

The Employment of Female Nurses in the Care of Insane Men in Asylums. By GEORGE M. ROBERTSON, M.B., F.R.C.P.Edin., Medical Superintendent, Stirling District Asylum, Larbert, N.B.

The Mothering Instinct in Women.

THIS system of care rests on the solid foundation of a principle of human nature—the mothering instinct in women. This is not restricted in its operation to a woman's own offspring, but extends in a certain degree to all children as well, and often manifests itself in the most striking manner in those women who have no children of their own. Nor is it reserved for the helplessness of childhood alone, but it includes within the scope of its action the weakness of the sick person and the infirmity of the aged. As a consequence of this, a liking exists on the part of most women for sick-nursing, which in some amounts to an instinctive craving which must be gratified, and almost all for the same reason possess a natural aptitude in picking up the practical details of nursing and care which amounts in not a few to a species of genius. If we exclude the care of insane men from our view, it can be said that wherever we have weakness and suffering and the need of personal care, there women find an opportunity for the exercise of what is a natural vocation, there we find them acting as “ministering angels.”

If women have captured the whole field of sick-nursing from the opposite sex, or have excluded them from it, it must be admitted, according to the doctrine of the survival of the fittest, that men have either less love and aptitude for this kind of work than women, or that their natural instincts, paternal or otherwise, find a more valuable outlet in other channels. There is an element of truth in both explanations. Many years ago Dr. Clouston, an accurate observer of human nature, pointed out that his female nurses all longed to work in the hospital attached to the asylum, whereas his male attendants all wished to be kept out of it, and preferred outdoor work, and that he never saw a man enjoy sick-nursing in the same way that many women appeared to delight in it. On the other hand, not only does the employment of women as nurses harmonise with the

scheme of our domestic arrangements, but in our social system the capacity and endurance of men are more usefully employed in other occupations which are not only more congenial to them, but are better paid.

If there exist a fundamental principle in human nature of the kind indicated, namely, an active sympathy for the suffering and the weak in womankind, it is bound to be an important factor in the evolution of our humanitarian agencies. It is bound, sooner or later, to assert itself in an unmistakable manner, in spite of all temporary impediments. Among the most important of these modern agencies is the care of the insane in asylums, and it may be recorded that the first asylum in Scotland, the Royal Lunatic Asylum, Montrose, built in 1771, and incorporated by Royal Charter in 1811, owes its existence, primarily, to the suggestions and exertions of a woman, Mrs. Susan Carnegie, of Pitarrow and Charleton. Nor is it possible in more recent times to pass over the name of a remarkable woman who consecrated her life to the fearless advocacy of the cause of the insane, and to whose exertions, it is said, no less than thirty asylums, mostly in America, owe their origin—Miss Dorothea Dix. With regard to what she did for the insane of Scotland, it may be said that the modern system of the care and treatment of the insane, of the management of asylums, and of lunacy administration, is founded on the Act of 1857, and this Act was practically the outcome of the Report of the Royal Commission appointed in 1855. Miss Dix had found the insane so disgracefully treated that she laid the facts before the Secretary of State and the Home Office, and these were so startling that, “at her instance, and without any public movement on the subject, a Royal Commission was appointed to inquire into the state of the lunatic asylums in Scotland.”⁽¹⁾ These two are very outstanding examples of the influence that woman's sympathy for the suffering has exercised on asylums for the insane; but the special point which we desire to consider in this article is the part women have played in the personal care and nursing of the insane of the male sex in our asylums.

The Exclusion of Women from the Care of Insane Men.

