two extremes. He had tried to present one side of the subject, and there would be many to put the other side. Perhaps they would put it so strongly that he would not be able to resist the evidences brought against him. He again thanked all most heartily for the interest shown in his address.

Hospital Ideals in the Care of the Insane: a Statement of Certain Methods in Use at the Stirling District Asylum, Larbert. By GEORGE M. ROBERTSON, M.B., F.R.C.P.Edin., Medical Superintendent.

PRELIMINARY.

BEFORE giving a description of the particular methods of caring for the insane in use here, to which attention is to be drawn, I consider a statement of the general principles underlying these methods a necessary preliminary, in order to place the reader in touch, if not in sympathy, with my motives, and to enlighten him as to my objects.

The dominating principle is the desire to make the asylum a medical institution, worked on the same medical principles and with the same nursing ideals as our great general hospitals, which are acknowledged to be the most perfect result of modern humanitarianism and medical science.

To give full effect to this *dominating principle*, there are not only many things to be done in our asylums, but much to be undone, for asylum treatment of the insane, to its great misfortune, has a "past." No doubt its most repulsive horrors—chains, cruel violence, and systematic neglect,—have gone, never more to return, but much of the past is not dead; traditional ideas of dealing with the insane still exist, handed down from one generation to another, and the acceptance of the modern principles of non-restraint, humanity, and medical ideals in the treatment of the insane by the medical officers, and the best class of attendants and nurses, has not abolished traditional practices among the general mass of asylum officials. We have assumed too readily that the mass was leavened with these ideas, the pinch of which we never, but they constantly, feel; we have flattered ourselves much too soon that by our efforts the insane had become emancipated.

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Prison Features and Defective Care at Night.

The asylum, only yesterday as time goes, traced its origin to the old Tolbooth, and neither in its construction nor in its administration has it yet emancipated itself from the prison and from prison life. The practice of building numerous cells, which we have recently re-christened with the more pleasant name of "single rooms," is directly adopted from its prison prototype. The practice of confining patients in these cells by day, which is steadily being abolished, and by night, which is in process of reduction, is also a relic of this origin. If, however, we are to live up to the hospital ideal I have laid down, we must determine to reduce compulsory incarceration, by night as well as by day, to the same extent as mechanical restraint has been reduced in asylums, that is, practically abolished, and only used in most exceptional cases. Instead of a lock and key and shuttered cell, we must adopt the strictly medical methods of continuous personal supervision at night by employing one or more nurses or attendants in all cases showing active symptoms. If insanity be a disease, it must be treated in a medical spirit, and it must be treated at night not by incarceration, but by personal supervision, and with as efficient supervision as by day. It is, then, a first necessity to increase the night staff in asylums. In the past the want of this staff has interfered most materially with the welfare of our patients, and as compared with hospitals we are, with respect to night supervision and treatment, most shamefully behindhand. The "abuse of single rooms" resulting from this, to which Dr. Elkins in particular has directed attention, can only in this manner be abolished, a reform in asylum administration which, in my deliberate opinion, ranks in importance with those associated with the names of Pinel, Tuke, and Connolly.

Roughness.

There are, however, other practices in asylums, also inherited from the past, which are more difficult to eradicate. That violence is habitually practised towards the insane in asylums we all know is certainly not the case, though the fact that brutal

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assaults are occasionally committed cannot be denied in the face of the evidence that exists. But short of this, my information and experience have convinced me that a great deal of unnecessary force or roughness, not amounting to actual violence, is employed. This only rarely culminates in a really grave assault, which then proves a blessing in disguise, as it is difficult to hide traces of it from the medical authorities, and an example is frequently made of the offender. I do not altogether blame attendants for this immediate recourse to forceful methods, because they come to the asylum ignorant of the management of the insane, and inherit the traditions of the evil past to which I have alluded. They are, perhaps, not even consciously severe or harsh, as they themselves have been accustomed all their lives to give and receive knocks, but that it is a failing, especially of male attendants, and causes more anxiety than any other, will be admitted by every one. If physical violence be absent from the female side, roughness of speech and behaviour towards patients is present on both sides, and patients, instead of being coaxed and led, are only too frequently driven and ordered about. This is a very important point, for it is my belief, after the clearest demonstration, that the greater part of the excitement, violence, and troublesomeness of patients is artificially created and continued, and I have not only seen this artificial excitement produced, but I have seen it eliminated. We all recognise a phase among epileptics in which the patient is exceedingly irritable, and has to be most tactfully manipulated. In many other cases of insanity there exists a similar though not so aggravated condition, in which the patient is not really so much excited as excitable, and it is then possible, by irritating conduct or an exciting environment, to keep up the symptoms of excitement, which not only is injurious to the patient but adds greatly and unnecessarily to the work and anxieties of the nurses and attendants. The practical point, however, for us with our medical ideals is this: that those in charge of our insane patients should possess a maximum of sympathy, gentleness, and patience, that the patients should be even more kindly treated than if sane, just as a labouring man in hospital is treated with as much consideration as if he were a prince, and with an attention he never received when well. In my opinion the most satisfactory method that has yet been

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devised for attaining these objects on the male side is the employment of female nurses, and the extent to which they may be employed and their usefulness have exceeded all anticipations. On the female side, the appointment of a number of assistant matrons to supervise the nurses and to do duty *within the wards and among the patients* appears to meet the difficulties. These assistant matrons should be well paid and well treated, and enjoy considerable prestige and authority, and, in my opinion, suitable candidates for these posts can be selected from the ranks of the great army of trained hospital nurses.

Unreliable Supervision of Staff and Non-reporting of Offences.

If anyone doubt the truth of the previous statements because he seldom or never receives reports of roughness, let me enlighten him why it is that the charge nurse or attendant, who for eleven hours out of twelve is the responsible official present, so seldom reports one of his or her subordinates for roughness or even violence towards patients. Not many months ago I asked an excellent and kind attendant, who, on being promoted elsewhere, was leaving me next day, to tell me honestly if, during the many years he had been in the asylum, he had seen attendants abusing patients, and his immediate reply was "Many a time," and he added, "Many a time have I interfered and prevented them from abusing them too." I then asked him how many he had reported, and he replied he had never done it. He said, "I could not do it for the other attendants. Just consider my position, doctor; I would not have had the life of a dog with them had I done it." This confession is not an exceptional one, nor, to my certain knowledge, does it refer to a state of matters existing in one asylum alone. Superintendents have overlooked this failing of human nature, which has been fully recognised by our Army officers, that it is next to impossible for a charge attendant or nurse to maintain strict discipline, particularly in the sense of reporting his or her subordinates, if when on duty or off duty he or she be regarded as a social equal and treated in a familiar and friendly way by subordinates. In the Army, if a man be selected from the ranks for a non-commissioned post, he is informed that he must cut himself off from all previous friendships among the private

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soldiers, and if, for example, a new corporal be seen by an officer coming out of a public house with a private, he would, on his return to barracks, be placed under arrest and be reprimanded. Under these conditions authority is maintained, and the offences of subordinates are reported ; under the conditions usually existing in asylums, it is a wrench far too great to expect of human nature for a senior attendant to report one of his intimate friends. Moreover, not only is it contrary to human nature, but it is against traditional practice and public opinion, and should a man or woman be so mean as to go against his order, he would be ostracised by his fellows. Not only is this prohibitory power exercised over attendants and nurses, but by questionable means over patients as well, and frequently the only evidence available is either that of a dement, who is too stupid to be terrorised or to give a clear statement, or of a patient with an animus against the attendants, and whose word, therefore, cannot be implicitly trusted. That irregularities go on in asylums which are never reported, and that it is next to impossible under present arrangements to bring these clearly home to the offenders, there is ample evidence, which I might detail were it not superfluous to do so.

The remedy is hard to find; it is possible that the higher ideals of duty that are steadily advancing over the asylums of the country may in time effect the desired changes, as has already taken place in our large general hospitals, but in the meantime the constant presence in the wards of responsible officials, such as the assistant matrons already mentioned, appears the most direct remedy.

Men as Sick Nurses.

