

letter of sympathy he received on their behalf from the General Secretary. Further, he desired to express his indebtedness to Colonel Thomson for taking his, Col. Keay's, place on that occasion.

GREETINGS FROM THE MEDICO-PSYCHOLOGICAL SOCIETY OF PARIS.

The PRESIDENT asked the Secretary to read a letter which had been received from the Medico-Psychological Society, Paris.

SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE.

SECRETARIAT GÉNÉRAL.

MONSIEUR LE PRÉSIDENT.—La Société Médico-Psychologique de Paris a tenu sa séance mensuelle le lundi 25 Novembre dernier. Sur la proposition de son Président, M. le Dr. Henri Colin, elle a voté l'ordre du jour suivant :

“ La Société Médico-Psychologique, dans la joie de la victoire commune, adresse à sa soeur, l'Association Médico-Psychologique de la Grande-Bretagne et de l'Irlande, ses meilleurs souvenirs et ses vifs sentiments d'affectueuse sympathie ; elle émet le vœu que des liens d'une plus intime solidarité se nouent entre les deux compagnies savantes pour le plus grand bien de la Science et de l'Humanité.”

Je suis heureux d'être chargé par mes collègues de vous envoyer cet ordre du jour, faible témoignage de notre sincère attachement et de notre vive admiration pour le Grande-Bretagne, cette noble Nation, qui a lutté vaillamment et noblement à côté de nous pour défendre la civilisation contre la barbarie.

Veillez agréer, Monsieur le Président, l'hommage de mes sentiments respectueuses et dévoués.

Le Secrétaire Général,

PARIS ;

le 8 Décembre, 1918.

Monsieur le Président de l'Association Médico-Psychologique de la Grande-Bretagne et de l'Irlande.

ANT. RITTI,

68, Boulevard Exelmans (XVI).

The PRESIDENT said he was sure all members would reciprocate most cordially the desire of their sister society in Paris for closer relationships, and, therefore, that it would be the pleasure of those present to authorise a letter being sent expressive of their sentiments, also their never-dying admiration for their gallant comrades of France. The question arose as to the manner in which the closer relationships alluded to could be manifested. It might be suggested that this Association should invite representatives from the sister Society to attend the next annual meeting of the Association. He would be glad to hear views on the matter.

Dr. BEDFORD PIERCE moved that the President's suggestion be adopted, namely, an invitation be sent to the Paris Society to send representatives to the Association's next annual meeting.

This was agreed to.

RESIGNATION OF DR. STEEN AS SECRETARY.

The PRESIDENT said he presumed members were all aware that the General Secretary, Dr. Steen, had been advised to curtail his activities, hence he found it necessary to resign the office of Secretary of the Association. Dr. Steen had been a most admirable Secretary, possessed of energy, tact and wisdom, he had been a safe guide, and was always a most jealous guardian of the interests of the Society. It was fortunate that he was able to announce that Major Worth had expressed his willingness to take upon himself the burden which had been borne by Dr. Steen, and it should be left to the President to express the confident hope and expectation that he would be a worthy successor to Dr. Steen.

Dr. STEEN thanked the President for the very kind remarks he had made concerning him. At times the secretarial duties might seem rather heavy, but the other officers of the Association were so very helpful and kind, especially the Treasurer and the late Treasurer, that really the work had not been so very difficult after all, and it certainly was a great pleasure to work for the Association.

ASYLUM ADMINISTRATION AS AFFECTED BY PRESENT EVENTS.

The PRESIDENT: Members have all received an addendum to the business of this meeting, in the form of a letter from the General Secretary, stating that he had been written to by several members to say that, in their opinion, the Association should discuss the question of asylum administration as affected by present events. It is suggested that that item of the business of the meeting should come on now, therefore I will call upon Dr. Wolseley Lewis to introduce the subject.

Dr. WOLSELEY LEWIS: You ask me, sir, to introduce a discussion on asylum administration as affected by present events, and I do so, not because I have a scheme for an asylum millenium in my pocket, but because I think it is a matter of paramount importance to this Association. The recent events alluded to are, firstly, the issue of the programme of the National Asylum Workers' Union; and, secondly, some conferences which have been held at the Guildhall and at the London County Hall recently, at which this programme, among other things, was discussed. I have had the advantage of studying the National Asylum Workers' programme, and also of having been present at both the conferences. Whether we view the National Asylum Workers' Union with sympathy or not, whether we approve of the nursing staff of an asylum being members of a trade union, whether we think it dignified, appropriate, or wise for them to join the Union appears to me to be chiefly a matter of academic interest. The fact is that they have formed a Union. The law allows, and public opinion approves of, the principle of collective bargaining. It is our business, I submit, to deal with the facts.