Till recently women have had little or nothing to do with the special care of male lunatics; indeed, this duty has almost

without question been regarded in the past as being outside their province altogether. There is, however, an interesting exception to this statement in what has been the practice at the General Hospital of Amsterdam. This institution, which, it is interesting to note, is under the matronship of a lady who was trained at the Royal Edinburgh Infirmary, now contains a pavilion for insane patients, in which the men are to a very large extent cared for by the nurses of the hospital—a six months' course in these mental wards being part of their regular training. The Wilhelmina Gasthuis, as this fine modern hospital is called, replaced the old Buiten Gasthuis or infirmary, and in this building at one time lepers were cared for by religious women. As leprosy died out in Holland, insane patients took the place vacated by the lepers; but these same women, or their successors, with the help of male attendants, who were subordinate to them, continued to discharge their useful and humane duty of caring for the insane as they had previously done for the leprous inmates. Thus the leper-house was converted into the asylum; but evolution did not stop here, for by the admission of patients suffering from ordinary sickness, the asylum finally developed into the general hospital, with special wards for mental cases. The history of this hospital presents many unusual and interesting features; and while the mental wards of a general hospital are only partially comparable to the more complex arrangements for all classes of the insane in a regular asylum, it is instructive to note the fact that from an early date up till now women nurses have continuously cared for insane men in this institution.

There is no difficulty in accounting for the anomaly that while women are born nurses, and have nursed most successfully all sorts and conditions of sick men in hospitals, they have not till recently nursed and cared for insane men in asylums. This is due, in the first place, to the fact that in our country the original conception of a madhouse was not that of a home for the comfort and happiness of a dependent class, nor even that of an asylum or retreat for the care and protection of the enfeebled in mind, and certainly not that of a special hospital for the cure and treatment of a disease. Had the purpose for which madhouses existed been for any of these objects, women would almost certainly have been employed in them. The madhouse was a special prison for the safe custody and con-

finement of a dangerous class, and as this special prison was managed much as other prisons were, the care of its male inmates was naturally not considered within the province of women. The taint of this prison heredity still clings to our modern mental hospitals; it is seen, to give only one example, in the retention of the practice of locking up patients like so many prisoners in single rooms or cells at night, which, as a routine measure for the treatment of the symptoms of a disease, should be discarded by the modern physician. This taint would have disappeared long ago were it not that the physiological laws that develop our habits make us conservative, and that asylum superintendents are even more stereotyped in their ways than most other classes of people. This peculiarity is partly due to the fact that supreme authority is vested in one individual, and partly to the special nature of the task of managing the insane, which is not, and cannot be, openly subjected to public scrutiny, and which, therefore, does not benefit as it might from the suggestions of fresh minds and from healthy criticism from the outside.

In addition to these explanations for the non-employment of women it must be borne in mind that, as a consequence of the ill treatment to which the insane were subjected in the first half of last century, the patients were very violent and vindictive and there was real danger to life on the male side of asylums. So much was this the case that the Metropolitan Commissioners dreaded the results that would follow, even to male attendants, so late as 1844 from the abolition of mechanical restraints. The wards on the male side were therefore not in a sufficiently safe condition to receive female nurses. Moreover, as female nursing had not then developed to its present pre-eminence and to its present degree of perfection, there was not then the same strong reason for introducing it in preference to male nursing as there is now. There was not then the same determination also to see that the insane should receive, so far as was possible, the same privileges and benefits as the sane enjoy.

Finally, there was the obvious sexual danger that arose from placing together within the wards officials of two sexes. There is no doubt whatsoever that this danger was very real, and that recognition of this fact delayed for many years insane men from receiving the benefits of skilled female nursing and those refining influences that good women bring into the lives of

men. In connection with the existence of this danger, and the difficulty of overcoming it, two modern developments must be kept in mind. The man or woman who became a keeper in the madhouse of the past was usually of a most dissolute and brutal class. No intelligence and no moral character were needed for the post, provided the applicant had the necessary qualification of brute force, and desired to enter the ranks of a despised occupation. Haslam wrote of it in 1808: "Although an office of some importance and great responsibility, it is held as a degrading and odious employment, and seldom accepted but by idle and disorderly persons—

“‘All that at home no more can beg or steal.’”

