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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read at the Annual Meeting of this Association in 1899, in which the practices pursued and the results obtained at the Sunderland Asylum during a period of four years were fully dealt with, and it was advocated—

1. That the night arrangements in asylums be closely approximated to those which exist in general hospitals.

2. That all acute, noisy, dirty, and destructive patients be placed at night in dormitories under constant supervision, and be removed only when it is evident that they have ceased to require such special care.

It is not claimed that what was attempted and done at Sunderland Asylum was any new departure in asylum management, for it was known that in the minds of asylum medical officers there was dissatisfaction with the nursing and supervision of the insane at night, and it was also known that in a number of asylums the advantages of having a larger night staff were realised, and in some cases acted upon.

Dr. Middlemass will say what further there is to be said respecting Sunderland Asylum, whilst it is proposed in this paper to raise points for discussion in describing the night nursing and supervising arrangements at the Metropolitan Asylum, Leavesden, where all the patients, without exception, sleep under constant night supervision.

It is not advocated that in every asylum there ought to be continuous supervision and nursing of every patient during the night. That is a matter to be settled by the medical superintendents of the respective asylums, and largely depends, it is presumed, upon the class of patients housed, and the kind of sleeping accommodation provided.

Leavesden is believed to be the only public asylum where a nurse is placed at night in charge of every ward and dormitory, but this is considered both justifiable and necessary under the circumstances now to be described.

The metropolis supplies Leavesden Asylum with the most miscellaneous collection of human wreckage which, it is probable, has ever been accumulated in an asylum.

No patient under sixteen years of age is admitted, so that no children are found in the wards, and patients dangerous to themselves or others are not supposed to be admitted, although, during the two years 1900 and 1901, thirty-five such cases were transferred to the London City and London County

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Asylums, the Leavesden staff not being sufficiently numerous to deal with suicidal and dangerous patients.

The bodily state of the admissions is shown in the following table, which deals with the two years 1900 and 1901 :

	M.	F.	Total.
In good bodily health and condition .	2	0	2
In average bodily health and condition .	13	1	14
In indifferent bodily health and condition	40	27	67
In weak bodily health	66	94	160
In very weak bodily health and exhausted condition	38	41	79
	159	163	322

The weak and very weak include all patients suffering from physical disease, including epilepsy. It is rare to admit a man or woman capable of doing any work, and many of those admitted can only be treated in an infirmary ward.

The workhouses of London and their lunatic wards send numbers of restless, broken-down senile cases, many epileptics, general paralytic men and women who have not exhibited the classical symptoms of the disease, and are therefore not readily diagnosed by the workhouse medical officers, demented drunkards in an exhausted state after years of drinking, imbeciles and idiots of all kinds, cases of circular insanity and recurrent mania, paralytic and other nervous cases, patients with advanced bodily disease and some mental symptoms superadded, crippled and deformed people with minds full of suspicions, cranks and delusional cases, odd cases which cannot be included, without an act of mental reservation, in any of the tables prepared by the wisdom of this Association, and a small proportion of possibly curable cases, among which may be mentioned some alcoholic cases, some climacteric cases, and some other cases of mania, melancholia, and stupor. The London City and London County Asylums send some of their dements and oddest patients, certifying them incurable, harmless, and suitable for Leavesden.

Out of a population of 1780 patients, about 350 are suffering from tuberculosis, whilst 400 more are in the infirmary wards, making a total sick of about 750, whilst many more aged and feeble are in the ordinary wards. There are nearly

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400 epileptic patients in the asylum, some of whom are treated in the infirmary wards and some in the ordinary wards.

Such, then, is the character of the population which has to be dealt with at Leavesden.

Turning now to the sleeping accommodation provided, the following table supplies the information:

No. of ward.	Character of ward.	Single rooms.	No. of patients.
F. I.	Ordinary infirmary	4	54
F. I *a.*	Tubercular infirmary	4	39
F. I *b.*	„ „	4	39
M. II.	Ordinary infirmary	4	54
M. II *a.*	Tubercular infirmary	4	39
M. II *b.*	„ „	4	39
F. III.	Admission ward	0	50
F. III *a.*	Ordinary infirmary	0	50
F. III *b.*	„ „	0	50
M. IV.	Admission ward	0	50
M. IV *a.*	Ordinary infirmary	0	50
M. IV *b.*	„ „	0	50
F. V *a.*	Dormitory	0	75
F. V *b.*	„	0	75
M. VI *a.*	„	0	75
M. VI *b.*	„	0	75
F. VII *a.*	„	0	75
F. VII *b.*	„	0	75
M. VIII *a.*	„	0	75
M. VIII *b.*	„	0	75
F. IX *a.*	„	0	75
F. IX *b.*	„	0	75
M. X *a.*	„	0	75
M. X *b.*	„	0	75
F. XI *a.*	Tubercular dormitory	0	60
F. XI *b.*	„ „	0	60
M. XII *a.*	„ „	3	43
M. XII *b.*	„ „	3	43
F. XV *a.*	Dormitory	0	55
F. XV *b.*	„	0	55
		30	1780

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Besides the attendant or nurse in charge, there is at least one other sleeping within call in a room off the ward or dormitory.