What are the facts? Firstly, a registered trade union has been formed by a considerable percentage of asylum staffs, and they have been trying to enforce their demands by strikes and threats of strikes. The ever-increasing demands of this Union have driven public authorities to unite in order that they might formulate some common policy to deal with the situation. The Executive Committee of the Guildhall Conference and of the Conference which was held at the London County Council Hall have written to the Ministry of Labour asking that ministry to set up an Industrial Board, composed of ten representatives of the public authorities and ten representatives of the National Asylum Workers' Union. And the delegates of the National Asylum Workers' Union who were present at the London County Council conference undertook to recommend to their executive committee that they would make a similar representation to the Ministry of Labour.

So much, then, Mr. President, for the facts. Now, there are two points to which I wish to draw your very particular attention. The first is, that the National Asylum Workers' Union claims to be representative of a highly-skilled body of workers. Is that claim well founded? They admit—nay, they induce to become members of the Union—any employee entering an asylum, however newly joined, however untrained, and whatever measure of responsibility he may have. On the other hand, they discourage, and I understand they exclude, an officer of any sort. It seems to me that that necessarily means that the preponderance of their members must be the comparatively irresponsible, those who know very little of the conditions of asylum life, and that their debates must necessarily lack the steadying and wiser counsels of those who, by longer service and by their ability, have raised themselves from the ranks. So that I ask again, Does the National Asylum Workers' Union really represent the skilled nursing employé of an asylum?

The second point to which I wish to draw your attention is this: There are many questions of asylum administration on which medical superintendents are asked to advise their committees. But under this Industrial Council the medical superintendents will have no representative on either side, and it seems to me, under such circumstances, that members of this Association will find themselves in a very anomalous position! Take, for instance, the first item on the Asylum Workers' Union programme. They ask for a 48-hour week. That is, by inference, an 8-hour day, or night, as the case may be. Obviously our first duty is to safeguard the interests and to promote the welfare of our patients by every means in our power. Recognising this, I have long been in sympathy with a reduction of the hours of the nursing staffs of asylums because I think it means improved efficiency. But please note that, when I say that, I essentially mean hours per day and not necessarily hours per week. It is the reduction of the working hours per day that I believe the more intelligent of the asylum staff wish to have, and

it is the reduction of the working hours per day which I think is likely to increase their efficiency. In other words, I do not think 12 or 14 hours a day make for efficiency. The war has taught us many things, and during our recent enforced shortage of staff I had an opportunity of observing that there were periods in the daily routine of a large asylum when a substantial reduction of staff might occur without detriment to the patients. And this observation led me to propose to my Committee a scheme which they have adopted and ordered to be put into execution as soon as possible. If you will allow me I will very shortly sketch that scheme. It is based on the old calculation of one attendant to ten patients, and presupposes that patients rise at 6 and are in bed by 8.

DR. H. WOLSELEY LEWIS'S SCHEME FOR HOURS OF DUTY OF NURSING STAFF.

March, 1919.

Allow 100 Attendants or Nurses for Day Duty for 1,000 beds (*i.e.*, 1 to 10).
 Deduct 15 average number daily off duty.
 " 6 " " on annual leave.
 " 3 " " sick.
 Leaving 76 on duty.
 Half Staff to commence duty at 6 a.m. and leave at 6 p.m.
 Half Staff to commence duty at 8 a.m. and leave at 8 p.m.
 Change of hours to be made weekly.
 Staff Breakfasts 8-8.30 and 8.30-9.
 Staff Dinners 12.30-1.15 and 1.15-2.
 Staff Teas 5-5.30 and 5.30-6.

Allow 20 Attendants or Nurses for Night Duty for 1,000 beds (*i.e.*, 1 to 50).
 Deduct 3 average number nightly off duty.
 Leaving 17 on duty.

(Other deductions allowed for in day duty numbers.)

Night Staff to commence duty at 7.45 p.m. and leave at 6 a.m.
 Breakfast at 6.30 a.m.
 Dinner at 7 p.m.
 One meal during night in Ward Kitchens by arrangement among Staff.

Making a working day or night of 10½ hours, or 61½ hours per week.

KENT COUNTY ASYLUM, MAIDSTONE.

Daily Routine.

