

Dr. STEWART said he wished it to be understood that he did not at all deny that alcoholic insanity was hereditary; what he wished to suggest was that it far more frequently had as its result some of those other conditions he had referred to, such as epilepsy, or consumption, or some other neurosis.

Dr. MACDONALD added his testimony to the value of the paper. It was particularly interesting to him, because the facts which had been given were so absolutely in agreement with his own. Dr. Barraclough had hit the right nail on the head by saying that the great increase of insanity was probably due to that persistent state of marriage in a limited circle without any interchange of blood. He did not know what could be done to prevent this. Dr. Barraclough rather pinned his faith upon education. He did so himself at one time, but his faith had completely gone. He agreed with Dr. Barraclough in regard to the need for amending their causation tables; as now made up and sent forth they were most unsatisfactory.

Dr. BARRACLOUGH, in reply, referred to the comparison which had been made between the effects of whisky drinking and beer drinking. He thought it quite possible that the brain became more degenerated as the result of whisky drinking, and also at an earlier period. With regard to alcoholism and epilepsy, he quite agreed that if alcoholism could be stopped, epilepsy might be stopped too. As to the causation table, he was glad Dr. MacDonald's views coincided with his.

Dr. SPROUT read a paper upon "Major Operations in the Insane" (see page 446).

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#### NORTHERN AND MIDLAND DIVISION.

A meeting of this Division was held at the County Asylum, Hatton, near Warwick, on the 12th April, 1899.

Members present: Drs. Rutherford McPhail, Miller, S. Agar, Hitchcock, Percival, Bedford Pierce, Whitcombe, Wilcox, and Crochley Clapham (Secretary).  
Visitor: Mr. O. P. Turner.

Dr. MILLER was voted to the chair, and the minutes of the previous meeting having been read and confirmed, Dr. Crochley Clapham was unanimously re-elected Hon. Secretary of the Division, and the names of Dr. Cassidy and Dr. Miller chosen as those to be recommended to the Council of the Association to fill the vacancies on that body.

The date and place of the next meeting were left in the hands of the Hon. Secretary.

A discussion was then opened on "The Nursing Staff in Public Asylums" by Dr. Rutherford McPhail, of the Derby Borough Asylum.

Dr. RUTHERFORD MACPHAIL, in opening the discussion on "The Nursing Staff of Public Asylums," said his experience referred only to the last eighteen years. During that time he had seen great improvements in various ways—greater consideration for the comfort of the staff, shorter hours, longer leave, better pay, more means of recreation, and above all fairly complete instruction in nursing and care of the insane—since the institution of the nursing certificate of this Association. Although it might be taken for granted that we have much better staffs in our asylums to-day than was the case twenty years ago, we seemed to be no nearer the possession of a settled and permanent staff than was the case then. Indeed, such statistics as he possessed would seem to show that the changes were more frequent now than formerly. The obvious inference was that much more required to be done in this important matter, and as most superintendents had a free hand in the choice of their staff it was for them to suggest the remedy.

He went on to say that if educating one's attendants and nurses made them more valuable to the institution, it had also the effect of making them more ambitious, and illustrated this from his own experience. In the Derby Borough Asylum forty members of the staff had been trained and obtained their certificates during the last eight years; only twelve of these were at present on the staff, three of each six had left for better posts in other asylums, two attendants took up other work, five nurses left to be married, and nine attendants and six nurses had joined

nursing institutions and taken up private nursing. The obvious inference was that we did not make it worth their while to stay, they were able to better themselves, although in his asylum the scale of pay was over rather than under the average, and additional remuneration was given to holders of the nursing certificate.

He next discussed the matter from the attendant's point of view—the irksomeness, the difficulties and disagreeableness of the duties, the insecurity of tenure, and the uncertainty of pension. In his opinion we could only expect to retain a good attendant by giving him the prospect, say after ten years' service, of obtaining the equivalent of 30s. weekly, and an amount of weekly, monthly, and annual leave equivalent to one and a half days a week. There were obvious reasons why such long service could not be expected from nurses as from attendants, but in his opinion they had a right to be paid at least as well as nurses in hospitals and infirmaries. He advocated the introduction of ward-maids into the female wards, in the hope of inducing a better social class to take up asylum nursing; this he thought most desirable. He had no experience of female nursing in the male wards of asylums; theoretically it seemed feasible, but there were many practical difficulties. Although he had every sympathy with the complaint as to length of the working day he did not see how it was possible to curtail it. The introduction of the eight hours day, even though the increased expense was got over, would not solve the difficulty. Increasing the number of days off duty seemed at present to be the only feasible course to adopt.

