

Occasional Notes.

The Annual Meeting of the Medico-Psychological Association.

THE Fifty-eighth Annual Meeting, held in London under the presidency of Dr. Beveridge Spence, gave ample evidence of the increasing importance of the Association not only in regard to administrative concerns, which have always been handled with the practical skill of Britons, but also in regard to scientific work which year by year advances our knowledge and extends the domain of mental medicine.

It was confidently expected that Dr. Beveridge Spence would address the meeting with words of wise moderation and characteristic good sense. His life-work has been to place Burntwood Asylum in the forefront of institutions devoted to the care and treatment of the insane. That widely recognised and well-merited position has not been attained without years of right thinking and high endeavour; and the reflection of his character and purpose shines through the sober eloquence of his presidential address.

Founding on the latest results of scientific investigations Dr. Beveridge Spence proceeded to develop arguments for the better accommodation of the insane suffering from phthisis, and made the suggestion that a Committee should be formed to indicate the position of the Association in reference to this important question. We trust that this will not be lost sight of in the numerous details of our present activities.

The Association has now received the Prize Essay on "Phthisis in Asylums," by Dr. F. G. Crookshank, and his admirable presentation of the facts and arguments imperatively demanding our attention forcibly emphasises the Presidential proposition. We bear in mind that the Association approved of the method of collective investigation by a committee of its members, and it would lead to well-considered action were that committee to gather and tabulate the information which is now lying hidden in asylum case-books and the uncommunicated experience of asylum physicians. Our department of medicine could not be better represented on the Committee of the

National Association for the Prevention of Tuberculosis, which is honoured by the presidency of the Prince of Wales. Sir James Crichton-Browne has for years pressed this subject upon the public attention with all his ability and all his eloquence. It is for us to strengthen his position by the careful presentation of our reasoned opinions.

Naturally Dr. Beveridge Spence was not forgetful of the great changes which have occurred in the nursing of the insane in recent years. His address constitutes an historical document in the record of that humane enterprise. It is a far cry to the lectures given by the late Dr. W. A. F. Browne to the attendants in the Dumfries Asylum in the year 1854. It is even a somewhat ancient reference to the inspiring ideas of Dr. Clouston and Dr. Campbell Clark, which resulted in the production of the *Attendant's Handbook* in 1885. Much progress has been made since then—more, indeed, than the most sanguine dared to hope. And to none is honour more justly due than to our President, who, by his assiduous and efficient guidance, has piloted the untried craft through unknown seas, and now resigns his command, leaving the vessel trim and ship-shape to continue her prosperous voyage.

We feel assured that our readers will adequately appreciate Dr. Mott's address on the "Relations between Syphilis and General Paralysis of the Insane." His labours have placed the subject in a new and searching light, and by those who have maintained the opinion that syphilis is largely the cause of general paralysis Dr. Mott's conclusions will be specially appreciated.

It is unfortunate in some respects that Dr. Stoddart's elaborate inquiry into anæsthesia in the insane was not discussed, owing to the short time at the disposal of the meeting. That can be remedied by a perusal of his paper as published in this number of the JOURNAL, and consideration of it at the next general meeting; but it is far from encouraging when a summary of elaborate observations extending over years of study is presented to an attenuated and languid assembly. It will become a question whether the strictly scientific work of our annual gathering should not be produced in the earlier part of each day, leaving the afternoons free, or perhaps partly occupied with the work of committees, which ever assumes larger proportions as the years roll on.

Practical details of asylum administration were duly considered, especially in a discussion on night nursing in asylums, initiated by Dr. Middlemass and Dr. Elkins. It has been widely recognised that the efficient care of patients at night is an important part of treatment. Long ago Dr. Yellowlees, convinced of the apparent inadequacy of former arrangements, redressed the want of balance between the night and day staff. Mr. Rooke Ley's ideal of permitting the day staff to leave the wards during the hours of night, and of replacing tired nurses with a night staff strong enough for all emergencies, and properly housed during their hours of repose, is also well known. The experiment of Dr. Savage at Bethlem, permitting suicidal patients to sleep in single rooms with open doors, was also noteworthy. Now the latest results of experience at Sunderland have been presented. In so far as the individual treatment of each case is concerned, we have no doubt that the more personal and the more continuous nursing is the better, both by day and night. But it is always a danger in the development of ideas that an extreme position may be held, while dangers are minimised. It may be generally conceded that the demented class, which constitutes the great majority of our asylum population, is less sensitive to discomfort than normal mankind, so much so that we have heard Dr. Whitcombe declare that a night alarm of fire and the presence of the asylum brigade apparently failed to disturb the patients in a large observation dormitory. That was a very striking anticipation of Dr. Middlemass's experience. But we hold that in the case of the sensitive, nervous, curable patient sleep is often a very real necessity, and that the dormitory is therefore often in a high degree unsuitable. Dr. Middlemass declares for the adoption of general hospital methods (always exclusive of the delirium tremens ward, we suppose), for the approximation of asylum methods to the surroundings of home. We should be surprised to hear of the treatment of meningitis in the general wards if side rooms were available; and we would regret to believe that the dormitory system is in accordance with the habits and desires of the decent poor who have to enter asylums to live *coram publico* by day and by night. The whole tendency of modern methods is towards the individual treatment of each particular patient. Dr. Middlemass and Dr. Elkins have shown how much can be done by individual care continued by night instead of being intermitted on the