6 a.m. Patients get up and Day Staff takes over Wards.
 6.30 Night Staff Breakfast.
 7.30 Patients' Breakfast.
 8-8.30 1st Staff Breakfast.
 8.30-9 2nd Staff Breakfast.
 9.15-12 Chapel.
 Medical Officers' Visits.
 Airing Courts.
 General Bathroom.
 12 noon Female Patients' Dinner.
 12.15 Male Patients' Dinner.
 12.30-1.15 1st Staff Dinner.
 1.15-2 2nd Staff Dinner.
 2-5 Airing Courts.
 Walking Parties.
 Shopping Parties.
 Funerals.
 General Bathroom.
 Lectures.
 Fire Drill (Thursdays).
 Catholic Service (Fridays).
 Choir Practice (Fridays).
 Band Practices.

5	Patients' Tea.
5-5.30	1st Staff Tea.
5.30-6	2nd Staff Tea.
	Medical Officers' Visits.
	Entertainments.
	Dances, etc.
7-7.30	Night Staff Dinner.
7-7.30	Patients go to bed.
7.45-8	Night Staff takes over Wards.

In working out the details of this scheme, I was very much impressed by the fact that I could find no way of materially reducing the hours below what I have said without sacrificing the patient. Of course, there is the three-shift system. My objections to the three-shift system are these: First, it means a constant change of *personnel*, and therefore a lack of continuity in the treatment of the patient. We all know what it means if the "charge" and the second in the ward are off duty. Those of you who have read your *Times* this morning will have seen that in the general London hospitals there is the same move to shorten hours, and I notice that in some hospitals they are proposing an 8-hour day. I submit, Sir, that the condition in asylums is rather different from that in a general hospital. I can quite understand that if you have a nurse who is, we will say, cognisant of the proper treatment of a fractured leg, the nurse-in-charge might be changed three times in 24 hours without any detriment to the patient. But in the case of mental disease, those of us who are acquainted with the working of an asylum know it is very important that the person in charge should have an opportunity of observing those slight alterations and gradations in a mental state from hour to hour. The second objection is that it means a difficulty in assigning responsibility in cases of neglect or improper treatment. Thirdly, there is a great difficulty in assigning responsibility for stock in the wards. Fourthly, it means a very large expenditure for the provision of the extra staff which would be required—I mean in housing. Fifthly, it means such a burden in the shape of wages that the ratepayer may well ask whether it is justifiable, especially when we come to remember that though the duties of the staff in an asylum are often very trying, and especially so in certain wards, they are not usually arduous, and such duties as attending dances or chapels or entertainments are certainly not so.

I have gone into this hours question at some length to show how complex it is, and how intimately it is bound up with the welfare of the patients. It was very noticeable that at the London County Council Conference the welfare of the patients and the nature of the relations between the staff and the patients was entirely ignored, and the hours question was discussed from a purely industrial standpoint—that is to say, simply a comparison between the hours in other trades unions and this, and not in any sense from that of the hours necessary for this particular work. It is probable that at the Industrial Board it is thus that this question will be decided, by bodies of men who have not the necessary knowledge, and who will not consider how their decisions will affect the proper care and treatment of the patients, such proper care and treatment being the only reason why the question ever arises. That, Sir, I think, is a very Gilbertian situation, and I think that is why this question is one of paramount importance to the Association. I am of opinion it is imperative that we should take immediate and definite action to place our views before any Industrial Board which may be set up, and that we should be prepared to put forward a considered policy on these very important questions.

If I am in order, Sir, I would like to move the following resolution: "That this Association, which has done much in the past to improve the treatment of the insane, in the event of the establishment of an Industrial Board, consisting of ten representatives of Asylum Authorities and ten representatives of the National Asylum Workers' Union, to decide conditions of service of the working staff of asylums, strongly urges at the same time the provision of a board of experienced asylum medical officers to indicate how such decisions would affect the welfare of the patients." And I would like to suggest, if I may, that such a resolution, if seconded and passed by this Association, shall be sent to the Ministry of Labour, to the Executive Committee of the Guildhall Conference,

to the London County Council, to the Board of Control, and to the Chairmen of the Visiting Committees of Borough and County Asylums and registered hospitals and the National Asylum Workers' Union.