The men and women who are now entering asylum service are of a very different order; every year it is improving, and we not only expect a good moral character in our staff, but it is bare justice to many honourable men and women to say that we get it. In the next place, in the past the supervision of the staff was of a most elementary character, and the keepers were seldom disturbed by the visits of those in supreme authority. At the present time it is not certain that the supervision that exists is as perfect as it ought to be, especially by night, and for that reason the introduction of a more reliable system of supervision by means of assistant matrons or sisters is advocated, but in any case the supervision of the staff that is now practised everywhere, especially by day, is very much more perfect than was employed in the past. These are some of the reasons why women in the past were excluded from the occupation of nursing insane men.

History of the Introduction of Female Nurses.

I have inferred on general grounds that women would influence the evolution of the care of the male insane, and that sooner or later this influence would show itself in an unmistakable manner. This is not the time to describe in detail all the attempts that have been made in our country to employ women on the male side of asylums. It is perhaps sufficient to say that the attempt has been very frequently made during the last sixty-five years, and this of itself is strong proof that the practice is based on some fundamental truth and is not of the nature of an individual fad. There can be no doubt too,

judging by the careful precautions that almost invariably accompanied these attempts, that the difficulties and dangers connected with the employment of women loomed large in the minds of the pioneers of the system, and prevented many from introducing it who nevertheless recognised in principle the merits of woman's care.

I. *Women employed in Household Duties and as Auxiliaries to Male Nurses.*

There is evidence that women very early in last century were occasionally employed in household duties on the male side of asylums, but this was probably done after the male patients had been turned into the airing-courts. We have here evidence that even then household duties on the male side were recognised as being within the province of women, but that it was not thought safe to bring women into personal contact with male patients.

The first important step that I am aware of was taken in 1841, at the Gloucester General Lunatic Asylum, when an attendant's wife was employed to assist in her husband's ward, and this proved so successful an experiment that it led to the extension of the practice. The fact that attendants' wives were employed, and that they only assisted their husbands, shows us that the possibility of sexual misconduct was feared and provided against. On the other hand, it is noteworthy that the husband of the woman who was first selected had charge of the refractory ward, so that the possible danger of violence and injury from patients was not considered an insuperable obstacle to the employment of a woman. The practice of employing attendants' wives to assist their husbands was adopted between 1860 and 1870 in several English asylums, and in some of these asylums this step was taken, not merely to introduce gentler and less forceful methods, but also for the sake of the better nursing of the sick.

The credit of initiating this movement belongs to one whose memory we must ever cherish with interest, namely Dr. Samuel Hitch, the "first secretary and chief organiser" of our Medico-Psychological Association. I am informed by his widow that he was led to employ women in the care of the insane men in the Gloucester Asylum because of the harsh manner in which

male attendants were then disposed to treat the patients under their charge. The fact that the first woman engaged was employed in the "refractory ward," as is stated in the minutes of the asylum, is confirmatory proof of this statement.

A further step in the development of the practice of employing women was in operation at the London Asylum, in Canada, in 1883. Here three women were employed on the male side of the asylum; they attended to household duties, supervised the indoor work of the male patients, and associated with them in the wards. They were trusted to conduct themselves in a proper manner under the ordinary supervision of the asylum, but they were women who were specially selected for the good character they bore, and they were all widows. At the London Asylum the female nurses worked and associated with the male patients in perfect safety, but it would appear from the precautions taken that the Superintendent, Dr. Bucke, realised that there were obvious dangers of a sexual character to be guarded against. Dr. R. M. Bucke died in 1902, and he was one of the most striking personalities of the American Medico-Psychological Association, of which he was President in 1898. He was regarded as one of the foremost men in medical circles in Canada, and he has this additional claim to our respect, that he introduced the system of non-restraint into Canada.

