

## CORRESPONDENCE.

*To the Editors of the 'Journal of Mental Science.'*

GENTLEMEN,—Your courtesy in sending me a proof of Dr. Mercier's paper gives me the opportunity of saying that a classification of insanity was neither asked for nor attempted by the Committee on Statistical Tables. The grouping of the chief forms of mental disorders received into our asylums is in no sense such a classification. It might as well be said that a naturalist who arranges the contents of his trawl-net into groups of the various forms represented was making, or was bound to make, a classification of marine zoology. That the terms used are imperfect, unsatisfactory, and unscientific is universally acknowledged; they are used only for want of better terms, and better terminology can come only with fuller knowledge.

The classification of insanity should be based not on symptoms, which are variable, nor on causes, which are uncertain. It must be based, as in other diseases, on a knowledge of the essential pathological conditions, as confirmed or revealed by morbid anatomy. To such knowledge we have not yet attained, therefore our attempts at classification have been failures, and our nomenclature, which reflects our knowledge, remains indefinite and defective.

I wish I could congratulate my friend Dr. Mercier on having achieved the as yet impossible task. His paper is able and interesting, but the *degree of intensity* in the symptoms, a factor which varies so frequently and so greatly in nearly every case, cannot, I think, be accepted as a secure basis for classification.

Yours etc.,

D. YELLOWLEES, *Chairman of the Committee on Statistics.*

## NURSING—MALE AND FEMALE. FROM DR. URQUHART.

It will be conceded readily that trained nursing is of great importance in asylum administration, at least on this side of the English Channel. The Medico-Psychological Association has devoted much time and care to the development of this service, and has proved the soundness of their general scheme, which is now familiar to all who take an interest in the welfare of the insane. Whatever changes have been made by the Educational Committee are calculated to improve the conditions of service and to promote the interests of the patients. These changes have been well discussed, and have been found appropriate in the experience which later years have conferred upon us. It is natural that this success should be pushed further by some than appears judicious to others. It is also a distinct benefit that ideas should be carried into experiments; that, in a healthy rivalry as regards our common interests, men should develop modern practice along lines that promise improvement in details. The principle, of course, must rest upon that "improvement in the treatment of the insane," which is in the forefront of our memorandum of association. While all will agree on the principle they may individually differ in regard to its application to daily duties. It is on this ground that I would deprecate the recent movement in favour of female nursing in male wards—if it be held by those who advocate the change that it is a system which ought to be universally adopted. Briefly, my point is that it is necessary for the adequate nursing of many patients that trained male nurses should be employed, and, if that be so, then training schools for male nurses should not be abolished.

No doubt this will appeal to a limited number of asylum physicians, for the service in the great county asylums is mainly arranged for these institutions only, in the hope that it will attract and retain the nursing staff; but in asylums dealing with private patients many nurses and attendants are led to engage in private practice or in private nursing homes. Indeed, as methods of asylums resemble the methods of general hospitals, so does experience in management. The staff nurses of general hospitals, like the charge nurses of asylums, have waited for promotion, and long retain the higher posts; so that the movement towards these posts has become slow and tedious. This naturally induces junior nurses to find better positions elsewhere. Thus there are many changes, and hospitals become more and more of training schools. Besides, there is of late a distinct

inclination on the part of mental nurses, who have qualified as such, to complete their education in general medical and surgical work. Unfortunately, this latter development is practically closed to attendants, so that private nursing alone offers a career in their profession apart from asylum service.

There is, however, at least one hospital where male nurses can be trained, although in restricted medical experience. I refer to the National Hospital for the Paralysed and Epileptic in Queen Square, London. This is an important exception from my point of view. It is no new departure, but has stood the test of time for many years; it is similar to an asylum in requiring male nurses in the interest of the patients.