If any evidence were needed in addition to the defective care of the insane at night to indicate how far behind that of general hospitals medical practice in asylums is, the fact that in almost all asylums the sick and the infirm on the male side are nursed by men would demonstrate it sufficiently. If we are to be influenced by the highest medical ideals, it is necessary that these defects should be remedied, and as woman has proved herself to be instinctively peculiarly fitted for nursing duties and attendance on the helpless, and as women of refinement have not hestitated to perform the meanest offices of a

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nurse among adult men, there is no real obstacle to the employment of women in the male sick and infirm wards. And, as a matter of course, if sick-nursing by women is desirable by day, it is just as necessary and desirable by night. Every credit is due to the male attendants in the hospitals and sick wards who have in the past performed duties which were unnatural and irksome to them, but for the sake of their patients, no one, least of all themselves, will object to see all sick, aged, and infirm men ministered to and nursed by women under the direction of trained hospital nurses. The last particular, a trained hospital nurse, is, I consider, absolutely necessary if we aim at high ideals, and the hospital of a large asylum without a certificated nurse at its head is as retrograde an arrangement as would be that of the asylum with a layman as the superintendent of it.

The Personnel.

Finally, in bringing an asylum into line with a good general hospital, it is impossible to overlook the class of women that enter the latter as nurses, and were the average *personnel* of asylums similar, possibly some of the defects I have mentioned would not exist. No one can have a higher opinion of a good asylum nurse than I have, and I have known not a few, and I consider the qualifications of mind, of heart, and of body needed for an asylum nurse infinitely greater than for a hospital nurse, just as disease of the mind is more complex than disease of the body, and, when acute, includes the latter. When it is considered that a good mental nurse must be healthy of mind and healthy of body, intelligent and active; that she must be sympathetic and conscientious, able to control herself with firmness and others with kindness; that she must be submissive to orders yet ready to act on emergency; and when it is considered that her duties are often irksome and trying, it must be admitted that any woman of whom it can be said that she is a good asylum nurse has thereby extensive testimony borne to her excellence as a member of society. Yet she receives less appreciation from the public than a hospital nurse, or than she deserves. It must be admitted, however, that while the standard of hospital nursing is high, that of asylums, though rapidly improving, is below the

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medical ideal. There is no doubt that improvement is taking place, and I have found no means of raising the ideals and the ambitions of asylum nurses, of increasing their self-respect, and of improving the quality of their work equal to that of employing hospital nurses to work in the wards among them. It has directly inspired several to complete their training in hospitals, and I consider the double training absolutely necessary for a skilled mental nurse, and for the higher posts in an asylum. The treatment and the nursing of insanity is merely a particular branch of the great stem of general medicine; it involves not a superficial, but a most exact knowledge of general disease, and one can no more be a skilled mental physician without studying general medicine than a skilled mental nurse without studying general nursing. A great deal of general nursing may be "picked up" in an asylum, but this can never take the place of a regular training in a large general hospital, though the lectures and examinations for the Certificates for Proficiency in Mental Nursing have done incalculable good in their own way. I believe that the employment of hospital nurses in asylums will go a long way to carrying out the dominating principle I have mentioned, that of approximating the asylum to the general hospital, not only as regards the methods employed and the quality of the work done, but as regards the *personnel* of the staff, by familiarising the class of women who go to hospitals with the idea of going to asylums as well.

The introductory portion of this paper being now concluded, I pass on to describe the special features of the care of the insane in this asylum, which are intended to remedy the defects described, and which enable the hospital ideals to be carried out.

Night Nursing.

Increase of Staff and a Night Superintendent; Continuous Supervision in Dormitories; Abolition of Solitary Confinement (the Single Room System).

The obvious principle underlying the treatment of the insane at night is that the supervision and care exercised over

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them should not then deteriorate or cease, as frequently happens at present, but, allowing for the altered circumstances, should be as efficient as that by day, which at present is fairly satisfactory. All those patients who, owing to the existence of the active signs of insanity, need personal supervision by day, also need it at night; and among these are included the excited, the noisy, the irritable, the dirty, the dangerous, the suicidal, the sick, the infirm, and all epileptics. Owing to the fact that the vast majority of patients sleep, and that no administrative or domestic work is done at night, the staff does not need to be anything like so large as that by day. The night staff in this asylum, containing 690 patients, and 250 admissions annually, numbers twenty, and is one third of the day staff, and the proportion to the patients is as one to thirty-five nearly. With this staff the principle laid down is carried out, that of giving as efficient care and supervision to the patients by night as they receive by day. No patient is allowed to be noisy, untidy, destructive, or dirty, if personal attention by nurses can prevent it; all insane habits are checked at night in the same manner as is done in asylums by day; and excited patients are under the continuous personal supervision of nurses or attendants, as is usually the case in all asylums by day. Of course night brings its own responsibilities. By day, the nurse strives to occupy the patient, attends to the amount of food taken, etc.; by night, in addition to the more general duties, there is the special duty of inducing, if possible, the patient to sleep, if he or she be sleepless.

It is the experience in hospitals, as well as in asylums for the poor, that immediate personal supervision by day is only possible, having regard to economy, when a considerable number of patients are gathered together in one ward or room, the proper size of which varies with the class of patients to be attended to, and in this ward one nurse or a certain number of nurses can supervise a certain number of patients. It would be impossible to do so with the same staff were every patient in a different room. By night, of course, the very same condition holds good; it would be impossible to supervise patients, except with an enormous staff, if all occupied separate rooms, so it is necessary, if patients are to be efficiently supervised at night, that this must be done in

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associated dormitories. Dormitories at night merely take the place of day rooms by day; the patients are classified in them according to their symptoms and the amount of supervision they require, on principles, not the same, but analogous to those by day, and night nurses are placed in charge instead of day nurses, the duties they perform being practically similar. Now, those who have not tried this system of night supervision, who continue to lock up noisy, excited, and troublesome cases in solitary confinement in single rooms, according to the traditional asylum practice, may state that at night there is one condition that modifies the whole situation, and that is the necessity for peace and quietness, that the sleep of many may not be disturbed by the noise and excitement of one, and that to fulfil this important condition it is necessary to weed out all disturbing elements and place them apart in single rooms. To such I would say that the real reason why in the past patients were locked up in single rooms was the fact that the night staff was inadequate to deal with them in any other way, and I would point out that Dr. Elkins has demonstrated that the remedy usually adopted for dealing with noisy and excited patients perpetuates and intensifies instead of cures the trouble they seek to relieve. Nothing is worse for most of these cases than solitary confinement without personal supervision, and continuous supervision and personal control by a full and alert staff at night will enormously reduce noisiness, if not abolish it altogether. The experience of Dr. Elkins has been confirmed by Dr. Middlemass, Dr. John Macpherson, Dr. Keay, Dr. Marr, and myself.

With regard to the admission dormitory, though the more efficient supervision there tends to reduce noise, it must be admitted by all of us that this dormitory, owing to recent acute cases, occasionally tends to become noisy. To overcome this difficulty, and that other patients should not suffer, I have opened, when necessary, as at present on the female side, an "extra admission dormitory," and have placed here the three or four cases inclined to be noisy and troublesome under the charge of two nurses; I have also occasionally to place a noisy case under the charge of a special nurse in a single room. With these precautions the admission dormitories are now habitually very quiet. Dr. Clouston, who, in this matter, may be accepted as an unprejudiced witness,

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visited at night the worst class of patients in this asylum, and found patients who had been for years noisy and violent under the old single room system, quiet and asleep, and the dormitory system of supervision working in a thoroughly satisfactory manner.(1)