approach of bedtime. We feel that in their enthusiasm for excellent results they have gone too far in suggesting that single rooms should be still more limited in number, even although they may cite the high authority of Dr. Bevan Lewis in holding that seclusion tends to foster hallucinations. The unreasoning mania of epilepsy, the monotonous verbigeration of the idiot, the long-winded orations of the general paralytic, even the stertorous breathing of the apoplectic, are surely out of place in dormitories where some poor soul may be struggling for sleep and sanity. And, after all, it is the poor soul that is our chief concern. In aggregates of humanity—waifs and strays, wrecks and derelicts—crowding the wards of every asylum, that must never be lost sight of. Fill a dormitory with irresponsive demented and nurse them *en bloc*, but find a place of quiet repose for such as sorely need it, although the rest gained may be but scanty, in the intervals of mental tumult.

We have referred to these events in the development of night nursing as indicative of the tendency of general experience and general opinion. It is a very modern conception. "Sairey Gamp" was exuberant not so very long ago. She has been improved out of general hospitals and asylums for the insane *pari passu*, and her departure has been hastened by the rapidly increasing prosperity of the country, the higher standard of comfort, the keener sense of our duty to the afflicted.

In a similar manner the construction of asylums has been modified, until we stand face to face with the proposal that separate buildings of moderate size should be preferred to cumbrous barracks. We have been travelling along that road ever since Sir John Bucknill showed how certain cases might best be housed in cottages; since the veteran Dr. Brushfield, in the early days of his career as a medical superintendent, designed a separate ward at the Chester Asylum—a ward which is still regarded as most efficient for its purpose. Now it must be decided what sizes of houses and what relations of blocks are best fitted for the practical requirements of our climate and rigorous supervision; while Dr. Middlemass and Dr. Elkins carry the question a step further, and invite us to declare that the sleeping rooms in these houses should be associated dormitories with but few exceptions.

The business of the meeting in other directions was transacted

with reasonable despatch ; but, as we have already indicated, the limited time at disposal does not allow of that full discussion and exchange of ideas which is so desirable on occasions of such importance. The alterations in the regulations affecting the nursing examinations will no doubt meet with general approval, and we trust that there will be no difficulty in arranging the examinations due in November.

In closing this brief note on the annual meeting we heartily re-echo the President's words in thanking the officers of the Association who did so much to render it a success ; and we cannot but express the hope that the high level of success then reached will be maintained in the future.

Asylums in India.

It is just two years since the attention of the Association was directed to the condition of Indian asylums and the defects in their management. Since that time the subject has not been lost sight of, and it is now most gratifying to find that the Government of India has taken it seriously in hand. It was a fortunate occurrence that before Lord Curzon left England to assume his duties as Viceroy the requirements of Indian asylums were brought under his notice. He promised to look into the matter immediately on his arrival in India. Through a mutual friend Dr. McDowall was able to bring his presidential address under the notice of Lord Curzon. Whether owing to that fact or not, we now see the beginning of the reforms so urgently required.

Surgeon-General Harvey, Director-General of the Indian Medical Service, has lately been on short leave in England, and he was good enough to communicate to Dr. McDowall by letter, and also by a brief statement at the recent meeting of the Psychological Section at Portsmouth, the intentions of the Indian Government as to their asylums. It is proposed to establish a Psychological Department composed of men who have had experience in the treatment of mental disease and in asylum management. Although they will enter the Indian Medical Service in the usual way by competition, and will remain members of the medical staff of the army, arrangements