Dr. SOUTAR: I second the resolution which Dr. Wolseley Lewis has moved. I do not propose to discuss the suggestions or the demands made by the Asylum Workers' Union. Our claim is that we, as representatives of the medical profession dealing especially with the insane, shall be represented on, and that our views shall be put before, any body which is considering matters concerning asylum administration. It is suggested that that body shall consist of representatives of managing committees of asylums and of representatives of the Asylum Workers' Union. These look at asylum administration from two points of view. But there is another—the most important of all—that is as to how decisions arrived at will affect the well-being of the patients. On this matter medical officers only can speak and advise with the authority which comes of knowledge. If they be excluded from the body which is to consider asylum administration no informed and effective advice will be available for securing that proposed changes in administration shall operate to the advantage of the patients, for whose well-being alone our asylums exist. There are committees and there are attendants who would be very glad to have the assistance and the support of asylum medical officers in their deliberations. There are attendants—and many of them—who have in them the true spirit of nursing, who recognise that they are not, like factory hands, merely industrial workers. That spirit—the nursing spirit of sacrifice and readiness to serve the sick—is active in many of our asylum nurses and attendants, and these deserve and require the support which can be fully given only by medical officers who are so closely in contact with them and with the persons to whom they minister. There are, too, many asylum committees who turn to their superintendents for advice and direction on these matters, asking how this and that proposal will affect the patients. Such committees would, I think, regret the absence of medical officers from a body to whom it fell to consider and decide upon matters of asylum administration. I urge that we should endeavour to secure due representation of the medical element on any body which is formed to deal with asylum administration, and that to this end, and that detailed consideration be given to the various matters raised both by managing committees and by the Asylum Workers' Union an advisory committee consisting of members of the Medico Psychological Association be appointed. I have pleasure in seconding the resolution.

The PRESIDENT: We shall be glad to hear the views of members or of visitors upon this important matter; I notice there are visitors present.

Dr. PASMORE: I support the resolution which has been proposed by Dr. Wolseley Lewis and seconded by Dr. Soutar. The proposition is a very important one in getting representation on this Industrial Council of medical superintendents. Because what would happen is, that if we were getting men who were not in sympathy with the insane, the attitude they would take up towards the patients would be rather that of warder to convict, instead of that of nurse to patient. It is most important that this last attitude should be preserved. We know from books that in the past, when asylums were under lay control and administration, the attitude was nearer that of warder to convict than that of nurse to patient. Lay people, who do not understand the right treatment of the insane, speak of lunatics in a derogatory manner. The Asylum Workers' Union and the programme which they have promulgated has received the attention of several committees of the country. It received some attention at Croydon, but not very much. With reference to the hours, they have asked for 48 hours per week. I agree with Dr. Wolseley Lewis it is not feasible to work 48 hours a week, but we have been working a 66-hour week for the last two years, and I think a 60-hour week is very workable. What we do is this: The patients, instead of rising at 6, rise at 7, and the nurses and attendants go off duty at 7.45. And the nurses and attendants have two hours off during the day—an hour for dinner, half an hour for lunch, half an hour for dressing. A 60-hour week could be easily worked by giving the nurses and attendants a half-day on Saturday, the whole day Sunday, half a day Wednesday, and an evening in the week. I agree with Dr. Wolseley Lewis that you get much fatigue emanating from the present day, but where you break up the week, and have a break in the mid-week, that fatigue

would be lessened. For three years I had the opportunity of working in the Psychological Laboratory of University College, where we did much work on the subject of fatigue. We found that if, when a person reached a state of fatigue, he left off at once, he could recuperate in quite a short time; but if he continued for an hour after being fatigued, recuperation required a much longer time. If a man had done a reasonable amount of work by 5, but he went on until 7 o'clock, he would take, probably, four hours to recuperate. For that reason there is something to be said for a shorter day, if it can be arranged.

Dr. MILLER: I suggested before the meeting that there should be a time limit for each speaker except the introducer. I shall, myself, be very brief. I think it is right that it should be a *sine quâ non* in the formation of these Whitley Committees that both sides should be organised. I do not think medical superintendents are going to be received on one side, and they cannot be received on the other. Manifestly, they are employées, and I do not think it is possible for them to get representation on these committees. For this reason they are out of court. I do not suppose we should be sitting on the same side of the table as the asylum workers in the Union, and we cannot be there as employers, because we are not employers. Therefore, it seems to me, we cannot get representation on them.

The PRESIDENT: The idea is that there would be advisory committees, composed of medical superintendents, who could be consulted.

Dr. DIXON: I suggest a slight amendment to the resolution—that we should say “That this Association, composed of medical men who are specialists in the treatment of mental diseases.” I think it is likely some of the asylum authorities do not know what the Medico-Psychological Association is at all, and I think it would strengthen the resolution if that little proviso were put in, showing that the Association is composed of medical men who are specialists in the treatment of mental diseases.

Dr. SOUTAR: In regard to the question of the value of this Advisory Committee, I think there is definite value in it, because it is clear that it is in the minds, at all events, of some Government departments to have Advisory Committees appointed. I heard Dr. Addison the other night speaking with regard to the appointment of Medical Advisory Committees, and he was evidently going to make great use of them. I think we might urge, in consideration of a matter of this kind, that an Advisory Committee might be appointed and at all events consulted, and there would at least be such a body in existence for the authorities to seek advice from. Some can, of course, become representative members of the proposed Board, and we can, at all events, announce that we are in existence, and that we are prepared to give advice and to express our opinion on the matter as it appears to us as medical superintendents of asylums. Even if we do not go further than that, we do take a step forward and establish our claim to be asked and consulted in regard to a matter upon which we have experience.