It must be explained that until recently the population numbered 2000, but on account of the high prevalence of tuberculosis, and the necessity of giving a greater amount of air space per head, especially to those affected with tubercular disease, the Asylums Committee of the Metropolitan Board reduced the accommodation provided to 1780 beds, the advanced tubercular cases having 100 square feet of floor space by day and by night, the incipient tubercular cases having 60 square feet of floor space by night and 30 square feet of floor space by day, the ordinary infirm and sick cases having 850 cubic feet by day and night, and ordinary cases having 500 cubic feet by night and 300 cubic feet by day. The above figures are not ideal by any means, but economic and other considerations had to be thought of in apportioning the amount of air space to be given to each patient.

It may be said at once that dormitories and infirmary wards to accommodate such large numbers are a mistake, because of the difficulty of supervising and nursing each individual in them, but experience teaches that an asylum containing only small dormitories, small infirmary wards, and numerous single rooms, is equally a mistake for rate-paid patients, because proper supervision and nursing, both by day and by night, can only be obtained at great expense, by means of a very large staff. These remarks, of course, do not apply to asylums for the reception of private patients.

As to the number of patients that can be looked after at night by one nurse, it is suggested that in a ward for acute, feeble, and sick patients, the limit should be placed at twenty-five, whilst in a dormitory for quiet patients, requiring raising on account of their habits or attention during a fit, the number might be about forty or fifty.

At Leavesden Asylum there are but thirty single rooms, some of which are padded, and all of which open off the wards, the doors being left open at night to facilitate inspection by the night attendants. They may be regarded as privilege rooms, because they are occupied by trusted patients, many of whom help in the work of the ward. Some years ago these rooms, in common with similar rooms in some other asylums,

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were inhabited at night by restless, noisy, troublesome, dirty, and destructive patients. Under such circumstances no real efforts could be made to find out the causes of the restlessness, sleeplessness, and noisiness; and all these and other bad habits became confirmed, instead of any attempts being made towards amelioration or cure; no efforts could be made to cure destructive habits, and it came to be regarded as necessary for such patients to tear up a certain amount of bed and body clothing every night; no efforts could be put forth to cure wet and dirty habits, and in the morning urine and fæces were smeared all over the floor and bespattered the walls, whilst the odour of the rooms occupied by such patients was inexpressibly nasty. No efforts worth mentioning were made to nurse and care for the single room patient during the night, and under such circumstances it was little wonder that he generally became worse mentally and bodily. The evil did not stop with the unfortunate victim, for often, by his shouts and by thumping at the door and shutters of his room, he kept many of the patients in the adjoining wards awake all night.

Nocturnal seclusion may occasionally be a necessity, as day seclusion sometimes is; but it is urged that this method of treatment, like mechanical restraint, should be used most sparingly, and only on medical order. Nocturnal seclusion is, of course, justifiable in the case of homicidal patients, and perhaps in a few other rare instances, but even in these cases most careful arrangements should be made for their comfort, supervision, and nursing during the night. The more experience one has of proper night nursing, the less necessity there is found for nocturnal seclusion, and at Leavesden Asylum during the last three years not a single patient has needed to be secluded on the male side, whilst on the female side, during the last two years, since the system described above has been in operation, only one homicidal patient has been so secluded. Experience, too, has taught that whilst among the newly admitted there is little or no difficulty in nursing them in a dormitory at night, yet among those long accustomed to be secluded at night it takes a considerable time and much patient nursing before confirmed habits of noisiness, dirtiness, and destructiveness can be corrected, and such patients are very apt to relapse from time to time into their former evil ways.

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In general hospitals there are side rooms off the wards with one, two, or three beds in each for cases of meningitis, apoplexy, and the like, where extra nursing and attention are needed by day and by night. This arrangement might very well be copied in asylums, some side rooms being attached to the infirmary wards. When, as would usually happen, the side room was only used by ordinary patients, then the door would be left open, and the nurse stationed in the ward would be able to give the room a general supervision; but when the room was used for the purpose for which it was built, then a special nurse would be placed in charge, and the door communicating with the ward, if necessary, shut. This, it is suggested, is a suitable arrangement in the case of specially suicidal patients, restless, feeble, senile patients, troublesome general paralytics, the dying, and other cases which readily occur to one's mind.

It is suggested that if modern asylums had followed the type of Leavesden Asylum, reducing the size of the wards, and adding side rooms to the infirmary wards, the Commissioners in Lunacy would not have needed to comment upon the great and hardly justifiable expense entailed in the erection and administration of new asylums for rate-paid patients.