A few years later another step in advance was taken at the Royal Edinburgh Asylum, under Dr. Clouston. In the male hospital block Dr. Hitch's plan of employing the wife of the charge attendant to assist in the care of the patients had been in force since 1877, but about the year 1890, the husband having died, the widow was placed at the head of the hospital, with the male attendants under her authority. This was an innovation, but a more important step was taken when permission was granted to this female charge nurse to engage the services of two young women to assist her, while she was held responsible for their good behaviour. I think this experiment—which was quite successful—marks the end of the first stage, that of employing one or more women in household work on the male side, and as auxiliaries to the male attendants in the care of insane men. We find it demonstrated that women can mix among the male patients in some, at least, of the wards of modern asylums without danger of violence from them, and without being subjected even to insults. With regard to the

method of diminishing the risk of misconduct with the male attendants, there were drawbacks connected with Dr. Hitch's original plan of only employing attendants' wives in their husbands' wards, as it was found that it was seldom the case that a husband and a wife were both satisfactory. We find it, however, at length demonstrated at Morningside, and confirmed at Larbert, in 1894, by Dr. J. Macpherson, that under the reliable supervision of a good charge nurse it is possible to employ in the male wards the same class of young woman as takes to nursing in the female wards without running much risk of misconduct. Without this reliable supervision there will be failure, as occurred at the Melrose Asylum, when the experiment of employing two female nurses in the male sick ward was made in the year 1873; but with it even female patients may be safely employed, as has been done at Morningside and elsewhere.

Finally, with regard to the merits of this system of employing women as auxiliaries only to male attendants, we have the recently expressed opinion of Dr. Clouston, who has had longer experience of this particular system than any one else, that it has proved successful, and is certainly of benefit to the patients.

II. *Women having entire Charge of insane Men.*

The second stage is a short but an interesting and important one. It begins with the observations of a Nurse Goodlet, who had charge of the male infirmary of the Sunderland Asylum in 1895 and 1896, while Dr. Elkins was the medical superintendent. She stated in writing that from her own personal observations while in the male ward she was quite certain that the male patients in the hospital could be entirely managed by women in perfect safety, and that the nursing of the men would be better done if the women were alone, as there were many nursing duties a woman could not undertake with male attendants in the room watching her. As I was interested in the subject at the time, Dr. Elkins, at my request, forwarded this document to me. In the meantime, and quite independently, Dr. Turnbull opened in 1896 a new hospital at the Fife and Kinross Asylum, in which the male and female sick wards adjoined one another, and he there placed the male ward, containing thirty patients, entirely under the charge of three

nurses by day. He had originally intended to staff this sick-ward with male attendants, who were to work under the supervision of the hospital nurse, but she and the matron preferred to undertake the responsibility of managing this ward with the assistance of other nurses rather than in association with male attendants. Dr. Turnbull was willing to make the experiment, and it proved to be a success in every way. It is difficult to over-estimate the value of this demonstration. Fortunately for Scotland, the Commissioners in Lunacy immediately realised its true nature, and congratulated the District Board and Dr. Turnbull on having made so important a step in the improvement of asylum management. Sir John Sibbald was then the Senior Commissioner, and this honoured and sagacious counsellor, whose recent and irreparable loss we all deplore, encouraged the then superintendents of the Murthly, Gartloch, and Hartwood Asylums to place the male hospital wards in each of their asylums entirely in the charge of female nurses by day. Other asylums soon adopted the system as well, and three years later, in 1900, at the Stirling District Asylum, the experiment begun by Dr. Turnbull may be said to have been finally completed by placing female nurses in full charge of male patients, not only during the day, but during the night as well. This final development has also since then been adopted in other asylums in Scotland.

Before passing to a description of the most recent developments of this system, I desire to emphasise the importance of the fact Dr. Turnbull first demonstrated by actual experiment, that women are able to take complete charge of insane male patients in asylums for this reason, that it makes it quite certain that the male patients get the benefit of female nursing. In those asylums where one, two, or even three women were employed to assist the male attendants, the greater bulk of the nursing continued to be done by the male attendants. The women fed some of the patients, and by personal attentions no doubt added greatly to the comfort of others, and by their presence checked exhibitions of violence and improved the tone of the ward; but the work that they were largely engaged in was household work, such as the care of the clothing, the cleaning and decoration of the wards, and all the work connected with the ward kitchen. When patients are completely handed over to the care of women a revolutionary