Even, however, if there were more noise and excitement, which there is not, and even if patients had greater difficulty in sleeping, which is not the case, the system is one to be adopted solely for the reason that, if loyally carried out, it abolishes the "abuse of single rooms." I do not wish to express myself too strongly on this subject, for fear of wounding the feelings of those who still use single rooms at night for locking up patients who, instead of solitary confinement, need much more the constant attention of a nurse. I would state, therefore, that the rooted abhorrence and aversion I have to the use of mechanical restraint is not greater than that I have for the use of incarceration in single rooms, for the former abuse was abolished nearly two generations ago, whereas I have seen the injurious and degrading effects on the patients of the latter as well as its demoralising effects on the staff. It would be foolish to assert that neither should ever be used, but I assert as my deliberate conviction that it is not only better treatment, but a mere act of justice to the insane, that solitary confinement should be used with as great hesitation as mechanical restraint, that is to say, practically abolished as a regular method of so-called "medical treatment," and only reserved for the most urgent cases. Incarceration in single rooms is not used at all in this asylum, and the door of every single room is left standing open at night. The patients occupying them are all sensible, clean, and trustworthy patients, and if for greater privacy they desire the door shut, a handle to open the door is placed inside; the rooms also are all in process of being furnished as bedrooms, with pictures, dressing tables, mirrors, etc. Two years ago in Glasgow at the Divisional Meeting I stated that in my opinion if an asylum were supplied with one sixteenth of its accommodation as single rooms it would prove ample, and that with a proper night staff it could be managed perfectly well with one thirty-second, or

(1) Dr. Clouston, who was present at the reading of the paper, was appealed to in order that he might corroborate these facts, and I am indebted to him for the frank and even generous statement he made (see page 282).

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three per 100. My views were then received with incredulity, but that they were not Utopian in character these more recent results fully confirm. Thus, two years ago, so much was solitary confinement of all troublesome cases considered an integral part of the management of the insane, that no one would have believed such an event as its practical abolition within the realms of possibility, just as in Connolly's day most asylum officials declared the abolition of mechanical restraint an utter impossibility. Yet both have been effected.

Sometimes the explanation is offered, when methods are in use in one asylum that apparently fail in another, that the patients in certain districts are more amenable to authority than those in others. It is possible this is occasionally true, so it must be borne in mind that the district this asylum supplies accommodation for contains some of the most vicious, drunken, and criminal areas in all Scotland, with a large proportion of miners, ironworkers, riveters, and dock labourers, so that with patients coming from an agricultural district similar results should be easier to obtain. I must not omit in dealing with this point to refer to the treatment by day of all acute and excited cases in bed, according to the principles of Dr. Magnan, Dr. Whitcombe, Sir J. Batty Tuke, and others. This is, on the whole, a better principle of treatment for these cases, and much safer than the older method in more general use, and it conforms more closely to the general hospital methods and to medical feelings. It is surprising how quickly acute cases get over the tendency of struggling to get out of bed ; and the use of "alitment" or treatment in bed by day renders the supervision of these cases in bed in dormitories at night a comparatively easy matter—much easier than it would otherwise be. To those who consider that "alitment" by day and dormitory supervision at night present insuperable difficulties, I refer them to the results obtained by Dr. Magnan, which must carry conviction to every open mind. He admits into the Asylum of Ste. Anne, which is the distributing centre for all the asylums of Paris, over 3000 recent cases yearly. All these cases, if acute, are treated in bed in dormitories under supervision, and he never uses seclusion in single rooms by day or by night on account of acute excitement. There is only one other objection to this system that I am aware of, namely, that drugging by sedatives is increased, but with regard to this the facts do not

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bear out the contention. It is difficult to establish a normal standard of the use of sedatives. Dr. Elkins gives the statistics of his practice with dormitory supervision, and it is very low. I also believe my practice to be below the average, though I believe in the therapeutic value of sedatives, and as the amount used is now strictly noted, my statistics will also be available. In any case the objection that an increase in the habitual use of sedatives is necessary may be ignored, once the system is in full operation, as the evidence, such as it is, points if anything the other way.

With regard to the details of the system adopted here, I may state that every dormitory in the asylum, with the exception of three on each side, containing together thirty-four patients, is under the supervision of a nurse or attendant, and seven dormitories have two nurses or attendants in each. Those dormitories in which there are no nurses, like all the single rooms, have their doors open, and so every patient in the asylum can go directly to a nurse or an attendant, and none are in solitary or associated confinement. Nearly a half of the patients are under constant observation, and more than three fourths are under almost constant observation, for the time now spent in visiting the single rooms, during which some patients lose their supervision, is short compared with the past practice, for it is a mere walk round, as all the wet, dirty, and restless cases are in the dormitories. I may mention that there are four double dormitories in the asylum with folding doors, each holding eighty beds, which are occupied by quiet working patients, and their great size—perhaps too great—renders night supervision of this large number easy.

To keep this system working in perfect order, there is a night superintendent, as in a general hospital, who inspects the whole asylum four times each night. She is a trained hospital nurse, who receives £52 a year, and to give her high prestige and authority in the asylum she is treated as an important official, and dines with the matrons. She takes rank as an assistant matron, and receives her orders every night from the matrons and assistant doctor of each side, and reports to them next morning; she is not independent of the matrons, as stated by Dr. Keay in a recent paper.(2) During the night, however, she is the responsible official, is acting matron, in fact, and, except in extreme emergency, no changes are made, no

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draughts are given, and the doctors are not disturbed, without consulting her. Her principal duty is to see that the staff is awake, attentive, and doing its duty to the patients, and that there are no irregularities. Her experience of the slipshod discipline and the elementary character of a great part of asylum night nursing would be both entertaining and profitable to detail, but she merely confirms the statements made on these points by Dr. Elkins and Dr. Keay. The old night staff had grown so accustomed to getting rid of patients into single rooms whenever they became troublesome and required attention, that it took badly at first to the increased work entailed by the adoption of hospital methods. This system as here described has been in operation for more than a year; it has worked smoothly and satisfactorily, and it has been a source of the greatest comfort to myself to feel that a capable and really reliable official was on duty during the hours of darkness.

THE MALE SIDE.

Employment of Female Nurses and of a Matron.

The special features of the administration of the male side of this asylum, to which I desire to direct your attention, are the large number of female nurses engaged in looking after male patients, and the fact that the head of this department is a trained hospital nurse, instead of a head attendant, as is usually the case. The employment of female nurses to attend to those suffering from acute bodily illness, and from the malnutrition accompanying many forms of acute mental disease, brings the treatment of the insane sick into line with that of the sick in our general hospitals. There is for this class of cases a ward in our hospital with twelve beds and twelve side rooms, and it is managed by four nurses during the day, and by two nurses at night. The matron of the male department, who has no duties to perform in the kitchen or laundry, can give, on that account, great personal supervision to the sick ward, and as she is a trained hospital nurse, the management of the ward, the nursing of the sick, and the training of the nurses, quite conform to that of a similar ward in a general hospital. The difficulties that arise are solved on similar principles. For example, if a suicidal patient at night wishes to attend to the calls of nature, it would be

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exceedingly unpleasant for the nurse to accompany him to the w.c.; but this is not necessary, for the solution of the difficulty that at once occurs to a hospital nurse is to make him use a night stool and place screens around him. Another class of patients who are on a similar footing to the sick are the paralysed, the aged, and the infirm, and these are nursed in a special infirm ward containing twenty-three beds, with twelve side rooms, by a staff of four nurses by day, supervised by an assistant matron, who is also a trained hospital nurse, and by a staff of two nurses at night. The nursing in these wards is infinitely better than could be done by men, and the immediate supervision of trained hospital nurses brings it up to the highest possible level. In addition to these cases, who are more or less on the sick list, fifty other cases not confined to bed, including imbeciles, epileptics, and dements, who are unable to walk round the grounds, and who need considerable attention, are, with a sprinkling of workers and parole patients, under the charge of four more nurses, working under the supervision of the assistant matron already referred to. Lastly, besides those cases immediately under the personal charge of female nurses, the assistant matron has immediate access through an open door to the ward containing the chronic excited cases, and the matron gives personal supervision to the acute admissions and the suicidal cases, which, in addition to the sick, are treated in the hospital in an open day room. During the day, out of a total staff of thirty, there are altogether thirteen female nurses on the male side, and the head of the male side is likewise a woman. At night, out of a staff of ten on the male side, four are nurses, and the night superintendent is a woman, a trained hospital nurse. Out of forty-two persons engaged by night and by day in the care and supervision of the male patients in this asylum, nineteen, or practically one half, are women, three being trained hospital nurses.