He did not think we went far enough in training the staff—or, rather, that we stopped too soon. He would like, as further developments of asylum nursing, to see some affiliation to general hospitals and the introduction of an honours certificate in mental nursing, to encourage the better qualified of the staff to pursue their studies. In discussing this vexed question of the training and retaining the nursing staff with other asylum medical officers, he found that they all had strong opinions, and his object in introducing this subject would be attained if these views were ventilated. He concluded by suggesting several points which appeared to him as suitable for discussion, and in which he was anxious to obtain the opinion of the meeting for his own information. Some of the points which seemed to him suitable for discussion were the following:

- (1) What is our duty in regard to the Association for Asylum Workers? Ought we to encourage our staff to join it or not?
- (2) Are we all satisfied with the nursing certificate of the Medico-Psychological Association, or should each asylum hall-mark its own training and issue its own certificate?
- (3) Is it better to train your own raw material, or is it equally satisfactory to appoint a proportion of your staff from other asylums?
- (4) What is the best type of raw material, at what age should this training commence, and why do so many superintendents find men trained in one or other of the services so unsatisfactory?
- (5) Is the introduction of female nursing into the male infirmary wards desirable or feasible?
- (6) Should a regular night staff be appointed on permanent duty, or should day and night duty alternate?
- (7) Is it a good or a bad principle to pay for special duties, *e.g.* band practices, fire practices, funerals, &c.?
- (8) What is the best way of dealing with what might be termed the minor faults of attendants?
- (9) In breaches of the seventh commandment should there be one law for men and another for women, as is often apparently the case?
- (10) Are criminal prosecutions advisable in cases where one might consider the culprit sufficiently punished by being summarily dismissed?

He supposed all would have strong opinions on these and similar points about asylum staffs, and the ventilation of views, particularly in an informal discussion, ought to be helpful.

Dr. PERCIVAL observed that he had not a high opinion of the Association of Asylum Workers, and indeed would be glad to see it non-existent.

Dr. MCPHAIL pointed out that the Association had a membership of 4000.

The CHAIRMAN said there appeared to be two ways in which one might look at the question. Was it a secret society to get up opposition, and obtain increases in

wages and various other things in an illicit way, or was it designed to further the knowledge and possibly increase the status of the persons who joined it? If the latter, one could not help seeing that it might be fruitful of good. If, on the other hand, it were a bond of union between a certain class against them (the medical directors) they would naturally oppose it. At that asylum an enormous number of subscriptions were given to it. He fancied the subscribers thought they were going to get 10 per cent. advance by joining it. He thought very possibly before another year or two the Association of Asylum Workers would die a sort of natural death.

Dr. PIERCE said there had been a very good paper in the *Journal of the Association of Asylum Workers* on the hours of workers. It quite impressed him.

In regard to the certificate of the Medico-Psychological Association, Dr. WHITCOMBE said he felt they might discuss the paper from now till next year, and that every one of the points raised in it should be taken up in a very thorough manner. With regard to the certificate of the Association, no doubt it might be improved. The chief matter was in which way it was to be improved. He thought the principle involved in each asylum having its own certificate was utterly bad. It was not, he thought, a good thing for nursing generally to find even hospital nurses with special hospital certificates, and he thought that Association had set a good example in the nursing line by issuing a certificate which should be of value with a very good and thorough examination. That was his feeling about the certificate at the present time.

Dr. CLAPHAM said that the principle of each asylum granting its own certificate was a mistake. The standard between two asylums might differ, and they would have no means of putting a right value on respective certificates.

The CHAIRMAN considered that to disallow an attendant to seek the certificate of the parent Association would be to treat him very unfairly.