change takes place, and they at once enter with thoroughness and zeal into the real work of personal care and sick-nursing. While the practice of having women as auxiliaries to male attendants was a great step in advance of the system of having no female aid at all, yet it is only when women are in complete and responsible charge that the full benefits of the system of female care and nursing can be enjoyed. In one or two asylums a male attendant, or more than one, is associated with the female nurses to assist in case of any emergency arising, and to perform duties that women could not undertake. The employment of an attendant to act as an auxiliary to female nurses is not open to the same objections as the converse practice, but nurses have said that the constant presence in the wards of male attendants hampers them in the performance of some of their duties. It will be noted that by the practical exclusion of male attendants from those wards in which women are employed the danger of misconduct has ceased to be the serious question it was at one time. With regard to the danger of violence from male patients, that is now for practical purposes eliminated by reviewing the cases before they are placed under the care of women, and excluding impulsive patients and those with sexual proclivities from their care, or by removing them immediately these symptoms show signs of developing.

(¹) Parliamentary Debates.

(To be continued.)

DISCUSSION.

At the Annual Meeting in London, July, 1905.

The PRESIDENT remarked that the members present had listened with the very greatest pleasure to the admirable paper read by Dr. Robertson. His enthusiasm for the subject was well known, and members appreciated the enormous amount of work which he had done.

Dr. ROBERT JONES said he was personally very much obliged to Dr. Robertson for responding so readily to the request to read a paper on that particular subject, on which, as the President remarked, he was an enthusiast. He (Dr. Jones) had particularly desired to invite Dr. Robertson upon this subject as a compliment to the President's address on the question of nursing which he had anticipated, and thinking that the material brought forward by the President which we could not discuss in a presidential address, and by Dr. Robertson which we could discuss, would afford the opportunity for members to express their views. Dr. Robertson seemed to regard or recognise certain limitations in the working of female nurses for male patients. Personally, he had no knowledge of this form of nursing, but he had made a request to be informed on a previous occasion whether the employment of women on the male side was in part on account of considerations of expenditure, because one knew that women were paid less than men, and that the

advantage was in part—he would only say in part—on account of the maintenance rate. He felt, without much experience in the matter, that Dr. Robertson must have surmounted a considerable number of difficulties to have carried out the nursing of men by women. He could foresee many difficulties to this in a large asylum, where the matron already had her hands full, and he felt loth to make her responsible for working a part of the male as well as the female side; but he believed there were present those who, even in large asylums, had had some experience in the matter.

Dr. BRISCOE said that he wished to add his testimony in support of the adoption of female nursing for male patients. He referred to the desirability of giving mental nurses a training in a recognised hospital.

Dr. TAYLOR said he had listened with interest to Dr. Robertson's paper. On the opening of Hellingly it was arranged that one or two of the male wards should be staffed by female nurses. He feared he could not go so far as Dr. Robertson had done, but with regard to the infirmary, he had had one ward staffed by females, by night and day, since the institution was opened, and the plan was very satisfactory. And while every endeavour had been made to train female nurses and make them as skilful as possible, there were also in the institution trained male nurses to look after patients who needed them. One point mentioned by Dr. Robertson was that female nurses preferred not to have male nurses associated with them in the charge of the ward. That question was raised by the female nurses at Hellingly, and he mentioned the matter to the charge nurse, who said she would not like to have a male attendant present; for two years she had managed the ward successfully. He agreed that females could nurse a certain class of male patient, but he felt he could not dispense with male nurses, and an attempt should be made to render the latter as efficient as possible.