Now, what are the advantages and disadvantages of this system? In the first place, it is certain that the sick and infirm are well nursed; bedsores are almost abolished, and the expenditure on cotton wool and methylated spirits has gone up proportionately; it is also quite obvious to those who have noted the transition, that those imbecile and feeble folk who have to be fed and cleaned and kept tidy receive

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greater attention than formerly, for this is work that comes naturally to women, but is most irksome to men; lastly, the treatment accorded to over 100 patients, a third of the total number, and these consisting of all the most trying patients in the asylum, excluding the very excited, being in the hands of women, is of a gentle and persuasive character. The newly admitted acute and the chronic excited patients are under the charge of men, but are also indirectly under the influence of women, and even this limited supervision has greatly affected the conduct of the attendants towards these patients, and tended to the use of less force than formerly. The treatment of all the patients, therefore, who give cause for anxiety in asylums is beneficially affected by the presence of women, and it has to be noted that the only class of male patients not closely supervised by women are the quiet working patients, numbering about 180, who all live in a separate block, of whom nearly a half are on parole, and many of whom are well able to look after themselves in any surroundings.

That women should be able to do so much and so well in an asylum has surprised all who have watched the system grow. An intermediate stage between the present and the old system was a period when the male side was under the charge of a married couple, Mr. and Mrs. Macrae, now superintendent and matron of Haddington Asylum. They were able to initiate changes and to effect such improvements in the manners and habits of the patients, as have greatly facilitated the employment of nurses and the gradual extension of the system to its present maximum limits and hospital character. I have known it said by some that the male side of their asylums could never be managed by women, and one has come to regard this as a delicate compliment on the orderliness of this asylum, seeing that there is no difficulty here. It has also been insinuated that the male side of an asylum was not the proper sphere for women; but as it was said forty years ago that no respectable woman would be a nurse in a general hospital for adults, especially in the wards for adult men, one can obtain comfort from the thought that the former opinion is possibly no more true than the latter was. The men are very easily managed by the nurses, and the nurses, such as know both sides, say they prefer it to the female side, and the assistant matrons, who in rotation work on both sides of the

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asylum, say that there is no doubt whatever that the male side is much easier to manage than the female. It undoubtedly gives satisfaction to the female relations of patients, and no argument is more powerful in allaying the anxieties of a mother or wife as to roughness than the existence of female nurses. Although the system has been in operation for over two years, I have no accident to record, no assault to describe, no scandal to report.

I have now one or two observations to record which may prove of value to others. (*a*) In the first place, the thin edge of the system, the employment of two or three women to assist in a male hospital, though of some, is not of great nursing value. Women will not perform many acts necessary in sick nursing in the presence of sane persons of the opposite sex, but will quite readily do them if left entirely to themselves. Such women then cannot do much nursing, but engage themselves almost entirely in the kitchen and scullery or in doing housemaid's work. To introduce effective nursing the place, large or small, must be handed over entirely to women.

(*b*) If nurses are employed by day in sick wards they should also be employed at night, and, of course, never singly. Not only is the work improved by this arrangement, but otherwise, the men and the women will not report to one another much of what they should, when they go off and on duty respectively.

(*c*) Nurses will perform all the operations needed in nursing if the sick or feeble person be confined to bed, but they object to attend to men inclined to soil themselves, if they are up and walking about with their clothes on. If it is not considered necessary to keep such persons in bed, they must go to a w.c., where they can be attended to in certain respects by a male attendant, especially charged with the care of these cases.

(*d*) Nurses cannot be expected to remain in dormitories when a number of demented patients are undressing themselves, or when they are getting up, though when dressed these patients may be placed under their charge by day. Attendants are needed for supervision at these times, and must therefore be drawn from other parts of the asylum.

(*e*) Bathing must be done by male attendants.

(*f*) Lastly, it is necessary to have in the dormitories a large number of folding screens, as in hospitals, so that the utmost decency be maintained. That the system may shipwreck on

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many a rock such as this there is no doubt, unless care be taken, but that, on the other hand, it can prove a complete success, Miss Wise's administration of the male side of this institution clearly proves.

In carrying out the medical ideals I have advocated, I presume it is unnecessary to refer to the great advantage accruing from the fact that the head of the male side is a trained hospital nurse. As an indication of the high estimation in which she is held in the nursing world, I may state that she was second in the recent appointment of matron to the Royal Sick Children's Hospital in Edinburgh. I mention this fact as a guarantee of the class of woman who can hold such a post as matron of the male side of an asylum and as an index of the quality of the nursing on the male side. She also holds the Nursing Certificate, and has had considerable asylum experience. She has been treated with uniform courtesy and deference by the male staff; her orders have been respected, and no appointment I have ever made has produced less jealousy or ill-feeling. While the good resulting from this appointment to an immeasurable degree outweighs the evil, it is well to face up certain drawbacks. It is (*a*) impossible for the matron of the male department to be present at the weekly bath; (*b*) it is impossible for her to be present when the patients are just going to bed or just getting up; (*c*) a good male head attendant can be in closer touch with his men, and influence them for good, more especially in their hours off duty. These difficulties might be got over to some extent by appointing a male assistant, as was done here at first, but that plan has now been superseded, and the charge attendants are held responsible for their respective wards. It is true that all their other work is closely supervised, while these points referred to are left to the occasional inspection of the medical officers alone. This may be considered a weakness in the system, but it is not one that wrecks a scheme presenting so many other advantages.

FEMALE SIDE.

The System of Assistant Matrons.

The principal feature of the day nursing on the female side of this asylum is the employment of hospital nurses as

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assistant matrons, who are placed in charge of the various wards. Judging by their expressed opinions and practice, the majority of the medical superintendents in Scotland consider it to be to the advantage of asylum nursing to have a matron who is a trained hospital nurse. While coinciding with this view, I consider it to be of infinitely greater advantage and importance to have those in charge of our female wards trained hospital nurses, for while the duties of a matron must be mainly administrative, those of a nurse in charge of wards are almost entirely connected with the patients and their welfare. It has been said by some that hospital nurses never get into asylum ways, but my experience—which, I believe, has not been surpassed by any other person—has been quite the contrary. I have been simply astounded at the rapidity with which they make themselves at home and mistresses of their wards. In so far, however, as asylum ways run contrary to the tone, or short of the medical ideals of a hospital, the statement may be true, and it is an excellent reason for introducing them. I have stated that the inherited traditions of the past lie like an incubus on the present management of the insane. We must break with this past, and no method of breaking with it is better than that of employing as responsible head of a ward, a trained nurse with pure hospital ideals, who insists on the work being done in conformity with her principles. My whole object, as those who have followed me must see, is to bring asylum practice into line with that of general hospitals, and if the hospital nurses I employ do not take to certain asylum ways, but, on the other hand, introduce hospital ways, my object is in process of being attained. Of course, it is obvious that hospital nurses come to an asylum absolutely ignorant of much special knowledge that is essential for the management of the insane. They must for a short time be carefully supervised and coached by the matron and the medical officers, but if there are other hospital nurses in the asylum, they learn their special duties from one another very quickly and without any trouble. In order to get full benefit from this infusion of fresh blood, it is an important point to encourage these nurses to ask questions and to offer original suggestions. The remarks of an intelligent observer with an open mind are always interesting, and occasionally their ideas contain suggestions of the utmost value.

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I consider my indebtedness to the nurses I have trained to be very great indeed. It has been said that the ordinary asylum nurses object to having these hospital nurses, who do not know a tithe of what they do, placed over their heads; but if discretion be used in their introduction actual experience does not confirm this. The hospital nurses I have appointed as assistant matrons have all been able women, who have been most carefully selected, and they are usually older than the average asylum nurse. These facts, in conjunction with the prestige attaching to a hospital training, have at once given them great authority and have commanded respect. The fact that they are treated differently, dine at a separate table, are called assistant matrons, and also openly aspire to and obtain asylum matronships elsewhere, places them beyond competition; and the asylum nurses are, therefore, not jealous of their authority, whereas when one of themselves is placed in authority there is always some jealousy and ill-feeling created. It increases their pride in their work to have the assistant matron working at the same duties as themselves, and it has directly inspired many of them with the idea of completing their training in a hospital. An indication, perhaps of great value, as to its popularity, has been the fact that there have been fewer changes among the nurses since the system was introduced.