The night staff at Leavesden numbers thirty-five officials. On the female side there is one head night nurse, who is the supervising officer; one charge night nurse, who usually acts as an ordinary night nurse, but when the head night nurse is on leave, takes over that official's duty; and seventeen ordinary night nurses. On the male side, the staff includes one head night attendant, one charge night attendant, and fourteen ordinary night attendants. As there are thirty infirmary wards and dormitories in the asylum, each under supervision, it will be seen that one attendant and two nurses act as reliefs. Occasionally, owing to sick or emergency leave of the night staff, or owing to the necessity of closely watching suicidal or other special cases, it is necessary to draw upon the day staff for further help. Exclusive of the supervising officers, the proportion of night staff to patients is about one to fifty-four, and this, it will be seen, is not an extravagant proportion.

As to the books kept by the night staff, a description of what is done on the male side will suffice, as on both sides similar books are kept, except that on the male side the

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records are printed on blue paper, whilst on the female side white paper is used. The following are the printed headings in each ordinary night attendant's book :

No. of patients sleeping in ward.

Date.

No. of ward.

Wet and dirty.—Here are given the names of those actually wet and dirty during the night.

List of soiled linen, etc.—Verified and signed in the morning by the charge day attendant.

Having fits.—Names ; numbers of fits.

Restless and noisy.—Names.

Sick and requiring special attention.—Names.

Sleeping in single rooms.—Names.

Temperature.

Having stimulants.—With amount given.

Temperature of ward.—Taken twice during the night.

Complaints as to heating of ward.

Other matters requiring special reports, such as deaths, accidents, officers' visits, wet mattresses, reports of special cases, etc.

In the morning the head night attendant examines each night attendant's book, to see that it is properly kept, and then initials it.

In order that there may be continuity of treatment, the charge day attendant reads the night report every morning, and when, in the evening, the charge day attendant hands over his patients, together with the medicines and extras required during the night, he fills up a simple book of four columns :

Requiring medicine and extras.—Names.

Newly admitted.—Names.

Requiring special attention.—Names.

Remarks.

Bearing in mind that the head night attendant is a supervising officer, his night report is made as simple as possible, so that his time may not be unnecessarily taken up by bookkeeping. He reports only the important events to be found recorded, and all unimportant details can be sought for, if required, in the ordinary night attendant's book. The head night attendant's book, when open, presents two sides, one almost blank, and giving him a very free discretion, headed *Special observations*, and the other having the following headings :

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The time when each round of visits was started.—As a rule, he pays five visits to the infirmary wards and four to the ordinary wards during the night, in no particular order, and the times of these visits are also recorded in the ordinary night attendant's book.

Temperatures of the wards.

No. of patients wet and dirty in each ward.

No. of wet and dirty articles in each ward.

No. of patients having fits.

Officers visiting the wards.

Patients taking medicine and stimulants.

He also has to answer in writing two questions every morning:

Have the duties of the night attendants been satisfactorily performed?

Have any omissions in the checking occurred, and why?

These books are very simple, answer their purpose well, and are easily kept, although a description of them on paper makes them seem somewhat complicated.

If we except a general but real supervision on the part of the medical superintendent, the assistant medical officers, the matron, and the other chief officers, upon whom does good night nursing and supervision depend? It mainly depends on having a really trustworthy supervising officer, who can be depended upon to report without fear and favour, who can be relied upon to act wisely in emergency, and who has training in mental and bodily sick nursing. Such an officer, occupying a position of real trust and responsibility, should have generous remuneration, an assured position, and comfortable quarters. Dr. Robertson, of Stirling District Asylum, and Dr. Keay, of Inverness District Asylum, advocate that the supervising officer should be a hospital trained nurse. In the *Asylum News*, a periodical so ably conducted by Dr. Shuttleworth, and which, it is pleasant to note, is now accorded a welcome in most asylums, appears an interesting paper on "Asylum Nursing," read last year at the International Congress of Nurses, held at Buffalo, U.S.A., and contributed by Mrs. P. C. Chapman, formerly successively matron of Leavesden and of Claybury Asylums. In this paper Mrs. Chapman argues, with great force, that the hospital trained nurse cannot regard herself as having had a complete training for her profession as a

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general nurse unless she has had some experience in mental nursing, and equally it is insisted that the asylum nurse should go through a course of training on the general lines of a hospital nurse. These views are certainly correct, for when, in 1899, an epidemic of enteric fever, enteritis, and pneumonia occurred at Leavesden Asylum, and eighteen hospital trained nurses were temporarily placed upon the staff, it was possible to observe the effects of a lack of training in mental nursing. The experience showed that the average hospital trained nurse was not so expert in preventing bedsores in the insane sick as the asylum trained nurse, and, as might be expected, she was not so tactful and efficient in the management of the insane sick. Failing to manage her patient properly, she was very apt to fly to such extreme remedies as restraint and seclusion, and would like to have tied the patient in bed when he was restless, or put him into a single room if he were a little noisy. There was also a tendency to run away if the patient talked a little nonsense, and if, as unfortunately sometimes happened, the patient was not very decent in his manner or conversation, some hospital trained nurses were apt to be thrown into a panic. These observations, however, prove what might be expected: that the hospital trained nurse must get proper training in mental nursing before she can be considered thoroughly competent and reliable enough to nurse the insane sick. It is suggested that the best head night nurses and attendants are those who have had asylum experience, and have been trained on hospital lines.