Dr. PERCIVAL said there was no doubt great difference in the severity of the examinations at different asylums. To his mind the clinical part of the examination was the most important, and the examiners had not time to take the candidates through that. How much the attendants knew of their real work could be estimated only by the superintendent and medical officers. It seemed to him that a good deal of improvement in the mode of conducting the examination was desirable.

In regard to the question of choosing attendants, Dr. PERCIVAL said in the case of a head attendant it was an advantage to get persons from another asylum, because they came fresh to their duties. Their subordinates found them in the saddle, and had not known them in subordinate positions, and they were therefore able to keep better discipline.

Dr. CLAPHAM said that personally, as a superintendent of a private asylum, he preferred to use raw material. He would never take a nurse from a public asylum. He quite acknowledged that the difficulty was the head nurse. It was a pity to take a head nurse out of one's own asylum from amongst the nurses, because she had not the same sway over her subordinates.

The CHAIRMAN said he was very strongly of opinion that the higher ranks were far better filled up from other institutions. With regard to the appointment of attendants from other asylums, he thought it was rather a cruel thing to taboo anyone because he had come from another asylum.

In respect to the best type of raw material, Dr. PERCIVAL inclined to believe that the majority of superintendents found soldiers unsatisfactory, but his experience was different as regards sailors. He was always glad to get men from the navy. He found them excellent men as a rule.

Dr. WHITCOMBE said his experience was that this was not an optional matter. They had to take what material they could get. At the present time he did not think the class of candidates for attendants in asylums, or even nurses, was anything like so good as it used to be several years ago. As regards the services, he thought the experience was very general that out of the large numbers engaged in asylums a very large proportion failed. He quite agreed that the sailor was the better man, but even with the sailor it was the exception to get a good man. But as regards the quality of the material which they had otherwise to select from, it was entirely a question of locality. He did not think they were likely to get what

he would call first-class attendants until they paid them much better than they now did.

The CHAIRMAN said there was one man who had been left out who was better than some of the other candidates—the handy marine. He was a different type from the others. He (Dr. Miller) had never agreed with those who said that soldiers were not very valuable. If one could get him, the unsophisticated yokel made the best attendant. His committee had already sanctioned an experiment in regard to attendants. The attendants were engaged for three months' probation, and were obliged to present themselves for examination at the end of their second year. If they did not succeed they got no further rise in their wages, and did not get it until they succeeded. Whether this was going to be productive of benefit or not he did not know. It might possibly draw a line between the good and the bad.

In regard to female nurses in male wards, Dr. PERCIVAL said he thought that the general opinion was in favour of having female nurses in the male infirmaries. That seemed to be the fashion. He had not been converted himself. He could not see anything against a man becoming as good a nurse as a woman. He did everything else better, even taking a woman at her own trade. All the best milliners were men, and so were the dressmakers, and it seemed to him that nursing had been relegated to women merely for convenience. No doubt cheapness had a good deal to do in keeping up the practice. He would just as soon be nursed by a man as by a woman.

Dr. WHITCOMBE said he had had experience of female nursing in the male wards for thirty years, and found it of every possible benefit, so much so that he would like a female in every male ward. The difficulty was to obtain married people without families who would go into the male wards.

The CHAIRMAN: You are alluding, of course, to the infirmary wards in an asylum, where the old people and sick are perhaps congregated together?

Dr. WHITCOMBE: Both amongst them and the idiots.

In respect to day and night duty, the CHAIRMAN said he was of opinion that a permanent staff for day and night was the best. He was very strong on one point, viz. that their night staff was inadequate if the nurses were to look after the people anything like fully. They had at Hatton an uncommonly large night nursing staff. He was not going to say the work was done any better, but he thought the principle held good that the care of the insane at night was not quite sufficiently looked after. In their infirmary wards there might be thirty or forty people, and he supposed 50 per cent. required a lot of looking after during the night. He hardly thought one woman could possibly nurse those people during the night, presuming they had anything the matter with them.

Dr. WHITCOMBE said the day staff was probably much larger than the night staff. The nurses, he thought, rather preferred night to day work. Some of his oldest attendants certainly were on the night staff, but there was this great advantage about it, they were married people and lived out, and latterly he had allowed his night nurses to live out also, and he found it was answering very well.