An impression has gone abroad that the assistant matrons interfere with the pay and promotion of the ordinary asylum nurses, but this is not so. Nurses get their annual increments of pay, their pay for special duties, and their pay for promotion, as formerly, and they get promoted into charge nurses as formerly. The assistant matron's appointment is a new creation, additional to all the others in the ward, and to say that it interfered with the pay and promotion of the ordinary nurses would be as legitimate as to say that the appointment of a lieutenant to a company interfered with the pay and promotion of the rank and file. It interferes with the nurses to this extent only, that whereas the matron formerly merely passed through the ward, she now leaves a deputy to be always present to see her orders carried out, to prevent roughness, to report misdemeanours, and to set a high ideal of work and duty. It is possible, human nature being what it is, that an old charge nurse would object to the

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presence of this deputy matron, and would call her supervision interference; but recognising this point, I have always waited till the old charge left before I introduced the new assistant matron, and the new charge nurse has always signalised her promotion by being exceedingly pleasant all round.

It is well to be considerate of the vested interests of the staff, but there is a more important consideration than this, and that is the interests of the patients, a point which most critics of this system appear to overlook. I am convinced that by the employment of this system of assistant matrons most of the evils I have mentioned in the introduction of this paper, as they exist on the female side, tend to disappear. To disperse these evils two agents were needed on the female side: first, *a higher ideal of work*, and this is now supplied by the hospital trained nurse, who is a tangible example within the wards; in the second place, *reliable supervision*. In the past the charge nurse was supreme, but as she was one of themselves she had deficient authority over the asylum nurses, and perhaps sympathised with them. The result was poor discipline, and offences, even serious ones, were seldom reported.

Under the system of assistant matrons responsible for the wards, and working in them, more and better work is done, and misdemeanours, which have as a consequence become much fewer, are loyally reported. I may state, in conclusion, that there are three assistant matrons on the female side, and one on the male side, and the night superintendent also ranks as one. There are thus five assistant matrons in this asylum, all certificated hospital nurses. They are all engaged at £40 per annum for a period of two years, during which time they take the Nursing Certificate, and are trained in every ward, and in all the duties of asylum management. They all aspire to become asylum matrons, and judging by the success of five predecessors, they should all obtain the object of their desires in course of time.

Conclusion.

In concluding this paper I am conscious that much expressed in it will jar upon the feelings of many who are greatly my seniors, and for whom I have respect and reverence. It is inevitable, from the nature of the subject, that this must be so, however guardedly my observations and opinions are

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expressed, for it criticises hallowed traditions and shakes fixed beliefs. To have one's formed habits and established ways of thought thus upset, or if not actually upset at least disturbed, is not a pleasing experience. I am quite ready to admit, however, that I may be wrong in the methods I have adopted to overcome difficulties, but I submit that they are an honest and a carefully thought out effort to rectify the evils that exist. I admit that it may be by other methods that these evils will finally be overcome, and I am prepared to adopt any method that offers a hope of amelioration. I, however, assert that the evils I point out are not imaginary, but are very real, and my observations are supported by many friends who do not agree with all the remedies I have adopted. If the reader, therefore, discovers defects in any new departure I have adopted, let him temper his criticism with a consideration of the means he himself is prepared to adopt to remedy the existing deficiencies of asylum treatment.

The ideal I have set is a simple and a tangible one, that of treating the insane in an asylum strictly according to hospital and purely medical methods. It is not a new one, the idea is constantly on our lips. Some years ago Sir James Crichton Browne and others proposed to build a new asylum for the insane in London, and to start it from the beginning on purely hospital lines; it is at present proposed to open wards in the Royal Infirmary of Edinburgh for the treatment of incipient and transient forms of insanity. It has been my object, by the methods I have described, to abolish, as far as possible, features peculiar to asylums, and shown to be injurious or unnecessary, to elevate the standard of nursing and duty to that of the general hospital, and to make an asylum for the insane in reality a hospital for the treatment of a special disease run on hospital lines under the supervision of fully trained hospital nurses. The more nearly this object is attained the less difference will there be between an asylum and a general hospital, and the more nearly will the asylum and the care of the insane be to a state of ideal perfection, for, as I have already said, the great general hospital is the most perfect embodiment of the practical efforts of humanitarianism and medical science at present known to us.

([3]) I desire here to express in other respects my concurrence in theory and in actual practice with the principles laid down by Dr. Keay.

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DISCUSSION

At the Scottish Divisional Meeting at Larbert, 29th November, 1901.

Dr. CLOUSTON said that, as he had been called upon, he had very great pleasure in expressing their indebtedness to Dr. Robertson for having asked them to come there, and for having taken the trouble to describe in his paper the system in operation in that asylum. He was quite certain that none of them were too old to learn, and that any man who devoted himself so enthusiastically to the advance of asylum work as Dr. Robertson had done, and resolutely made an attempt to get over its weak points, would have their support. He thought that when a man came before his brethren and described the results of what he had done, and introduced a new system, whether they agreed or did not agree absolutely with him, it was quite certain that they would be all the better for having heard the paper. In regard to the paper, one might say that, in the first place, it would be a poor compliment to Dr. Robertson if they were simply laudatory, and said that it was all very good, that they agreed with all they had heard, and not make any criticism. He thought it would be also far from complimentary if they did not ask him some questions. The key-note Dr. Robertson had struck was that, as they now nursed sickness in general hospitals by the best methods, the insane should have the benefit of the same methods. One of the results of the new system had been that they had developed an extraordinarily perfect hospital administration, and that we saw crowding into hospitals some of the most educated women and the best brains of the female sex to nurse the sick. Dr. Robertson had said, "Let us imitate this system, and let us carry out the same thing in our hospitals." He thought that in regard to these principles they were absolutely at one, and that they should certainly carry them out in hospitals for the insane. He thought, however, that Dr. Robertson had passed over certain of the obvious differences between the symptoms of the insane man and those of the sane man suffering from pneumonia or typhoid fever. Taking, for instance, the putting of patients to bed, they knew perfectly well that many insane people did not require to be put to bed for the same reasons that a pneumonic patient required to be put to bed. The sick man in the hospital must go to bed; his sickness absolutely requires it. The sickness of the insane man presupposes no such thing, and they all knew that in a vast number of these cases the higher brain was evolving an amount of morbid energy which found an outlet in walking and talking, and in various other ways of that kind. They naturally asked if it was not contrary to the ordinary instincts of reasonableness and physiology to put all these patients to bed. How was that morbid energy to find a safe and a physiological outlet? He did not agree with Magnan's routine treatment; and he had heard that there was often a perfect pandemonium in his wards. It was a perfect scandal seeing patients running about in a half-naked condition, and pretending to be kept in bed when they were not in bed. He was quoting from a man who saw it lately. He believed that a considerable number of their patients should be put to bed, a larger number than was so treated formerly, but he drew the line in certain cases, and he said that it was bad physiology and bad therapeutics to bottle up motor energising in all cases. Passing to the question of the employment of women in male wards, they all knew that women had unquestionably the instincts of nursing to a greater degree than the male sex, and on that point he was inclined to agree to a very large extent with Dr. Robertson; yet they must not shut their eyes to the fact that men ruled men best, and women governed women best as a general rule, and that questions of danger and decency came in and had to be provided against. He would say there, and with great pleasure, that he had spent part of the night going about the wards of the asylum in which they were met along with Dr. Robertson, and he was impressed deeply with the quietude and with the practical success of the system which he saw in operation. They had lately transferred a number of their patients from Morningside, because they had not room for them. They were taken chiefly from the chronic cases. Dr. Robertson had the bad luck to get one or two of the worst patients in Morningside. He was beyond measure astonished and exceedingly pleased to find a woman

