Tuberculosis Committee Report.

The statistical tables of this report have been subjected to very severe adverse criticism, which certainly has a basis of justification.

We cannot but wish, however, that the criticism had been addressed to this JOURNAL rather than to the pages of a contemporary.

The statistical differences thus pointed out are fortunately not of vital importance, and in no way vitiate the conclusions of the report, which is a contribution of the utmost value.

The incident emphasises the desirability, in all statistical matters of an original character, of obtaining the criticism and advice of a skilled statistician.

Insane Poor under Private Care.

The contribution on the above subject by the Secretary of the Scotch Board of Lunacy, at the recent Belgian Congress, is a valuable description of this mode of treatment as at present carried out in Scotland.

Mr. Spence objects to the term "boarding out" as applied to the system, as giving the erroneous impression that "the essence of the method lies in removing patients from asylums." Private Care is certainly a non-committal and better term.

The statistics show that no fewer than 2631 persons are thus provided for, 1597 being placed singly with relatives (954) or strangers (623), while 1054 are in 477 houses licensed to contain two, three, or four patients.

Two thousand homes, therefore, are found in Scotland in which these cases can be satisfactorily placed; and this fact suggests once more the oft-repeated inquiry whether something of the same kind cannot be carried out in England.

The difficulties would be much greater, and there is little doubt that this mode of care could not be carried out to the same extent as in Scotland. That it is practically nonexistent in England leads, however, to the conclusion that this is due to its never having been satisfactorily tried.

The reasons why private care of the poor cannot be carried out have been so often discussed that it is useless to repeat them, but this report suggests a desire to see a really vigorous and determined attempt at imitation on this side of the border.

In the millennium, when the English Lunacy Commission is strengthened in its medical element, this may, perhaps, be again attempted; at present it is obviously impossible for the three medical commissioners to add to their present work the inspection of a few thousand additional homes.

Hospital and Asylum Training of Mental Nurses.

Discussion has recently arisen in regard to the introduction of hospital-trained nurses into asylums, and the experiment has even been tried of placing them in charge of wards without having had previous experience of the insane. With careful selection and enthusiastic co-operation, this has even worked satisfactorily.

Extraordinary conditions must be carefully excluded in dealing with large ordinary affairs. The question is really whether the ordinary hospital nurse is as good for asylum work as the nurse trained in the asylum. To this question we believe that the majority of medical superintendents would give an emphatic negative.

Attendance on the insane, at its best, demands a much higher quality of intellect and of personal character than is ever required by hospital nursing, and the extent of experience is of much greater value and importance.

The asylum nurse has to deal with the disordered working of the most complex function of life; the hospital nurse is principally concerned with material details of a routine character.

Self-control, alertness, sympathy, patience, cheerfulness, sense of justice, keenness of observation, discrimination, firmness, courage, promptness, initiative, are only a few of the characteristics demanded of a mental nurse; the majority of these qualities may be absent from the hospital nurse without detracting from the efficient performance of her duties.

Whatever may be the actual average of individual education and capability of the two classes at the present time, there can be no doubt that the asylum nurse has scope for a much higher ideal, even if it is rarely attained.

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