The efforts of the head night attendant should be seconded by observant and trained night attendants, and in order to keep such it is pleaded that their status and pay should be that of charge attendants, instead of ranking them with ordinary attendants, as is done at most asylums. It is better to allow all the male night attendants to live outside the asylum, giving an allowance in lieu of board, lodging, and washing, as is done at Leavesden, where shortly there are to be erected twenty-two cottages for the married attendants, a class which ought to be encouraged to stay. It is unfair, too, to expect the night nurses to sleep in the asylum within earshot of noise of all kinds, and it is pleasant to announce that a nurses' home will shortly be erected at Leavesden for all the night, and a portion of the female day staff.

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And now, in order to raise a point for discussion, a thorny subject is touched upon: the nursing of sick and infirm male patients by female nurses. The subject has been so fully dealt with by others that no attempt will be made to advance the arguments for and against the introduction of female nurses into male sick and infirm wards, but it is prophesied that before long, in most asylums, the male sick and infirm patients will be nursed by female nurses. At Leavesden Asylum the principle has already been in part adopted, for a superintendent nurse, who holds both the nursing certificate of this Association and a hospital certificate, is in charge of the nursing of the six male infirmary wards during the daytime. For various reasons nothing further has as yet been done. One reason is, that as the Metropolitan Board are about to open a large asylum at Tooting Bec especially for the reception of the sick and infirm, it is suggested that this class of patient is likely to largely decrease at Leavesden. In this belief all do not share, and it is still to be feared that Tooting Bec Asylum will quickly be filled with a helpless and hopeless population, leaving Leavesden in much the same state as before, although a temporary relief may be experienced. If, as is believed, Tooting Bec Asylum is to be managed on hospital lines, there may, and it is trusted will be, an example of what can be done in this direction, and Leavesden, if these views be correct, will, it is hoped, soon follow in the wake by having female nurses in the male infirmary and sick wards. Every one agrees that there are certain sick and infirm male cases which cannot be nursed by women, but those who have really tried the experiment soon find how very exceptional these cases are. It is contended that the advantage of female nursing for the large majority of male sick and infirm patients is conclusively proved; and at Leavesden there would not be the least hesitation in placing female nurses in charge, both by day and by night, with a feeling of confidence that the very best was being done for the patients concerned.

It may be remarked that a mixture of male and female nurses in a ward is not advocated.

There does not seem to be any authentic record as to who first suggested the use of the "tell-tale" clock, but the circumstances surrounding its introduction and early history may easily be imagined. Given an untrustworthy person sent on

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duty where little or no supervision of him was possible, the problem to be solved was: By what means could it be proved that he really was or was not on duty during the hours and at the times expected of him? For answer came the introduction of the "tell-tale" clock, at first, no doubt, a simple mechanism, but gradually increasing in complexity as means were discovered to circumvent its records, until at last was evolved that highly ingenious contrivance at present in use, whose records, however, may still be rendered void by those who set themselves to the task, because the human mind is more subtle than any instrument.

In every asylum which boasts a past, many stories have been handed down of the misdoings of the notoriously unreliable night watch, the forerunner of the asylum night nurse. The duty of the night watch was to stay as much as possible near those patients most in need of watching, to visit the other patients at intervals, not to absent himself from the sphere of his labours, and under no circumstances to go to sleep. He also did certain other duties, but mainly his function was to watch, and not to nurse the patients committed to his care. It may be imagined how the medical officers then in charge of asylums welcomed a contrivance of the nature of a "tell-tale" clock as some sort of check upon such an official; but it is difficult to understand why universally in English asylums, where there are, or ought to be, competent night nurses and attendants, and above all a trustworthy supervising officer, such instruments should still be insisted upon as necessary.

Dr. Keay, in a recent paper, writes: "It is hard to see what information can be obtained from the record of a 'tell-tale' clock further than that an attendant was in a certain place in the asylum at a certain hour, and that when there he devoted a certain amount of attention to the clock. Without further information showing what attention he gave to the patients, I do not know that the knowledge regarding his movements is of any particular value. He may cuff the ears of a restless patient, but the 'tell-tale' clock looking on is reticent on the subject. 'Tell-tale' clocks are a bad substitute for effective supervision of the night staff. Let us have this effective supervision, and such contrivances will disappear as being out of date, and no longer required." At Leavesden, where the "tell-tale" clocks were already placed, they are still in use, but

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as every ward door has glass panels, as the nurses and attendants placed in charge of the wards are regarded as trustworthy, and are kept occupied by their nursing duties, and as, moreover, there are reliable supervising officers, it was not thought necessary to make additions to the "tell-tale" clocks when the night staff was recently increased.