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who, when in Morningside, was a homicidal dangerous inmate, and a most objectionable woman, and when there never slept out of a single room, lying calmly and sweetly asleep in one of these big observatory dormitories. He thought that Dr. Robertson had carried out the system more perfectly than even Dr. Elkins, and he had carried it out in a way to benefit his patients in a very high degree. In regard to the employment of women in the male side of the house, he thought that was all a question of degree. He said they had all done more or less what Dr. Robertson had done, but he had done it in a much more systematic way than most of them had done. He would point out, however, that under the name of hospital nursing Dr. Robertson was establishing a very aristocratic system. He knew that they would all like that every nurse and every attendant should be a conscientious, kindly, refined, duty-doing, and duty-loving person. He thought that they had all been trying to secure such a staff. Dr. Robertson takes a woman from a general hospital, a person of superior social standard, and puts her in charge of every ward. He asked if Dr. Robertson would tell him whether that added to the self-respect of the ordinary asylum nurses or not. He would point out to Dr. Robertson that he was running the risk of having the head of the ward highly qualified and doing her best, but with all the other nurses in a position that was disheartening and even lowering. Dr. Robertson had said that this was no practical objection, and he was extremely glad to hear it; but for himself he would rather raise and train his old nurses as a principle than put a hospital nurse over each ward. His ideal was not Dr. Robertson's ideal in that matter. The nursing in a general hospital and that in an asylum differed in many ways, and he often found first-rate hospital nurses most incompetent in consultation practice. Looking to the future, he would rather go in for the idea of raising all asylum nurses up to a high level. Taking a hospital nurse and putting her in that position did not eliminate her original sin; she was still a woman, and it was to be presumed she had all the evils and good qualities of womankind. They must keep in mind the large number of persons they needed for their service, and that in those circumstances it was better to pick the best of a numerous class than have to take the second-best of a less numerous one. Dr. Robertson had made an appeal to him personally, and he would make an appeal to Dr. Robertson and ask him whether the women's hospital at Morningside could have been conducted better in any one way than Mrs. Findlay had conducted it for the last twenty-eight years. He therefore thought that they might get what Dr. Robertson wishes to attain without going about it in the way that he does. He would much prefer to place in charge of many of his wards women of the right sort promoted from the ranks. Let them send the fittest of their present nurses for a short hospital training, and let them get into their hospitals some fully trained general nurses, so as to combine the strong points of both systems. He could not sit down without expressing his sense of the great benefit he had derived from hearing Dr. Robertson's paper and seeing his results. An enthusiast will make any system work, and by experiment and by running risks their department had in the past benefited incalculably. Dr. Robertson had perhaps put on his colours a little too vividly, but he was well aware that faults in asylum administration did exist. He was not there to deny that, and he thought that every man who endeavoured earnestly and honestly as Dr. Robertson had done to diminish these faults was doing a great service to the insane, and for that they owed him gratitude and admiration. (Hear, hear, and applause.)

Dr. YELLOWLEES thought that the world owed a great deal to its enthusiasts, and that it was well that some enthusiasts had so much wisdom in their enthusiasm as Dr. Robertson's paper had shown. He agreed with much of what he had said, but some things he would be disposed to question. Dr. Robertson had first of all condemned single rooms with an emphasis which was quite unreasonable. He thought that a single room was more frequently a privilege to a good patient than a place of confinement for a bad one. He knew that a vast majority of his single rooms were so regarded. Of course, single rooms could be abused, but he was astonished to hear them condemned as Dr. Robertson had condemned them when he said that he regarded the use of a single room in the same light as he regarded mechanical restraint. He thought that was going over the line and quite unreasonable. He knew that there were many patients who were certainly quieter and

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better when they were in single rooms than when they were in dormitories. Certain patients had the feeling that they were annoyed and tormented in a dormitory, and he thought that they should have single rooms, and should not be made to sleep where they were uncomfortable. He did not think that Dr. Robertson should glorify himself so much on the fact that he never put a patient in a single room. He scarcely knew what to speak about next, as the paper touched on so many questions. He quite recognised the need for improved nursing, but he thought that Dr. Robertson's remarks on present-day nursing were unjustly severe, though he had softened them towards the end. They all knew that some of their attendants were black sheep, but it was unfair to condemn them all as nurses, and to take women in their places, as if women had the monopoly of humanity and kindness. He thought that was going much too far. As to the value of women nurses in certain male wards there was no question. He adopted that system in Glamorgan, and regretted that he had not been able to use it in Gartnavel.

As to the treatment of maniacal cases by rest in bed, or by abundant exercise, he thought there were both classes of cases, and it would not do to make an absolute rule. He had of late years used the bed treatment much more than in former days, and he thought that on the whole a great proportion of the patients were better for being in bed in the early stages than if allowed to run about and exhaust themselves by needless expenditure of nerve energy. All depended on the wisdom of selecting the right treatment in the right case.

He said that he must emphasise what Dr. Clouston had said about the idea which seemed to have taken possession of Dr. Robertson, that the mere fact of "hospital training" creates the very superior female officers whom he values so much. He had no such reverence for mere hospital training as Dr. Robertson had. It was not the fact of hospital training which secured successful nursing here; it was the fact that Dr. Robertson took infinite care in selecting good women who did their duty admirably when hospital trained, and would have done it still better if asylum trained. It was all nonsense to suppose that the mere hospital training did it. He knew a good many hospital nurses to whom he could not entrust a patient at all. Hospital nurses and asylum nurses were entirely different. The hospital nurse must strictly obey orders and be observant, careful, and kind; the asylum nurse must be all this and much more: she must control the violent, and calm the excited, and cheer the depressed; her conduct and conversation are potent for good or ill to her patient, and she may at any moment have to cope with emergencies demanding the utmost care and judgment. This is far better and higher work than ordinary sick nursing, and gives greatly superior training, though it may well be supplemented afterwards by some training in the nursing of bodily illness. (Applause.)

Dr. Rorie said that he had nothing to add to what had fallen from Dr. Clouston and Dr. Yellowlees as to how much they were indebted to Dr. Robertson for his paper. Referring to the use of single rooms in the treatment of violent patients, he said that during the last twelve years he had not had any cases of seclusion of patients during the day. He had a very strong feeling that the seclusion of these patients had a marked effect in demoralising the condition of the patients and in prolonging the state of excitement. He said that he had these acute maniacal cases treated in the dormitories, and he found that the association with other patients and the supervision entailed shortened the period of excitement. With regard to the question of night supervision, he had changed that also to a very considerable extent. On the female side, where there are about 240 patients, he had seven night nurses, and there had been a very marked improvement in the reduction of the number of cases that required to have separate rooms for themselves during the night. He said that he had no experience of female nurses on the male side of the house, but from what he had heard and what he had seen elsewhere he was satisfied that the introduction of that system was bound to have a very efficient result. He thought that the ideal standard which they should set before them in the treatment of the insane was that which existed for the treatment of bodily diseases in the best general hospitals. He found that the system of putting newly admitted patients for a week or ten days to bed had a beneficial effect in regard to their future progress.

Dr. Marr referred to the satisfactory results which had been obtained at Lenzie by adopting the plan of keeping the noisy patients in an associated dormi-

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tory at night. His experience had caused him to form the opinion that it was desirable to appoint a nurse, who had been trained in a general hospital, to act as supervisor of the night nurses. He approved of treating all patients, on admission, in bed, and certain patients, particularly cases of acute melancholia, benefited by resting in bed for a considerable time.

Sir JOHN SIBBALD, who was presiding, said that, in his opinion, no more interesting subject had been brought before this Association. He quite agreed with Dr. Clouston and Dr. Yellowlees in their appreciation of the valuable results which should accrue from the efforts of an enthusiast imbued with Dr. Robertson's ideas. He said that he was strongly inclined to hold the view that Dr. Robertson was right, and that they would all come to think very much in that direction if they had not done so already.

