighty and ninety institutions, large and small, were recognised by the Board of Control, but the number would probably be doubled eventually, and then there would be a considerable recruiting ground for the Association. (Hear, hear.) He wished to say, before sitting down, how fortunate he had been personally in finding so able a successor in the hon. secretaryship as Dr. Farquharson Powell, whose proved tact, ability, and industry had ensured success in the work he had so generously undertaken both as Secretary and Editor. The Association possessed another able official (with the advantage of lengthened experience) in Mr. Wilson, who assisted Dr. Powell, and if anything were needed to make the satisfactory condition of the secretaryship complete it would be found in the fact that these two worked most admirably and efficiently together. (Cheers.)

The re-election of the President was carried by acclamation.

THE following appeared in the April number of *The American Journal of Insanity*:

"HOSPITAL 'PREPAREDNESS' IN ENGLAND.

"Not the least of the many lessons taught by the European war is the importance of taking stock of the provision for sick and wounded soldiers and sailors in preparing for a sudden emergency. This feature of preparedness is brought out in striking and most interesting fashion by the address of Lieut.-Col. D. G. Thomson, M.D., President of the British Medico-Psychological Association, who, as officer-in-charge of the Norfolk War Hospital, took this year as his theme 'The Conversion of a County Asylum into a War Hospital for Sick and Wounded.'⁽¹⁾

"At the outbreak of the war it was thought, not unnaturally, that in a maritime nation like Great Britain there would be great naval engagements involving the landing on the North Sea coast of a vast number of sick and wounded men, whereas the naval hospitals were situated far away on the south coast. With this idea in mind, Norfolk, being the nearest point to German naval bases, offered as early as August 5th, 1914, to furnish the Admiralty 100 beds and to erect tents for 150 more in the Norfolk and Norwich Hospital. This offer not having been accepted, it was transferred later to the War Office, and on October 17th the first convoy of 100 sick and wounded men arrived. In the same month occurred the battles of the Marne and Aisne, which, in view of probable requirements, suggested inquiry as to facilities for treating the wounded in asylums. Thereupon, on November 23rd, the Norfolk County Asylum offered 100 beds. Towards the end of January, 1915, the War Office, when the impression obtained that the Allies contemplated an advance against the enemy in spring, invoked provision for 50,000 beds, of which number the Board of Control requisitioned for 15,000 in

(¹) *Journal of Mental Science*, January, 1916.

asylums. The plan was that certain county and borough asylums near large towns should be handed over to the War Office. Dr. Thomson describes how this herculean task was accomplished, and, despite his great modesty, one cannot fail to see with how great patriotism and efficiency the upheaval was met, and the extraordinary service rendered. It would carry us too far to go into the details of conversion in the twelve hospitals upon which the War Office levied. Briefly, the scheme involved the division of the whole asylum system into groups, and when one of the institutions had been selected for war purposes, its patients were distributed among the other members of the group, or otherwise provided for. At first there was an unreasoning outcry of prejudice and ignorance in the press about the 'outrage' of turning over the sick and wounded to 'lunatic asylums,' which was soon stilled, however, when the propriety and potential adequateness of the provision were appreciated. The readaptation of the buildings themselves presented no serious difficulties. Contrary to expectation, there was very little friction between the former mental nurses and the hospital-trained newcomers. The men who had been trained as asylum attendants won great praise as orderlies. The conduct of the patients was excellent on the whole, and there was no trouble as to discipline. Dr. Thomson attributes the general contentment to the ample and well-cooked food, the careful planning of occupation and amusements, and the reduction to the minimum of all unnecessary restrictions on their liberty. In the discussion which followed the address it appeared that minor changes in structural arrangements and in method have been effected such as will endure to the permanent benefit of the insane. Mention was made, for instance, of better ventilation by departing from the 'asylum' type of window, of handles on the room doors, and of other like modern innovations which the converted war hospital has brought in its wake. No one can read the address without being greatly impressed with the magnificent spirit and thoroughness with which the work was carried through. Dr. Thomson pays a high tribute to Dr. Marriott Cooke and Dr. Hubert Bond, Lunacy Commissioners, but it is easy enough to read between the lines that the President of the British Medico-Psychological Association has himself been *magna pars* in the performance of a great work of reorganisation. The Journal salutes the Lieutenant-Colonel."

[While thoroughly endorsing the generous appreciation of the President's work by our Transatlantic friends, as conveyed in the above, we feel that it would be unfair (and Colonel Thomson would probably be the first to deprecate the omission) to make no mention of the Medical Superintendents of other asylums who have been called upon to perform a similar task, and who have carried it out with equally signal success. The country owes them an enormous debt for their skilful and untiring efforts towards providing cheery and comfortable homes for the temporary residence of our wounded, where their prospects of recovery are probably brighter than they would be in almost any other surroundings. We salute them, one and all.—Ed. J.M.S.]