It is not proposed in this paper to take up at any length the treatment from the medical and nursing points of view of those troublesome symptoms of mental disease, most noticeable during the night, such as noisiness, restlessness, violence, excitement, destructiveness, wet and dirty habits, and sleeplessness. The subject is large enough for a separate paper, and is ripe for full discussion in connection with the question of night nursing and supervision of the insane. Each individual case of noisiness, restlessness, violence, excitement, destructiveness, wet and dirty habits, and sleeplessness should be considered individually and on its own merits. It may be objected that it is a matter of only treating symptoms, but nevertheless it is advisable to approach all such cases in the same way as one approaches a case of pneumonia or a case of tuberculosis of the lungs,—with the intention of using every possible means for the amelioration or cure of the condition. It goes without saying, that in all such cases a most careful physical examination should be made, the treatment of the bodily state being all-important. No one, for instance, will deny that loaded bowels and dyspepsia are accountable for many of the bad symptoms mentioned above. A real interest in the case and steady determined effort will work wonders. Every aspect of the case should be studied, even the history of the case before admission being found useful, for in at least one case, that of a middle-aged man, who was constantly noisy at night, it was found that he had been a night-worker and a day-sleeper nearly all his life. A consideration, too, of the diet is very important, for every medical officer of an asylum is acquainted with the senile maniac who suffers from boulimia, sleeps after all his meals, and keeps every one awake at night in his ward unless he is brought under proper medical and nursing treatment. The importance of recording early symptoms, and thus having the chance of warding off attacks, cannot be too much insisted upon, and the night nurses should be specially instructed to be on the watch for certain symptoms

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which vary in different patients. Every night nurse should be taught all the known nursing artifices for inducing sleep, because if a patient can be made to sleep a great many acute symptoms are obviated. Wet and dirty habits, except in cases of paralysis and other actual diseases, can nearly all be cured if proper means be taken. A noisy patient moved from one ward to another under the care of a different nurse often ceases to be troublesome. A wet day, when patients cannot get out of doors, results in a restless night for some, and no one denies that exercise and fresh air are the best of soporific agents. Since paths have been made round the asylum estate at Leavesden the patients have been quieter at night. The importance of tubercular patients living as much as possible in the open air is now insisted upon by all medical men, and as the tubercular insane include many patients suffering from delusions of suspicion and unseen agency, and liable to excitement, the result of belief in these delusions, the necessity of having shelters, as at Leavesden, in the gardens used by such patients so that they may be out of doors almost regardless of the weather, is self-evident. Such shelters, it is claimed, amongst other good effects, diminish excitement and increase the sleep of insane patients.

What, it may be asked, are the advantages which have accrued at Leavesden by this larger amount of night nursing and supervision?

The dangers from such unlooked-for, but not altogether rare occurrences as fires, unexpected fits, apoplexies, and other sudden illnesses, suicides in patients not regarded as suicidal, assaults, and even homicides are minimised. Compared with their former state, the quietude of the wards and dormitories is a constant marvel, even to those officers accustomed to visit them. Of course there are noisy patients at times in the dormitories and sick rooms or it would not be an asylum for the insane, but the condition of affairs may be described as similar to that of a sleepy village, whose quietude is occasionally disturbed by the brawls of a midnight reveller, whose doings afford a topic of conversation for the next day. In the same number of the *Journal of Mental Science* which contains the paper by Dr. Middlemass and the writer upon "Night Nursing and Supervision in Asylums," there is also a criticism, and the opinion is expressed that "the unreasoning mania of

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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." At Leavesden the "poor soul" could retire to rest in nearly every one of the thirty wards and dormitories almost sure of not being disturbed during the night, and at Sunderland Asylum the careful statistics of Dr. Middlemass prove the comparative quietude of properly supervised wards. At Leavesden there is a large number of epileptics, and it is claimed that the night nursing, combined with medical treatment and proper day nursing, has reduced the number of cases of unreasoning mania of epilepsy, whilst it is urged that if such a case do occur, nocturnal seclusion is the worst treatment that can be adopted. At Leavesden there are a considerable number of idiots and imbeciles, and some of them are noisy at night occasionally, but there has been no experience of idiots who occupy their nights in monotonous verbigeration, and keep their fellow-patients awake night after night, yet it is not doubted that such cases can be produced by long-continued neglect. During an experience extending over seven years at Sunderland and Leavesden, it has never been necessary to place a general paralytic in day or night seclusion, and it must be remembered that at Sunderland general paralysis is so common that for a time, at least, every fifth admission suffered from the disease. A side room and a special nurse should certainly be the prescription for the critic's last example—the apoplectic. Here, again, it is necessary to repeat what was written in 1899: "We readily and without reserve grant that the system is not a specific warranted to be applicable to and to cure every case without exception; but, on the other hand, we would emphatically state that the cases to which it is not applicable are altogether exceptional."