Dr. KEAY said that he would like to express to Dr. Robertson thanks for his paper, which he thought was a most valuable one. Without going into details he would say that they were all agreed about the necessity for giving up locking our noisy and troublesome patients in single rooms during the night. He thought there was no need to discuss that. As to the value of female nurses on the male side he could speak from their experience at Inverness during the past three and a half years, during which time their male sick wards and their male admission wards had been entirely under the charge of women. He thought that Dr. Robertson had mentioned, in regard to that matter, a very important point, and that was that they should be entirely under the charge of women, and that male attendants should have nothing to do with them. When he opened the new wards on the male side and proposed to put women in charge of them his idea was to put a trained hospital nurse with asylum experience in charge of each sick ward, and give her male attendants to work under her as orderlies; but here he met with opposition at once. The nurses objected to having male attendants to assist them, and explained the reason to him. There were many duties which a nurse had to attend to in the case of insane men that she would not do assisted by or in the presence of male attendants, and she was quite willing to undertake all the duties simply with the help of women. He took the advice and placed the wards entirely under the care of women, and the thing had gone on for over three years without any difficulty at all. He thought that Dr. Robertson was right in a great deal of what he said about the faults of attendants. That was a matter in which he was afraid they had been slack. He thought that it was not of much use to increase the night staff by putting on a great many more night nurses and night attendants if they did not have these nurses and attendants properly looked after. He thought that was the difficulty, and they might appoint head night nurses and head night attendants from their asylum staff without, after all, obtaining proper supervision and efficiency. He found that one attendant or nurse would not report another. On the contrary, they shielded one another, even though the patients suffered. He thought that what they wanted in charge of the night staff was what Dr. Robertson called a night matron to supervise the whole night staff of the asylum. He thought that nothing else than that would be successful, for the male as well as for the female wards. There was one matter on which he must say that he did not quite agree with Dr. Robertson, and that was his plan of having hospital-trained women without asylum experience as assistant matrons to have charge of wards. What was to become of their asylum nurses and attendants if that was carried out fully? There was nothing before them; they had no promotion to look forward to. They would simply remain ordinary asylum nurses and attendants, and had nothing to hope for beyond that. He did not see why asylum nurses and attendants, if they were of the right material to begin with, and if they were properly trained, should not be capable of doing all that was required. He did not see any advantage in having hospital-trained women in charge of the ordinary chronic asylum wards. He would again thank Dr. Robertson for the most instructive paper that he had given.

Dr. BRUCE thought that this was one of the most interesting papers that they had had at these sectional meetings for many a year. He only wished that in the sectional meetings in the future they would have papers as interesting. He said that the time was very short now, and that he must confine his remarks largely to criticism of points on which they did not agree. From the small experience that he had had he thought that Dr. Robertson was right in most of his details. In

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the nursing of sick people, even where there were noisy cases, the proper person to have charge of these people was a woman. He thought it was not a man's duty to be in the sick room. The majority of the men abhorred the work and did not do it properly. Until they had their hospital wards in charge of nurses he did not think they would have any satisfaction in working them. When he went to the asylum at Murthly there were four nurses in charge of the men's sick ward and hospital, and they discharged their duties admirably. Men who were troublesome and dangerous in charge of male attendants when taken and looked after by women often became quite quiet and did everything they were told. With regard to night duty he thought also that Dr. Robertson had probably struck a fairly sound note. He did not know whether he would have a woman in charge of the night staff. He thought it would be a very good method, but there were certain difficulties in his way at Murthly. He had gone on many occasions round the wards, and he could not tell how many night attendants he had found asleep on duty. If he found them asleep on duty once he could not tell how many times they had been asleep before that and never reported. He found on one occasion three men asleep on duty out of a night staff of four men. The only man who was awake—and he presumed he could not sleep—was the man who visited the wards. He believed that some one in a better social status was absolutely necessary for the night supervision of asylums. There were two points upon which he did not agree with Dr. Robertson. First, that three single rooms per hundred patients was sufficient. He would go a good deal further than that, and say one to ten was the proper proportion. The other point which he thought Dr. Robertson was off the line was when he put hospital nurses in charge of his nurses. He had had a year's experience of that, and he had cleared out the hospital nurses and put a good matron in charge of the whole house, and he had never had any bother since. He found when he cleared these hospital nurses out that the junior nurses were very ignorant. He understood that the hospital nurses were to teach the asylum nurses certain nursing duties, but he found that they did not do so. Those who were directly under the hospital nurses had picked up what they did know by simply watching very carefully, and he asked them individually how much they had learned from Miss So-and-so. They said that they were not taught anything, and from the examination he made he was perfectly certain that they were not benefited by the system. The truth was that the hospital nurse gained her knowledge by a considerable amount of trouble, and she did not care to pass that knowledge on to some one else for nothing. Since they got rid of the hospital nurses two of the junior nurses had developed sufficiently to be made charges. He did not know a better nurse than the girl who was in charge of the hospital now. She showed no signs of being a good nurse under the hospital nurse system. He really thought that on that point if they wanted to advance they would have to improve the asylum nurses as a whole.

Dr. CARLYLE JOHNSTONE said that they all agreed with Dr. Robertson in the main. He did not think that there was anything revolutionary in the principles which he advocated. They had been working on the same lines for the last two or three generations, though some of them, owing to structural conditions or other difficulties, were still unable to carry out their views in full detail. There were many interesting minor points in the paper, but, after all, these were not of vital importance. They need not quarrel over the question of "hospital" nurses, for that was merely a question of names. What they all believed in was that the attendants on the insane should be *nurses* in the best and widest sense of the term. An asylum attendant was much the better for being a hospital-trained nurse, but a hospital-trained nurse was of little use in an asylum until she understood the special requirements of the insane and possessed the necessary qualifications for dealing with them. As to the question of single room *versus* dormitory, he did not think that there was any special virtue in a dormitory or any special vice in a single room. The essential thing was that the patient should receive the care and treatment which was suitable to his particular requirements. Sometimes this could be best attained in a single room and sometimes in a dormitory. No doubt all of them had been guilty of the abuse of single rooms, and they had most of them found out that they did not require nearly so many of these rooms as had once been considered necessary; but it appeared to him that there might

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also be an abuse of the dormitory, and that it was both unreasonable and cruel to insist on all cases being treated in associated dormitories. Seclusion, that was to say placing the patient in a room apart from others, was not merely a justifiable means of treatment, but a very proper and necessary one in many cases. One did not need to be a doctor to appreciate the truth of this. As Hezekiah in his sickness turned his face toward the wall, so it had, from all time, been the natural desire of those who were distressed or troubled in mind to find a refuge in solitude from the importunities of their fellows. Dr. Robertson might say that these poor sufferers did not know what was good for them, but he imagined that Dr. Robertson himself would prefer single room treatment to dormitory treatment in his own case. With reference to Dr. Robertson's practice of putting a "hospital" nurse in a ward as a sort of supervisor over the charge nurse, he feared that this would lead to difficulties, and that it was not calculated to raise the standard and the efficiency of the under nurses. At the same time he quite approved of having a certain proportion of hospital-trained nurses in charge of certain large sections of the institution, provided, as he had said, that these hospital nurses were given a thorough training in the special requirements of the insane, without which they were likely to be more ornamental than useful. He wished to repeat, what he had urged in season and out of season, that one of their most important duties as guardians of the interests of the insane was the systematic practical training of their staffs, and this not merely by lecturing and exhortation, but by the continual methodical demonstration and practice of everything that was embraced within the general nurse's handicraft, so that from the humblest "attendant" to the most superior "hospital nurse," it should be apparent to every member of the staff that they were all engaged in *nursing sick folk*. He felt bound to add that the description which Dr. Robertson had given of the ill-treatment of the insane under somewhat old-fashioned conditions was, in his opinion, an exaggerated one, and he must say that if abuses existed such as had been described, then he should be more inclined to lay the blame on the superintendent than on the attendant; and he would suggest that, if these abuses were to be removed, a more revolutionary change was called for than the mere introduction of hospital nurses.