Dr. D. G. THOMSON said he had written upon the subject now under debate rather in opposition to Dr. Robertson, and wished to express his appreciation of the able way in which that gentleman had again brought the subject forward. But Dr. Robertson rather balked discussion by saying it was incapable of settlement by an academic debate, and that experience and a trial of the method was the only solution. If that were so, discussion was useless. Still, a few matters might be referred to in connection with it. He admired the tremendous enthusiasm with which the Scotch superintendents, who, however, were not unanimous, worked out the nursing of male patients by females. He (Dr. Thomson) wished somebody would advocate the male nursing of female patients, because his difficulty was to get good female nurses. He had admirable male nurses, far better, as asylum-trained nurses, than his woman nurses. Then, with regard to the enthusiasm of the Scotch in the matter, he invited his hearers to look at another side of the picture. He went to an asylum in the Hague, an almost new institution, and probably its proximity to this country had caused it to be known to some of his hearers, who would support what he said. There were female nurses in nominal charge of male wards. In some wards which he went into there were male attendants also. And when he asked the superintendent if he had any difficulty socially with those young people being together (male nurses and female nurses) his reply was a significant shrug of the shoulders and a reference to "human nature;" from which he (Dr. Thomson) gathered that he had his troubles. Not only so, but the "calming influence" of the females which had been alluded to by the advocates of the system was not indicated at the asylum at The Hague. The ward was what was known in England as a "day corridor," a gallery of single rooms, and the female nurse was seated, nicely dressed, at a table engaged in knitting. But in each of the single rooms was an excited male patient *in seclusion*. That, of course, was not worthy of approval. He did not say it was done in Scotch asylums, but it was right the Association should know the facts when continental advocates of the system were quoted. He was naturally interested in the patients, and in insane foreigners still more so; he was kept back by the doctors, who warned him to take care lest the patients attacked him. There seemed to be no nursing attention paid to the patients, or anything of the kind. That was an asylum staffed by female nurses for male patients. He could only speak of what he saw, and he saw what he had described. He quite admitted that, speaking generally, women were more suitable for the nursing profession than men; but in all walks of life in which women, as a rule, had the natural pre-eminence, the few

men who adopted these avocations, such as dressmaking, cooking, etc., absolutely excelled the women. It was the same with nurses. If one secured a good male nurse, he knew no woman nurse who could equal him, and he had seen many nurses in his twenty-seven years' experience. People seemed to harp on the *sick-nursing* aspect of the question, which he thought was greatly exaggerated. He had an asylum of 1000 beds, yet how many people would be found in bed or ought to be in bed? He found perhaps ten or a dozen, or at most, in the winter, fifteen. The Scotch asylums were about half the size of the English as a rule, so that the amount of "*sick-nursing*" in asylums was small. (Hear, hear.) What 99 per cent. of the insane wanted was attendance in the widest sense, and it was more decently and better done in nine tenths of the cases by men than by women. The male side of the asylum presented no difficulties of attendance; it was the female side which was the difficulty. Of course female nurses would naturally prefer to nurse male patients. First, there was the natural instinctive preference for the opposite sex, and the second reason was that the male patients were comparatively easy to nurse and attend to. As far as he could remember, in the delirium tremens wards at the Edinburgh Infirmary which nearly corresponded to the "acute" wards in asylums, there were men to look after the male delirium tremens and other acutely delirious cases. Then, if what Dr. Robertson said was true, and if what he advocated became the universal practice, male nursing, as understood in all nursing organisations, was doomed and done for. Not that that would be any argument for its continuance, but it must be kept in mind, as the President had already hinted in his admirable address. He thought that these fragmentary observations were all that he could contribute. He was sure that the movement in favour of the employment of female nurses for insane men could not have had an abler advocate than Dr. Robertson, who was most clear and logical, but Dr. Robertson referred to the limitations of the practice, and it was upon those that the disagreement arose. He (Dr. Thomson) could not imagine where the continuity, even of ordinary supervision, not to speak of discipline as ordinarily understood in England, came in when a woman nurse handed over an acutely suicidal patient to a male attendant to take into the w.c. or the bath. It was essentially on such points as those that the difference came in in the two views. A hospital nurse would attend any one man in bed, and do it well he did not doubt, but the ordinary patient in a hospital, as soon as he got up, attended to his daily functions himself. Not so in an asylum—he did them there under supervision. Some seemed to want that supervision to be carried out by females, but he agreed with the lady quoted in the paper, that it was not in accordance with the proprieties and conventionalities of life.