Another good result has been that the wet and dirty patients have been largely reformed, many becoming quite clean who formerly wetted and dirtied their beds every night. This aspect of the subject was so fully dealt with in the previous paper that it is proposed to present only a table of results obtained at Leavesden, which, bearing in mind the class housed, is considered most satisfactory:

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	1900.		1901.	
	Males.	Females.	Males.	Females.
Average number of faulty patients per night during the year	18·49	36	13·05	30·98
Average number of dirty articles per night during the year	64·96	112·84	46·16	82·14
Total number of soiled mattresses both day and night during the year . .	44	33	27	20

When a mattress is found to be wetted or soiled, a special inquiry is held as to the cause, and as to whether the nursing is to blame. It may be interesting to record the results of these inquiries during the year 1901. In sixteen cases the waterproof sheets were waterproof only in name, for liquids passed through them; in seventeen cases the nurses forgot to place the sheet under the patient; in seven cases patients became dirty in habits who had hitherto been clean, and there were no waterproof sheets on their beds; in two cases inexperienced nurses were unable to manage patients, and wet mattresses resulted; in two cases the waterproof sheet became disarranged; in one case a patient, objecting to the waterproof sheet on the bed, removed it without being seen, and afterwards soiled her mattress; in one case diarrhœa in a quiet patient was the cause; and in the last case a patient deliberately emptied his chamber utensil into his bed on recovering from a fit.

With the exception of those of confirmed bad habits, destructive patients no longer constantly tear up their bed and body clothes at night, although a certain amount of destruction still takes place.

Both at Sunderland and at Leavesden, besides the betterment of the patients' state at night, it is maintained that the good nights now generally enjoyed by the worst patients have secured for them better general health, an amelioration of their mental condition, and, what is very important for them and others, quieter days. Patients who are subject to attacks of sleeplessness can be specially watched and treated, and it is not doubted that attacks of noisiness, excitement, and violence

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can be warded off by the observation of early symptoms. Sleeping draughts are rarely given, and then only for definite medical reasons, and the Sunderland statistics show how very few draughts are given or needed in properly supervised wards. It is certainly bad practice to give sleeping draughts to patients in single rooms, in order that others lying in adjoining wards shall get sleep.

In conclusion it may be objected that what is possible with the Leavesden patients is impossible with the patients at other asylums, and one can only plead an opposite opinion as the result of fourteen years' experience among very different classes of the insane in widely separated parts of the country.

The opinions now ventured are the outcome of experience, not only at Leavesden, but at Greenock, Edinburgh, and Sunderland.

Discussion

At the General Meeting at Cheadle, February 14th, 1902.

Dr. Middlemass said that the experiences he gave in the paper read about three years ago, to which Dr. Elkins had referred, had been fully confirmed since then. He had seen no reason to modify those statements, and the same system was still in force in Sunderland. So far as he had been able to gather from the criticism of his paper there was no question but that the treatment they advocated with regard to wet, dirty, and destructive patients was a satisfactory one. The only point upon which there was a great difference of opinion was with regard to the dormitory treatment of noisy patients, and this, he fancied, would always be a matter regarding which there would be opposing views. He thought that the more they endeavoured to treat patients on the lines indicated the less noisiness would occur. Of course they were quite ready to acknowledge there were exceptional cases, where, in spite of the nursing and attendance at night, patients were noisy; but he thought if they persevered with the treatment of such patients in an open dormitory, they would in the end succeed in getting them to be as quiet as their neighbours. He had said there were exceptional cases, and he had one or two patients whom he had tried in an open dormitory, and he had found it necessary occasionally to place them in a single room at night. Occasionally they were better in a single room. After some time he tried them in a dormitory again, and, as a rule, found they were quiet there. He thought they should persevere with that plan, and should not be discouraged by exceptional cases. But if they wanted their night nursing to be a success on the lines laid down they must pay a good deal of attention to it. Something more was necessary than to simply give instructions to the chief night attendants. Personally, he made a point of constantly visiting the dormitories, of going through them three or four nights every week, and seeing for himself how things were, noting all the cases that were noisy, endeavouring to discover, if he could, the reason for this condition, and trying, as far as possible, to combat it.

Dr. George Robertson sent the following contribution, which was read in his absence:

It gives me great pleasure to accede to Dr. Elkins' request to add to his paper a short statement of my experience and of my opinions of the system of night nursing of the insane which he advocates.