Dr. CLAPHAM: Do you get fewer wet beds as a result of increasing your night staff?

The CHAIRMAN: I unhesitatingly say the increase of the night staff has improved the condition of the patients.

As regards extra pay for special duties, the CHAIRMAN said it was the usual plan to pay extra for band-work, funerals, and post-mortems. Whether the principle was good or not he was not prepared to say.

Dr. PERCIVAL said he had always had a very good band, and they never paid their men anything extra; but then the band practised at night. If they were not at band practice they would be in the wards.

Dr. WHITCOMBE said he had always thought the principle of paying for special duties was a bad one.

The CHAIRMAN said he was glad to hear Dr. Percival was able to retain good bandsmen without paying them. He wondered he was able to do it. He believed he was right in saying that the Lancashire asylums paid their attendants more liberally than they did in the south. He found in a small asylum that the question of keeping up the band was a rather difficult matter. He had taken a practical

interest in it. The conductor was not paid, but the bandsmen were. They paid for their practices, but not for the performances.

The last three points raised in the paper having been briefly discussed, the CHAIRMAN said he thought they were all agreed that they had had a most interesting paper from Dr. Macphail, and it had certainly given rise to a very useful discussion.

Dr. WHITCOMBE moved a formal vote of thanks to the reader of the paper, which was carried.

Dr. WILCOX, A.M.O., of the Warwick County Asylum, followed with a paper on "Some Cases of Insanity treated by Various Animal Extracts."

Dr. Wilcox recorded some cases of insanity which he treated with the following extracts, namely, ovarian, cerebrinin, didymin, and thyroid. The dosage of each of these preparations was at the onset 15 grs. daily, and then was increased by 15 grs. each day until 60 grs. had been given. The extracts were given in the form of tabloids, each containing 5 grs.

(a) The five cases in which *ovarian extract* was used were female patients who, apart from their insanity, also suffered from amenorrhœa prior to or subsequent to their admission into the Warwick County Asylum.

*In the first case*, a subject of mania followed by dementia, aged 19 years, within a few weeks after the administration of this extract marked signs of mental improvement were evident; within a month there was a slight menstrual flow; and six months after this the patient was discharged as "relieved," and had since then gone on steadily improving mentally and physically.

*In the second case*, a subject of acute mania, aged 18 years 13 days, after the commencement of the treatment menstruation began again; after this the patient rapidly got better, and finally recovered.

*In the third case*, a subject of acute melancholia, aged 20 years, menstruation re-established itself, and the patient is at the present time steadily improving.

*In the fourth case*, also the subject of acute melancholia, aged 33 years, menstruation became regular again, and at the same time there was very marked mental and bodily improvement.

*In the fifth case*, a married woman aged 43 years, who at the time of treatment was also suffering from acute melancholia, the ovarian extract produced no effect.

In two of these cases Dr. Wilcox observed a rise of temperature and an increased pulse-rate after the administration of this extract.

(β) The *cerebrinin preparation* was given to four female epileptics, but one of these became excited and developed hallucinations of hearing, while another one became acutely maniacal, and the number of her fits increased. Its action on the remaining two was also unsuccessful.

(γ) *Didymin* was administered to ten male epileptics, but with no success. In nearly all of them it was followed by mental disturbances, *e.g.* excitement, quarrelsomeness, and hallucinations of sight and hearing to a greater extent than before treatment. Subsequent physical reaction was not marked; in only one case did the temperature reach 100° F.

(δ) A few cases who were the subjects of further melancholia, acute mania, or dementia were treated with thyroid extract. One patient showed signs of distinct improvement, but unfortunately this was only temporary. The remaining cases also derived no benefit from its administration.

Dr. Wilcox believes that in the insanity of adolescence the results are sufficiently encouraging to warrant perseverance in the ovarian extract treatment, and he hopes to be able to record again some more data on this subject.

Dr. WHITCOMBE said that, although the subject was one on which he had not had any experience, it struck him that this work upon animal extracts was of very great interest, and led up to what might be very useful work. The success noted by Dr. Wilcox would lead him to turn his attention to the animal extracts.