Dr. TURNBULL agreed in the main with what had been said by the other members. In regard to the nursing of asylum male patients suffering from bodily infirmity or sickness by female nurses, he thought they were now all agreed that it is a very desirable step and a perfectly practicable one. In Fife they had passed through the same experience which Dr. Robertson and Dr. Keay had referred to. Structural peculiarity in the buildings had made it impossible to introduce female nursing on the male side as early as he would have liked, but when a new hospital block was erected advantage was taken of it to place the male sick room in the centre of the building, where it could be easily reached from the female side. He had at first intended to have one or more male attendants also in the sick room, but the nurses, while willing and anxious to do the work, had a strong feeling against undertaking it in association with attendants. He had, therefore, made the experiment of putting the sick room entirely under female charge, and in his opinion it had proved an unqualified success, good both for the patients and for the staff. He had been struck with the very small proportion of cases requiring sick-room treatment that had to be kept out on account of the female nurses being there. Often they were free altogether for long periods from any case of that kind, and even over a series of years he had found that the proportion of such patients was certainly not more than 5 per cent. In the Fife asylum the senile cases were generally placed in the sick-room, and in asylums where the population was so large as to require separate wards for senile and sick cases he thought there would be no serious difficulty in placing the senile ward as well as the sick room under female charge, as Dr. Robertson had done in Larbert asylum. In regard to dormitory observation at night he agreed with Dr. Robertson as to its great value, but thought that certain details should be kept in view. Like all of them he had felt that patients placed in single rooms were apt to be neglected and to fall into bad habits, and about ten years ago he introduced an observation dormitory for chronic cases with a nurse on duty in it all night, and a number of cases that had formerly been constantly in single rooms were placed in it. He remembered well the difficulty he had in

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persuading some of the older officials that such a step was possible; but the dormitory had been kept in regular use, and the patients much improved thereby. In the observation dormitory for recent admissions it should be kept in mind that sometimes one troublesome patient would interfere with the sleep of all the others in the room, and the mere fact that nurses were there and were necessarily moving about at times seemed to have to some extent a disturbing effect on certain patients. At any rate he had several times noticed that convalescent patients were very grateful when they were removed from the observation dormitory, and passed on to a room or dormitory in which there was not the same amount of movement going on at night. He believed that the practical value of dormitories lay entirely in the fact that supervision of a large number of patients was more conveniently carried out and more likely to be kept up steadily there, but thought that certain other requirements were better met by single rooms, and that the latter were properly adopted if the supervision of patients in them was still kept up to the desired standard. For instance, there is a distinct class of patients who are unduly irascible and quarrelsome, who (as it were) respond too actively and in a morbid way under ordinary sources of irritation. He thought that these cases, both for their own sakes and for the sake of the other patients, were distinctly better when placed in single rooms, and by making suitable arrangements it was quite possible to have them in rooms by themselves, and still to keep up all the supervision that is desirable.

Dr. FARQUHARSON said that he had come there to learn something about the methods of Scottish asylums. He had listened with great interest and a good deal of profit to Dr. Robertson's excellent paper, and also to the very valuable discussion which had followed it. He agreed with many of the points mentioned by Dr. Robertson, and so many of the speakers had gone over them in turn that there was very little left for him to say. The asylum of which he had charge was a building of not very recent date, and, owing to its construction, was not altogether adapted for putting female nurses in charge of the male sick wards, but it certainly seemed to him a very proper thing to do if the circumstances permitted of it. He hoped that in course of time he would be able to do it. With regard to the question of keeping patients in seclusion, he might say that during the three years he had been a superintendent it had very rarely been necessary to seclude a patient in the daytime. At night they had certainly a very large number of single rooms occupied, but the majority of these rooms were really a privilege for the better conducted patients. A few of them were used for troublesome cases, but the majority of such cases were kept under observation in dormitories where there were nurses all night.

Dr. ROBERTSON said he had to thank them very much for the manner in which they had received his paper, and also for the criticism that had been offered. He had great pleasure in receiving them that day in the Stirling District Asylum, and he thanked them for coming in such numbers, there being representatives present from most of the asylums in Scotland. As had been pointed out by others, he thought there was probably not very much difference between his point of view and that of some of the speakers who, however, had criticised the details of the paper. The details were quite a matter of secondary consideration, and it was important that on broad principles they were more or less at one. Owing to the short time at his disposal there were only two points that he could refer to. One was the question of the assistant matrons. He could see perfectly well that the feeling of the meeting was against the employment of hospital nurses on the female side, and he deplored this greatly from his desire to see improvement taking place in asylum nursing. Some thought that it created a class, and in that way had a tendency to lower the status of the ordinary asylum nurse. He might say that his aim, object, and intention in the introduction of these nurses was to benefit the insane and to improve the position of the asylum nurse. He had no intention whatever of lowering them. He was, moreover, perfectly certain that the system had elevated the ideals of the nurses, and it had increased their self-respect to have working beside them nurses who had completed their hospital training. In no respect had he found, after five years' experience, that it had acted disadvantageously. Others had said that it would stop all promotion, but it does not; there is absolutely no change from what took place in the past. The only appointment that was probably more definitely kept back from them was the

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appointment of matron. He would like to know how many medical superintendents present had appointed matrons from the ordinary asylum staff. He doubted if in recent years there were more than one or two who had ever done so, therefore no appointment had been kept away from the asylum nurses by his system. It had encouraged them to nobler efforts and to complete their training in general hospitals, and as a matter of fact a number of nurses who had come in contact with these hospital nurses had, after obtaining their nursing certificate, gone and completed their training in the general hospitals. He had no doubt that some of these would come back to the asylums to fill the higher posts. He simply made these statements to prove that his idea in appointing these assistant matrons was to improve asylum nursing and to raise the position of the present asylum nurse, and he believed that the results justified his actions.

In the second place, with regard to the use of single rooms, he had demonstrated that the confinement of patients in them at night was no longer a necessity in asylums, however advisable it might be in exceptional cases. He had stated that 3 per cent. of single rooms was ample to meet the requirements of all these exceptional cases, though the existence of a much larger percentage was of value as bedrooms for privileged quiet cases, and for the treatment of special diseases as erysipelas and consumption. He quite agreed with Dr. Johnstone as to the benefit certain cases received from the quiet seclusion of a single room, but if these cases needed supervision a special nurse should be present, and he was quite opposed to the practice prevailing at present of locking up the patient. The system of locking up patients in seclusion was liable to great abuses, and he had found it almost impossible to check these abuses except by totally abolishing the system. On one occasion, many years ago, after acting, as he thought, with great care, he had ordered a girl suffering from adolescent mania to be confined in the padded room. She was kept there for several days, as every day, during his visit, he received graphic accounts from the nurses of her violence and excitement, till one nurse came to him secretly, and informed him that the reports he was receiving of the frightful violence of the patient were quite untrue. Here was a patient under this system of seclusion suffering unfair and most improper treatment under his eyes, and, but for an accident, it would not have been discovered. He would not deny that locking up patients in solitary confinement, as defended by Dr. Yellowlees, had not occasional advantages—at one time superintendents pled strenuously for the retention of even mechanical restraint and strait waistcoats on account of their usefulness,—but any systems such as these, liable to gross abuse, were better abolished, and it was absolutely certain, from his results, that solitary confinement, especially at night, was greatly abused at the present time. To save the nurses trouble and the asylum expense, patients were being systematically locked up at night who should be under the constant supervision of nurses. He had very gratefully to thank Dr. Clouston for the statement he had made with regard to the system of night nursing. It would go very far towards establishing the system, and extending the belief in its merits, which, however, appear to be now recognised in Scotland.

The employment of women on the male side had met with their expressed or tacit approval, and he would not delay them by referring to it. He was sorry that his remarks had prolonged the discussion, as the time at their disposal was so insufficient.

Some further Remarks upon Night Nursing and Supervision in Asylums. By FRANK ASHBY ELKINS, M.D., Medical Superintendent, Metropolitan Asylum, Leavesden.

A PAPER upon the subject of "Night Nursing and Supervision in Asylums," by Dr. Middlemass and the writer, was

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