It is now some years since Dr. Elkins, then Medical Superintendent of the Sunderland Asylum, opened my eyes to the gross abuses connected with the use of single rooms at night, and to the success with which most of those patients

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whom we had got into the habit of calling "single room patients" had been treated by him in dormitories under supervision. That some of the most troublesome and disgusting manifestations of insanity took place in single rooms at night was, of course, obvious to me and every one else; but I had come to accept these results as inevitable in the course of insanity in all large asylums. My conscience was, however, touched by Dr. Elkins' statements and results, and I decided at once to devote my attention to the habits of those "single room cases." The most obvious change in methods that the new treatment involved was the placing of the patients in associated dormitories instead of in single rooms, and so the old and new methods of treatment were familiarly described as the "single room system" and the "dormitory system." These names led on the part of opponents to a magnification of the virtues—some real—of seclusion in single rooms, and to a misunderstanding of the true principles of the new treatment. Dormitory treatment is *not* the essential part of the new system, but increased supervision and attention to the insane at night. As a matter of course, complete supervision and attention cannot be given if those patients most needing it are separately locked up in single rooms, and so in our pauper asylums, as in our general hospitals, to have good supervision along with economy it becomes necessary to collect patients, classified with care, in dormitories. Could a nurse or attendant be supplied to every patient, and more than one where it was necessary, then the patients might be left in their single rooms. This, however, is an unattainable ideal. It appears absolutely ridiculous and indefensible from a medical point of view that patients should be carefully supervised by day, checked in all insane tendencies, and encouraged in habits of cleanliness, good order, and decency, and when night comes that these patients should be shut up alone in dark cells, and for want of constant supervision to allow all the good of the day to be undone at night. To make the supervision by night equal to that by day, which, of course, is the true medical ideal of night nursing, it is necessary to increase greatly the numbers of the night staff. As by far the most of the patients sleep, and no domestic work is done, it has been found in the Stirling District Asylum that a night staff one third that of the day staff is sufficient to carry out the principle mentioned. There are twenty night nurses and attendants on the night staff of the asylum, which contains nearly 700 patients, and there is a night superintendent, a trained hospital nurse, who inspects the whole asylum and sees that the night staff is doing its work. Every patient showing active manifestations of insanity is under immediate and constant supervision of a nurse or attendant in a dormitory, and as a definite proof of this statement I record the fact that not one patient has been locked up in a single room at night for six months, and with a few unimportant exceptions not for eighteen months. The single rooms are all occupied by privileged sensible patients, and are being furnished as private bedrooms. In my asylum, therefore, the old single room system for the old class of single room patients has been absolutely abolished. I find a few single rooms still occasionally useful for exceptional cases, especially of noise, under special nurses, but if they were all abolished I would not be seriously hampered.

Those who have not tried this system may imagine that the single room patients now under supervision in dormitories would create a pandemonium, but after a fortnight or a month the old chronics—who prove far more intractable than recent cases—get broken in, and finally settle down and become quieter and more orderly. The system is a perfect and demonstrable success, and those who have not tried it themselves, but who yet, by arguments deduced from past experience, can prove to their own satisfaction that it *must* be a failure, I ask to suspend their final judgment until they see the system in practice. Three years ago Drs. Elkins and Middlemass read a paper in London on this subject recording golden truths, but with one exception none of those who spoke recognised the epoch-making change that they (Drs. Elkins and Middlemass) had initiated, namely, the abolition of the abuses of single rooms, the greatest reform that has taken place since the day of Connolly. The seed they sowed has, however, borne fruit, and this was demonstrated in a notable manner at the last meeting of the Scottish Division of the Association, which was held at the Stirling District Asylum. The subject formed an important part of the paper read there, and at this representative gathering, which was the largest one ever held in Scotland, not one member spoke in opposition to the new system of night supervision in dormitories, while those who

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had adopted it spoke strongly in its favour. Dr. Keay, of Inverness, stated he understood that the system was now so universally accepted in Scotland that he did not consider there was any need to bring it forward for discussion; Dr. Marr, of Lenzie, stated that he had found that the dormitory for noisy patients, though it gave much trouble when first established, was now almost as quiet as any other dormitory; and Dr. Clouston stated that he had spent a part of the night going round the Stirling District Asylum, and recorded the fact with great pleasure that "he was impressed deeply with the quietude and with the success of the system which he saw in operation. Not only that, but they had transferred a number of their patients from Morningside, and Dr. Robertson had had the bad luck to get two or three of the most evil characters from Morningside. He was beyond measure astonished and exceedingly pleased to find a woman who was in Morningside a homicidal dangerous inmate, and a most objectionable woman, who was never out of a single room, lying calmly and sweetly asleep in one of those big dormitories."