I have been favoured with a letter from Miss Vernet, the Matron of the National Hospital, in which she says that the results of training male probationers have been most satisfactory. "I find," says Miss Vernet, "that a man, after a year's experience here, is equal in capability to many female nurses of two years' training. They work in the epileptic men's ward and in the contributing men's ward under a female sister, who trains and directs them. They also carry out massage and electrical treatment, and all catheter work in the other male wards which are staffed by female nurses. They also assist in bathing the men, and help in very heavy lifting. They also attend surgical operations, and may assist in any dressings. The two seniors are termed staff nurses, and are in charge when the sister is off duty. I have found them quite competent in these duties. . . . I have tried to keep them for a third year, but they do so well in private work that they prefer the extra pay. One is now in charge of the treatment at the King's Hospital, Osborne House. . . . I have myself worked with male nurses here, and find them most helpful, and their care as regards cleanliness of patients, etc., is quite equal to that of women nurses."

It seems to me that Miss Vernet's testimony is most valuable in this discussion; and, of course, it is just what many of us are fortunate in being able to endorse thoroughly. It does not rate the neat-handed Phyllis very highly. A considerable time ago I was led to believe that it was the rough men who played havoc with the crockery in the dining halls; but it occurred to me to have a record kept of these domestic events. The result has been a thorough vindication of the despised sex. In 1903, for instance, the breakages in the male mess-room, where neither patients nor women intervene, were represented by a modest total of 20, whereas, on the other side, neat-handed Phyllis was responsible for 127. I present this for the consideration of students of normal psychology, and can support it by the returns for seven full years. So much for tender handling.

Looking back across the years I would be most ungrateful to forget the attendants with whom I have served, to withhold a high appreciation of their services to sick patients of all classes, and in circumstances of grave responsibility and difficulty. It is distinctly galling to me to find that the work of so many faithful, and skilful, and competent men should be so lightly esteemed, and that proposals to replace them by women should be so pressed upon us, on what would seem to be inadequate grounds. At least, it has not been my misfortune to have been associated with male nurses generally and manifestly inferior to women in their work. I set aside as futile such arguments as have been presented as to the comparative ease with which male patients are fed by female nurses. The converse is quite as relevant, but it has not yet been suggested to replace nurses on the female side by male attendants.

It is no more than just to hold that male attendants are as much entitled to the best possible training as female nurses. If we are to induce the best men to engage in the work we must advance them in their noble profession by every legitimate means, and not reduce them to the position of hired bullies or common labourers. That is what it really means, if attendants are not to be entrusted with the care of the sick and acute cases, but are to be relegated to inferior positions—"to do the heavy lifting"—with no hope of advancement in the asylum, and no prospect of developing in their profession in the world of medicine. That is what I found years ago in the Hospital Commune at Copenhagen. The female nurses held the field, and called in the men when occasion for more strength appeared necessary. I cannot adopt that system in Murray's Asylum; to my mind it is no more desirable than the bad old plan of coercing female patients by the aid of male attendants,

which stood condemned long before I had anything to do with asylums, but was not quite unknown in Scotland, at least, within living memory.

Thirty years ago there were female attendants in certain male wards of the West Riding Asylum, and I have no doubt that Mr. Mould's similar arrangement at Cheadle could be traced as far back. That was a different system, it was restricted in scope, and did no wrong to the male attendants. My point is that these later proposals do constitute a wrong. I shall put it as a personal appeal. Would any of us physicians be willing to enter the service knowing that the higher posts would be absolutely unattainable, that training would be defective, that the future would be a dead level of monotony in the institution, and a limited sphere of usefulness outside? Or, would any of us, having a male case requiring care *and* treatment in private, send for male nurses from an asylum where the attendants are systematically excluded from the hospital section? Or, would we prefer to employ those whose knowledge and skill have been developed in a training school which knows no such unwholesome restrictions? Shall we wrong the patient or the attendant? Personally, I am in no way dubious about the answer.

I can suppose that the lesser expense of female nursing may have a certain advantage in permitting a larger staff, and that individualising of patients which we so earnestly desire. But motives of economy are repudiated, and I have not yet heard that the male medical superintendent proposes to vacate his position in favour of any lady, however competent, or however likely to induce the abstinent male patient to resume his daily bread—and butter.

My attention was specially attracted to a notable letter in *The Hospital* of June 4th last. It was written by Mr. George Bloomfield, a male nurse trained at the National Hospital. It referred to registration for male nurses, and registration is at least as important for men as for women—what is sauce for the goose is even yet sauce for the gander. Mr. Bloomfield's letter appeared to me to be so pertinent to this discussion that I got into communication with him by the courtesy of the editor of *The Hospital*. He prepared a statement which was to have been submitted to the annual meeting, but circumstances prevented it from being made personally, and I therefore now transcribe it for consideration.