Dr. BOND said he desired to make a few remarks, because he had had the opportunity of acquiring some practical experience in the line which Dr. Robertson had sketched out. He had listened to the paper with great interest. Some of the instances to which the reader had alluded where the system was at work he (Dr. Bond) had seen. Most of his hearers knew that his (Dr. Bond's) institution was a colony for epileptics. There was no part of it which was not staffed by women in some way. Of course, it was not entirely comparable to the ordinary asylum; but every unit of the institution—each unit being a villa—was staffed to some extent by women; e.g., each male villa had at its head a man and his wife, and he could most strongly say he was in hearty sympathy with what Dr. Robertson said as to the influence of the other sex upon the general tone of these male villas. It was true that perhaps the bulk of those women's work consisted in domestic matters, such as maintaining the cleanliness of the villas, cooking, attending to the clothing, etc. That was mainly the kind of work for which he held them responsible. But after the work of the day was over, anyone going into the villa would see these nurses seated among the men and playing games, etc. He had not the slightest doubt about the influence for good which they had upon the patients. He would not give up the system, but as the colony grew he would extend it. The same system of staffing was to be seen also in the one villa set apart for acute cases and for those bodily ill, for a man and his wife were also at the head of that. But the woman, of course, was not called upon to deal with the sudden and violent epileptic manifestations with which all were familiar; that was an illustration of the limitation to which Dr. Robertson alluded. With regard to the female nursing of the sick in large asylums, he had had the opportunity of

witnessing its effect there, and was in hearty accord with the principle. He was sure Dr. Robertson touched the crux of the matter when he said that to insure success the staff must be entirely female, and not mixed. With regard to the vexed question of hospital training and the introduction of hospital-trained nurses, his own view was that in a large asylum the amount of skilled surgical and medical work was sufficient to give a very adequate training if those who were responsible would utilise it by focussing it, and not scattering it about the building, and by having well-organised hospital wards. In small asylums it was probably difficult to provide nurses with sufficient training in that direction. He thought it would be of practical value if Dr. Robertson would some time, preferably in the Journal, give a detailed list of his staff, enumerating the scope and character of each ward, with the number of patients and staff in each. He did it some time ago, but the number of the female staff had now been extended, and one would like to see the exact present arrangement.

Dr. BEDFORD PIERCE said he had had practically no experience on the subject before the meeting, and at the outset those who had not that experience were discouraged from expressing any opinion on the matter. But perhaps he would be allowed to ask Dr. Robertson one or two questions. With regard to nurses in an institution in which middle-class patients were received, did the same conditions obtain as in Dr. Robertson's institution, where he understood the patients were all parochial, and where the nurses were in a better social position than those they were nursing? If the step recommended were taken at the "Retreat," there would be nurses of the same social position as that of the patients, and on this account he thought questions of delicacy would arise and be more difficult to deal with than in a county asylum. He did not think Dr. Robertson covered the whole ground when he discussed why women took up the profession of nursing as they did. He spoke of it as being essentially due to the "motherly instinct" of women; but he seemed to forget the fatherly instinct of man. He gathered that the real reason—or at least a reason—was the social one—that women, and not men, took up the work of nursing in hospitals because there was no possibility of a man earning enough to maintain a wife and family. He thought that, if it were possible, the catheter cases in general hospitals should always be nursed by men; it was only seemly that it should be so, but expense forbade it. The question of kindness was also dealt with in the paper, and that had already been spoken to. His own opinion was that men were every bit as kind as women. It was by no means easy to make comparisons between the nursing on the male and female sides of the institution, and he hesitated to say anything upon such a delicate matter. He need not remind Dr. Robertson of an incident Dr. Robertson had himself related in this room which had happened in the women's side of his own asylum to make it clear that nursing by women did not solve all our difficulties in insuring uniform kindness by our staff. He inclined to believe that the male nurses on the whole were quite as kind as the women nurses, and that, when each were nursing their own sex, he thought the men sometimes had the advantage, especially in relation to some of the smaller, petty details of management. He also thought Dr. Robertson had not done justice to men's capacity for nursing. At his (Dr. Bedford Pierce's) institution there was an attendant who was seriously ill, and requiring an operation. He went to a well-known general hospital, where he was nursed by women. He regretted to say he was not well nursed there by the women nurses; he developed a bed-sore, and generally had a bad time. No doubt such an event was an exception in that hospital. The man was brought back to the "Retreat" and nursed by one of his own colleagues for many months, and the difference in his comfort and in the quality of the nursing which he received was very great, and this the patient most gratefully recognised. Of course that was only a single instance, and to argue on a general question from an isolated case was notoriously fallacious. But it did illustrate the point that there were men who were good nurses, and if Dr. Robertson's recommendation were to become general it would mean that no men who were good nurses would have a chance of developing their faculties or qualities, and that would be a pity. Just as he considered that medical women had a place in the art of healing, so he believed that men had a place in the art of nursing. So, whatever might be the outcome of that discussion, whatever might be the future trend of the question, he hoped matters would be so