The system, in Scotland at all events, is no longer either in the experimental stage or on trial, but is established in many asylums, and is apparently accepted in principle by all. In Paris it has been practised by Dr. Magnan for many years. The system is most earnestly recommended to those who have not yet adopted it, and the writer again records his opinion that the removal of the abuses connected with the single room system is the greatest advance that has taken place in the care of the insane since the day of Connolly.

Mr. RHODES said that if the paper proved one thing more than another it proved the doctrine he had preached, that the workhouse was not the place for imbeciles, and that they should be treated separately, as he was glad to say the Manchester and Chorlton Asylum Board were going to treat them. As to the treatment of epileptics, he thought that the time was coming when they should follow the example of the United States. He approved of employing female nurses on the male side, and he considered that asylum nurses should be better paid. He thought that there should be a definite system for training attendants and a recognised standard of efficiency; also that a register of attendants should be kept.

Dr. HAYES NEWINGTON pointed out that they had a standard qualification and a register of their own of those who had passed it, and one of the duties of the Council was to sit in judgment on holders thereof if occasion arose. He thought that it was impossible to have anything like a reliable general register of attendants, and an imperfect register was an extremely dangerous thing.

Dr. YELLOWLEES said he was very glad that Dr. Elkins began his paper by saying that he disclaimed anything like a new discovery, because he was somewhat at a loss to know why it had been so much talked about and so prominently brought before them. He did not know where those fearful places were that had been described. He could not understand it, and when he looked back at the night work in his own asylum he found he had exactly the proportion of night nurses which had been advocated. It seemed somewhat extraordinary that they should have been told of these things as if they had been utterly forgetful, and had not had sense enough to see them. He had no respect for a superintendent who did not see when a patient was better separate, and he thought it was too late in the day for them to discuss and promulgate this question as if they had not hitherto appreciated it. He was glad that Dr. Elkins had made the disclaimer, but he thought the rest of his paper did not seem quite consistent with the exordium. Surely the whole thing might be summed up in an intelligent appreciation of their patients' needs and an earnest desire to meet those needs in the best way they could. No two superintendents would meet them in the same way. For example, in going over this admirable asylum they had seen that nurses were sleeping in the dormitories. He was afraid that would now be utterly condemned. He knew that Dr. Robertson was the apostle of night nursing with female nurses everywhere, and he knew that the hospital trained nurse was declared by some to be the salvation of the insane. He did not agree with that altogether. He thought a good asylum nurse was a better nurse than a trained hospital nurse, had far higher work to do, and could do it better, and those of them who had seen insane patients under the care of ordinary nurses knew that there was no more helpless being than that precious hospital nurse. She was a being whose highest function was to observe closely and to obey; if she watched her patient's symptoms and obeyed the

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physician's orders kindly she did her duty. An asylum nurse must use her own judgment and act upon her discretion; everything she did concerned her patient's welfare. She had a far higher function and more difficult work to do than the hospital trained nurse; but on the other hand he admitted that the hospital training was a great addition, though he contended that in the asylum infirmaries nurses might be admirably trained. The great principle of Dr. Elkins' paper was that they were to be wise, considerate, and kind in their care of patients during the night as well as during the day. It was a great relief to him to find that through all the years he was a superintendent he had been doing what had recently been proclaimed as if it were a new discovery.

Dr. MOULD said he should like to say a word with reference to nurses sleeping in dormitories. It was not done in large dormitories, but only where there were not more than four patients, who were carefully selected, and whose cases were simply of a nervous character. The nurses were an immense relief to the nervous patients with whom they slept. If they did not have those nurses in those small dormitories, then the night nurses must go in, and that was very disturbing to those unfortunate patients who could not sleep. He thought it was a most excellent plan to select nurses to sleep with those simply nervous patients. For more than thirty-five years it had been their custom to have all wet and dirty cases in dormitories.

Dr. STANLEY GILL concurred in Dr. Mould's views as to the desirability of nurses sleeping with patients in dormitories.

The Bearing of Recent Research in the Posterior Root Ganglia upon the New Theories concerning the Ætiology of Tabes dorsalis.

By R. G. ROWS, M.D., Pathologist to the County Asylum, Whittingham.(1)

DR. ORR has shown you the normal cells of the posterior root ganglia and the changes which they undergo in general paralysis of the insane, and we have thought that it would be of some interest briefly to follow the subject a little further, and to see what is the modern view of the degenerative changes in the cells of the posterior root ganglia and in the nerve-fibres of the spinal cord in general paralysis and in tabes dorsalis.

Until the last few years it was held that the initial lesion, which led to the degenerative changes in the fibres of the posterior columns of the cord, was to be found in the cells of the posterior root ganglia, and marked changes, such as destruction of the Nissl bodies, displacement of the nucleus, and shrinkage of the cell-body, were described. Sir William Gowers, in his article on tabes in his *Diseases of the Nervous System*, said the ganglia were generally normal, and he suggested that the degenerative changes in the nervous

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