The PRESIDENT: If no one else wishes to speak, I will put the resolution recorded as follows:

“That, in the event of the establishment of an Industrial Council (consisting of ten representatives of Asylum Authorities and ten representatives of the National Asylum Workers' Union) to consider the conditions of service of the nursing staffs of asylums, this Association, which is composed of medical men actively engaged in the care and treatment of persons of unsound mind, strongly urges the provision of an advisory board of experienced medical officers of asylums to indicate how any alterations proposed would affect the welfare of the patients.”

The resolution was carried unanimously.

Dr. BEDFORD PIERCE: May I now introduce a kindred matter for the consideration of this meeting? It refers to the training of nurses and others engaged in the care and treatment of the insane. As we are all aware, this Association has worked hard at this subject for many years, yet we find in the proposals of the Asylum Workers' Union no reference to the training and no recognition of the trained nurse as opposed to the untrained or the imperfectly trained one. And I think that if we let this occasion go by without putting forward very plainly the importance of training in the interests of the insane—it is also important in the interests of the nurses themselves—it will be a mistake. They are not merely a lot of uneducated people, but people who have taken up a calling which requires training, a career which requires effort on their part to qualify for it. If we leave

this out, I think we shall be undoing a great deal of the work we have done in the past. If this training is ignored, very few in the future will take the trouble to train. Therefore I propose that we bring this subject before the various bodies who are dealing with this subject of conditions of service, and so I submit this resolution:

"The Medico-Psychological Association of Great Britain and Ireland wishes to lay stress upon the principle that the best interests of the insane demand the careful and systematic training of all persons engaged in the care and treatment of patients in mental hospitals.

"The Association strongly recommends that nurses who are well trained and duly qualified should receive considerably higher remuneration than those not so qualified."

Dr. MENZIES: May I second that? The way we have to bring it before the Asylums Workers' Union is that they be requested to recognise the contracts of apprenticeship.

Dr. TURNER: I gathered from the meeting at the London County Council that the Asylums Workers' Union not only do not recognise the Medico-Psychological Association, but they are under the impression that to be boxed up with the insane means becoming a qualified nurse, and that they are going to do away with all training. That is a very strong point.

Dr. DIXON: I attended this Conference, and I heard the delegates speak, and from what I gathered they seemed to think that as soon as a candidate became a nurse in an asylum she immediately became skilled—that a probationer on the first day became skilled—and apparently they wanted a minimum wage to be given to a junior employée as to a skilled worker. Of course, they very rightly made the point that it is a very sound thing to get a better class of worker to deal with the insane. They said if we want good treatment we must get a better class in to attend to patients, therefore we must give them shorter hours and do various other things. But they did not say, "Therefore we must train them." It is a matter of wages and short hours. They expect to get a good class of nurse. I do not agree with that. I think the less wages you pay, the better nurse you get. (Laughter.)

The resolution was carried.

Dr. BEDFORD PIERCE: I suggest that this be sent to the same people.

Dr. MACPHAIL: Do we accept the principle of forty-eight hours per week? Do we agree? And when we appoint this Committee from this Association, what are they going to say? What views will they bring before them? I ask whether we, as a society, accept the principle of working forty-eight hours per week?

Dr. STEEN: To answer Dr. Macphail, the Council have to-day decided to call a special meeting of the Association to consider all these questions at an early date.

Dr. TAYLOR: Am I in order in raising the question of the agenda of the meeting at the Mansion House with regard to the business Executive Officer? Dr. Wolseley Lewis alluded to it in his opening speech. It is a very important question. It appears it must be a medical administration, and I thought that possibly the Association would make some comment on the appointment of this proposed business Executive Officer. It seems to me to be an impossible position for the superintendent if such an officer is appointed.

The PRESIDENT: That point might be brought up for the special meeting which has just been announced by the Secretary.

[A paper was read by Lieut.-Col. E. P. Cathcart on "Psychic Secretion—the Influence of the Environment." We regret that limitations of space will not permit of its appearing in this number of the Journal. It will, however, be published in our July number, along with the discussion which followed.—Eds., *Journal of Mental Science*.]

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

At a Special Meeting of the Association, which was held at 11, Chandos Street, Cavendish Square, London, W., on March 13th, 1919, the following resolutions affecting asylum administration were passed unanimously:

LXV.

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