The CHAIRMAN said he thought there would be no doubt that the utility of some of the animal extracts had been somewhat overrated. He heard a very interesting paper on the use of thyroid, and could not help being struck with the wonderful results apparently accruing from this treatment. But when they came to try it at Hatton, although on the class of cases recommended under exactly similar clinical conditions, they did not meet with the success that others had done. So far as the ovarian extract was concerned he could thoroughly bear out what

Dr. Wilcox had said. He had been very sceptical as to the benefits obtained from the use of this extract, and really at the time they used it tentatively, more on account of the man who recommended it than for any other reason. But after the use of it, especially in the case of Miss M. E. P—, the case Dr. Wilcox referred to, and also of young girls, he was quite sure the drug was one of great value.

Dr. AGAR asked if any similar treatment had been attempted on male patients.

Dr. WILCOX replied in the negative.

Dr. AGAR said he always felt that cases of young women were more hopeful than those of young men in a similar stage. He was not disparaging the excellent results Dr. Wilcox had obtained. One would like to see whether any similar percentage of improvement would take place in the adolescence of males.

Dr. WILCOX: What tabloid would you suggest?

Dr. AGAR said he made no suggestion, but it seemed to him that failures in the male sex were more frequent. He would like to hear very much of such experiments, and they would be interesting to many of them present.

Dr. CLAPHAM said the extracts had been very much used in general hospitals, but were not now used so much as formerly. They used them in the Royal Hospital, Sheffield, but did not have the results they expected. But certainly Dr. Wilcox's results were very encouraging as regards ovarian extract.

Dr. PIERCE said in the few cases he had tried he had drawn a number of blanks. In one case of chronic mania a most surprising lucid interval followed, but no amount of dosing availed to keep the patient well. Thyroid was used in this case. So he must say the use of animal extracts in his experience had been unfortunate, but this paper would certainly lead them to try ovarian extract again.

On the motion of Dr. WHITCOMBE, seconded by Dr. CLAPHAM, a vote of thanks was passed to the reader of the paper.

Previous to the meeting the members were shown round Stratford-on-Avon by Dr. Wilcox, and afterwards driven to Hatton.

Dr. Miller kindly entertained the members at dinner after the meeting, and a vote of thanks was passed to him for his hospitality as well as for presiding at the meeting.

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#### SOUTH-EASTERN DIVISION.

The Spring Meeting of the South-Eastern Division was held at the Kent County Asylum, Chartham Down, near Canterbury, on Wednesday, April 5th. Present—Drs. Fitzgerald, Kidd, Mould, Fox, T. S. Tuke, Moody, E. W. White (Hon. Sec.), Gardiner Hill, Bower, A. S. Newington, Everett, Beach, and Maclean. Visitors—Messrs. Harness, Friend, and Pugin Thornton. Before the meeting a visit was paid to the asylum and grounds. Dr. Fitzgerald kindly entertained the members at lunch. At 2.30 p.m. a meeting of the Divisional Committee was held, and at 3 p.m. the General Meeting. Dr. Fitzgerald was voted to the chair. The minutes of the last meeting having been fully reported in the JOURNAL of the Association were taken as read and confirmed.

Dr. Ernest White was unanimously nominated for the post of Hon. Secretary to the Division for the ensuing year. Dr. White, in accepting office, agreed to do so upon the understanding that he should retire at the end of twelve months, as he had a strong conviction that they should elect a secretary who had been recently more actively in touch with the assistant medical officers, from whom they had expected many papers, which unfortunately had not hitherto been forthcoming.

Drs. Gardiner Hill, T. S. Tuke, and Everett were elected to fill the three vacancies created by ballot upon the Divisional Committee of Management in place of Drs. Swain, Newington, and Boycott.

Drs. Percy Smith, Stanley Elliot, and C. T. Ewart were nominated for the probable vacancies on the Council, having been proposed by Dr. Bower, and seconded by Dr. Beach.

A letter was read from the Secretary of the Parliamentary Committee drawing attention to the fact that the discussion upon the duration of the Urgency Order