#### MR. BLOOMFIELD'S STATEMENT.

"I have been asked by Dr. Urquhart to make a few remarks concerning this so-called reform in asylum nursing, and I desire to point out some of its disadvantages.

"I am a hospital trained nurse and speak from a nursing point of view. I maintain that it would be a great mistake to employ women nurses in the male wards of asylums. A medical superintendent has stated in *The Hospital* that "The work was found to be too revolting and laborious for any but most exceptionally constituted females." I would say that it is highly improper and degrading for women to be in wards where indecent patients are, as they have been known to throw off their clothing and masturbate, no matter who is present.

"Just imagine how extremely distressing it must have been for a certain female nurse, who was on night duty in an infirmary ward chiefly containing old men, except those likely to be troublesome, when a man jumped out of bed, took off his shirt, and masturbated in her presence. Such patients are by no means uncommon in asylums, and *surely* they ought to be nursed by their own sex. I should think that the very sight of a female nurse would tend to arouse passion.

"And again, how can a female nurse properly deal with a patient who repeatedly voids his excreta wherever he may be? or, is it suitable for a woman to nurse venereal diseases?

"If women are to supplant men in asylums there will always be the risk of a catastrophe, such as happened in a certain provincial hospital many years ago, where a male patient became violently insane during the night, seized the poker, and attacked two children savagely, with fatal results. There was a female nurse on duty, who, of course, could not stop him, and nobody would expect a woman to face a madman with a poker.

"I quite agree that patients with diseased minds should have the best possible nursing, and that reform is needed, but male attendants in asylums ought to be

hospital trained. They could then cope with patients physically, and at the same time nurse them efficiently and scientifically.

"It is a common idea that men do not make good nurses, but that is because very few men have had the opportunity of thorough training. My own experience is, that given equal conditions, male nurses can be trained to be quite as efficient as their female colleagues. Of course there are unsuitable men who enter on nursing, but I am convinced that if male attendants could be admitted to general hospitals for a course of nursing, the majority would be highly efficient, and could nurse any case intelligently.

"I am afraid that the bulk of public opinion is against me in this matter, but I hope that some general hospital will take the matter up, and admit men to their training schools in the near future, after the manner of the National Hospital in Queen Square.

"A brief *résumé* of the education there given to male nurses may be of interest. There are two wards set apart for male probationers, and two extra men for special work in the other wards (which are staffed by female nurses), such as catheters, massage, and electricity, and in fact any work which female nurses cannot with decency do. There is one sister for the two wards, who arranges the work and instructs the probationers; and at night there is a female superintendent who visits in all the wards, and is told everything of importance concerning the patients. The matron is in charge of the entire nursing staff, male and female, who are answerable to her for their general good conduct. Male and female nurses attend the same lectures and work for the same certificate, and at last year's examination the first, third, and fourth places were gained by male nurses. The male nurses are thoroughly instructed in the theory and practice of nursing, massage, and the application of medical electricity. They are taught, by the R.M.O., catheterisation with strict antiseptic precautions; the theory of medical electricity, and nasal feeding, also how to give a hypodermic injection, and to feed, *per rectum*. A male nurse attends every operation which takes place, and operation cases are mostly cerebral and spinal. During the last five months the male operation cases have been nursed, and the surgical dressings have been applied, most successfully by the male nurses."

Of course, Mr. Bloomfield writes in ignorance of what has been done in regard to the training of nurses in asylums, but it will be noticed that he speaks in no uncertain terms of what he does know. His modest claim for male nurses deserves the most respectful attention.

I am not at all satisfied that we are to go to the general hospitals of the country to find salvation. In fact, the organisation of nursing carried into effect by the Medico-Psychological Association ought to be a very direct incentive to the general hospitals to amend their methods. I have never pretended that any asylum, however large and varied in experience, can confer upon a nurse that medical and surgical skill which is only to be gained in an important general hospital; but, on the other hand, no general hospital can afford that training in the treatment of mental disorders which is requisite for a mental nurse. A fully trained nurse ought to be competent in every branch of medical, surgical, and obstetrical activity. That is a counsel of perfection, and nursing associations provide themselves with nurses who have specialised. But specialism without a thorough knowledge of general principles and a thorough training in general skilfulness is anathema. Our certificated nurses profess competence in theory and practice, they are commended as suitable; it is for us to see that their education is complete as far as asylum opportunities permit. It cannot be complete for men if male nurses are thus superseded, if their knowledge is limited to what the handbook says and what lectures enforce, to the exclusion of daily practical work among the sick.