EXAMINATION FOR NURSING CERTIFICATE, MAY, 1916.

PRELIMINARY EXAMINATION, MAY, 1916.

List of Questions.

1. What is the position of the heart? Describe shortly its structure and the course of the blood through it.
2. What are the chief symptoms of carbolic acid poisoning? If a patient drinks a quantity of carbolic lotion, what would you do?
3. What is the difference between fracture and dislocation? What signs would make you think a patient had a dislocated shoulder joint? How would you render aid in such a case to enable the patient to get home?
4. What is the composition of the blood? What are the differences between arterial and venous blood? How would you distinguish between bleeding from an artery and from a vein?
5. What are the functions of the kidneys? State generally the composition of the urine.

6. To what danger is a patient exposed who sustains an open wound? How can these dangers be counteracted?
7. What are the uses of respiration? Explain its mechanism.
8. What are the varieties of bones? Give an example of each.

FINAL EXAMINATION.

List of Questions.

1. Describe a case of Acute Delirious Mania which has come under your own observation. What are the general lines of management of such an illness?
2. Give a short description of a Neurone.
3. What do you understand by an Emotion? What disorders of the Emotions are met with in Mental Diseases?
4. Describe fully the nursing of a case of Phthisis (Consumption).
5. A person is found unconscious. What causes might produce this condition, and how would you distinguish between these?
6. Describe minutely the steps you would take to clean and sterilise the various types of catheters immediately before and after use.
7. What is Dropsy? How would you recognise it, and in what parts of the body is it usually found?
8. What are "Stigmata of Degeneration"? Describe some examples you may have seen.

EXAMINATION FOR NURSING CERTIFICATE.

FINAL EXAMINATION.

- Abergavenny.*—Sidney Barton, Thomas Jenkins.
Chester, Upton.—Mary C. Roberts,* Alice Knowles, Ivy B. Wynde, Elizabeth A. Cadwell.*
Denbigh.—Thomas Hughes, Myfanwy Lloyd,* Lizzie J. Williams, Lizzie B. Jones.
Essex, Brentwood.—Lily Morrell, Martha Crowe.
Glamorgan.—Bessie James, Beatrice M. Evans,* Albert G. Lang, Ernest R. Salisbury, George W. Bryant, Mary Williams,* Sarah A. Rees, Hugh E. Parry, Percy Parry, Edith Hopkin.
Isle of Wight.—Ella H. Yelder,* Margaret M. Jones, Eleanor Barratt.
Kent County, Maidstone.—Mona Jarrett,* Millicent V. Platt, Amy E. Smith, Evan M. Vinehill, Ada Chambers, Edith M. Nuttall, Ethel Webb, Emily J. Hursell.
Hanwell.—Constance E. Stephenson, Minnie J. Mallion.
Long Grove.—Catherine M. Erskine, Augustus F. Waylan, David I. Duke.
Colney Hatch.—Dorothy M. Bettridge, Emma Marshall, Charlotte M. Corfield, Margaret Stephenson,* Julia Scanlan.
Claybury.—Susan Harkin, Mary Hughes, Jenny Edwards, Mary Griffin, Nellie Williams, Florence R. Jordan,* Eliza E. Dugate, Laura L. Reeve.
Cane Hill.—Laura Pollard, Constance Stainer, Rossannah Marsh, Kate L. Robinson, Emily E. Illman, Adaline F. Wing, Florence E. Rogers, Florence E. Couchman.
Banstead.—Jane Barrow, Dorothy A. Fox, Edith M. Mallion, Ethel M. Wright, Nellie Hill, Margaret M. Dalton, Agnes A. Anderson, Mabel E. Bywater.
Caterham.—Mary A. Williams, Ethel F. Hobbs, Dinah F. Williams.
Leavesden.—Thomas H. Grundy, Ethel M. Webb, Kate Yelverton, Cecilia E. Mayes.
Shrewsbury.—Mary A. C. Harrison, Charlotte Evans.
Staffs., Cheddleton.—Bridgid Farrelly, Joanna J. Fitzgerald.
Burntwood.—Percy Nutt.
West Sussex.—Adeline Spiegelhalter, Frank Mayo, Harriet Arnold, Annie Stubbs.
Hayward's Heath.—Madge Hunter,* Maud C. V. K. Martin, Annie G. E. Hoxey.