arranged that those of either sex who had gifts should have the opportunity of exercising them. (Applause.)

Dr. SHUTTLEWORTH said he would be glad to ask one question. He had had no practical acquaintance with female nursing of male patients in lunatic asylums, but in the imbecile institution with which he was formerly connected there were big youths of not very nice manners, and no difficulty was experienced in employing female nurses in charge of them when ill. The point upon which he sought information was the following—Did the plan adopted by Dr. Robertson, which was also carried out to some extent in other Scottish asylums, of placing women in sole charge of the infirmary wards for men—and so to a great extent cutting off men who had a taste for nursing from opportunities of improving themselves by gaining experience—and also the plan of superseding superior male officers by female supervising officers, at all detract from the supply of good candidates for the posts of male nurses in the asylums? It seemed likely that by removing from the purview of the male attendants the “plums of the profession” or the objects of ambition which would animate a man who felt he had nursing in him, all the better class of male nurses would ultimately be eliminated from asylum service, and there would be left merely what might be called the “bread-and-cheese class,” who would fill up their time at asylum work until they could find something better to do. He merely spoke in order to gain information.

The PRESIDENT said he thought some excellent expressions of opinion had been heard from men of experience in asylum life. There seemed to be a tendency to go a certain way with Dr. Robertson in his advocacy of female nurses for male patients, but every one appeared to admit that this plan had its limits. However good, however angelic, however motherly a woman might be, she was not fit to undertake the care of a violent epileptic. (Hear, hear.) Asylums *must* have male nurses, and those who practised in private must have them—they are absolutely necessary, and it is impossible to treat the very large majority of mental diseases without them, either in asylums or in private practice. His point was that, however excellent the idea brought forward by Dr. Robertson might be, it would not be wise to push it too far, and to belittle the splendid work which male nurses were trained to do.

Clinical Notes and Cases.

Mental Disease associated with “Insangu” (Indian Hemp) Smoking and Tape Worm. By A. D. PRINGLE, M.B., Senior Assistant Medical Officer, Natal Government Asylum, Pietermaritzburg.

Patient.—A native male, æt. 31, admitted to the Natal Government Asylum, February 23rd, 1904.

Mental symptoms.—The patient had been insane for about two weeks previous to admission, and had been in the habit of smoking Insangu (Indian hemp), and had been noisy and dirty in habits, resented interference, and assaulted the attendant and another patient, quarrelsome, and abused those around him, could answer questions only in a dazed manner, and after repetition. On admission he was stubborn and violent if interfered with; otherwise he sat quiet and disinterested, except for spasmodic attempts at escape. On one occasion he did get away from the building and ran some 200 yards to the asylum main entrance, threatening to kill anyone who interfered with him; was much