I do resent a certain condescension on the part of trained hospital nurses which is made manifest from time to time, and will not admit inferiority of asylum nurses or nursing methods, although we may not give something out of bottles so frequently as other medical institutions. That is a stumbling-block which I am not concerned to remove just now, although many trip over it. I did not learn on a recent occasion that Sir William Gowers set much store on bottles. Indeed, he seemed more concerned to find a respectable caretaker than an experienced,

trained, and effective nurse. But then he began with "The Hanwell Wall," and the days of auld lang syne, while we are interpellating *le dernier cri*.

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#### OBITUARY.

##### F. A. Inderwick.

We regret to record the death of Mr. F. A. Inderwick, K.C., which occurred at Edinburgh in August. Mr. Inderwick had only joined the Lunacy Commission in 1903, but even in his short period of service he had earned golden opinions from all who had come in contact with him. His long legal experience made him at once a valuable addition to the strength of the Commission, while his charm of manner, many-sided interests, and unflinching tact insured his success in his official relations.

Mr. Inderwick, in addition to his distinguished position as a barrister, had represented the Borough of Rye in the House of Commons, and was also a keen antiquarian.

##### SIR FREDERIC BATEMAN.

This distinguished physician died at his house at Norwich on the 10th of August of a stroke of paralysis. He came of an old Norfolk family, one of whose members was Cardinal Bateman, well known in the history of the fifteenth century. Frederic Bateman was born in 1824. He was the son of Mr. John Bateman, who was sheriff of Norwich in 1836. He pursued his medical studies at University College, London, and at Paris, where he got the qualification of *Officier de Santé* in 1846. He used to tell that in 1848 he was pressed to fight at a barricade; not being interested in the quarrel, he took the first opportunity to leave.

In 1849 he became a member of the Royal College of Surgeons, and in 1866 took the degree of M.D. at Aberdeen, and was elected Fellow of the Royal College of Physicians of London in 1876. He married the only daughter of Mr. John Gooderson, of Heigham Fields House, Norwich, who brought him a considerable estate. Dr. Bateman settled in practice in his native town in the picturesque house in Upper St. Giles Street, where he lived till his death. He was for many years Physician to the Norfolk Hospital, and Consulting Physician to the Bethel Hospital for Lunatics and to the Eastern Asylum for Idiots at Colchester. His contributions to medical literature were numerous and important. He took a special interest in neurology and insanity. His principal published work was on *Aphasia and the Localisation of the Faculty of Articulate Language*. This book was based upon some remarkable cases of aphasia which he had observed and followed out. These cases induced him to doubt the correctness of the localisation of motor aphasia in the portion of the frontal convolution assigned to it by Broca, whose thesis he regarded as "not proven." The book was honoured by the Alvarenga prize from the Academy of Medicine in Paris in 1891, and he was made a Foreign Associate of the Medico-Psychological Association of France.

About this time he published a new and enlarged edition. He also wrote a book entitled *Darwinism Tested by Language*, in which he argued that the faculty of speech was peculiar to man. Another of his books was *The Idiot and his Helpers*.

Dr. Bateman was a man of highly cultivated intellect, an accomplished linguist, and well read, not only in the lore of medicine, but in general literature. He was a magistrate for Norfolk, and served as Sheriff for the city of Norwich in 1872. He received many honours from learned societies, which gratified him highly. At the same time, he was ever ready to acknowledge merit in others. In 1892 he received the honour of knighthood, and the year after the degree of LL.D. was conferred upon him by the University of Aberdeen. In 1897 he suffered the loss of his amiable wife, and some time after he was visited by a slight paralytic stroke, from which he made a good recovery. I saw him in the autumn of last year, and was pleased to see how alert and intelligent he still was. He had three sons, who