CORRESPONDENCE.

From Dr. D. G. THOMSON, Norfolk County Asylum, Thorpe, Norwich.

HOSPITAL IDEALS IN THE CARE OF THE INSANE.

I am sure few papers dealing with the practical side of asylum work have been read by most of us with such interest as that by Dr. Robertson, of Larbert, on the nursing of asylum patients, reported in the April number of the *Journal of Mental Science*, and I hope that others like myself who were not present when the paper was read will, either at future meetings or by letters to this JOURNAL, contribute their views on this important subject.

Dr. Robertson's conclusions and practice are based on one fundamental belief or premise, which is that the more closely we follow not only the hospital ideal but hospital methods, the more perfect will our asylum nursing become. I, for one, emphatically urge and protest that this belief or premise is unsound; I believe that while theoretically diseases of the mind may be diseases of the body as much as tubercle and typhoid, yet in any case they demand an utterly different machinery and environment for their management and treatment from that which obtains for ordinary bodily disorders in a general hospital.

I am quite aware that from a medical point of view every inmate of an asylum is a patient, but to assert that the hospital ideal is to be aimed at and striven for in the care and management of the ordinary asylum inmate is absurd. I am sure we have run after this *ignis fatuus* "hospital ideal" long enough and far enough. Moreover, we have in vain called asylums hospitals. One we have called Bethlem Hospital for centuries; the public, who won't be humbugged, call it Bedlam. Another we have for a few years called Graylingswell Hospital, although by law it is a county lunatic asylum, and thereby try to deceive ourselves and the public, but only deceive the former. We have dressed our female attendants in hospital nurse's uniform and called them nurses; I do so myself, indeed we have, in our zeal for hospital appearances, a comical ostrich-like way of ignoring the male division in showing strangers round our asylums, because somehow it is not so consonant with our hospital ideals as the female division. Further, I am constantly dinning into the ears of the friends of patients that this Norfolk County Asylum is a hospital, knowing all the time that this is only a sop or comfort to their feelings, and that it is no more a hospital than a hospital is an asylum.

Let us set aside all this prejudice in favour of hospital ideals, and certainly let us disabuse our minds of the idea that the hospital nurse is the ideal woman, and review the situation and examine the matter *de novo*.

As Dr. Robertson's paper refers chiefly to the "nursing" of male insane persons by women, I will confine my remarks to male patients. There are in this asylum 360 male patients who may be classified shortly as follows: 50 epileptics, 50 infirm, 5 recent melancholic or maniacal cases, and 255 "chronics" in good health.

I presume no one with any sense of the fitness of things would suggest that the 255 "chronics" should have women in charge of them. With very few exceptions the fifty epileptics could not be managed by women, and certainly my five recent cases, not epileptic or infirm, admitted during the past thirty days, could also not be managed by women; so there remain only my fifty sick and infirm cases who might be managed by women.

To hear the current talk about hospital ideals in asylums one would imagine that there was any amount of acute or chronic bodily and psycho-physical sickness in asylums demanding the specially trained hospital nurse, but we asylum doctors—perhaps I should have said we hospital physicians—know this is all nonsense. I go my rounds on the male division to-day, and I find out of my 360 patients eight men in bed; in winter perhaps a dozen, in summer perhaps none at all. Of the eight I find to-day, two are in bed for acute maniacal excitement, women could not "nurse" them; one is in advanced general paralysis, and as he is no longer obscene, blasphemous, and excited withal, but only demented, helpless, and filthy in habits, he might be nursed by a woman; one has an ulcer on his leg; another has bronchial catarrh; and three others are suffering from senile debility. The six latter might be "nursed" by women as capably as by men, although the three

senile cases were sent here from workhouse infirmaries, where, forsooth, they were said to be unmanageable, under unfavourable conditions I admit, by trained women nurses there.

Therefore, so far as I can see, the only considerable number of male cases which *could* be managed by women are the forty to fifty infirm cases. Analysing these cases one finds them to be mostly more or less feeble old men able to go through the ordinary performances of life—eating, sleeping, exercising, dressing, and undressing—provided all facilities are given them for this, and all difficulties of initiative smoothed away; that is to say men who require *attendance*. But surely this is not *nursing* unless an unwarrantable use or misuse is made of the term, and this *attendance* can be as well given by men as women.

Dr. Robertson admits that bathing and other sanitary requirements have to be fulfilled in the case of his women-nursed male patients by male attendants. I think such an admission damns his whole scheme; anything more unsatisfactory or subversive of proper discipline and methods than this handing over of male patients at one time to the care of women and at another to men is difficult to conceive. A nurse in a hospital will do anything and everything for a male patient so long as he is in bed helpless, but as soon as he gets up and about he attends to his toilet, bathing, and calls of nature himself; and this, of course, an asylum patient cannot or should not do in privacy. One knows that on rare occasions a male asylum patient will do things, such as take food, for a woman when he will not do so for a man, and *vice versâ;* and, acting on this knowledge, I have on such rare occasions employed a female asylum nurse to help in the nursing of a male case. It may be that we do not sufficiently keep in view the occasional great benefit which might be derived from a slight extension of such a principle, but this is far from either the general practice Dr. Robertson recommends or the principle on which he bases his practice.

A minor premise of Dr. Robertson's is his contention that men are not naturally nurses by inclination or instinct.

I have shown above that, firstly, there is really very little nursing to do, using the term in its hospital sense, and I now say that what little there is to do can be equally well done by men. *A priori* perhaps one would not expect men to turn to or take up nursing as women do, yet when they do do so they do it equally well, if not better, than women; just as although not naturally or aboriginally cooks, dressmakers, etc., those who take up these callings excel women therein. Who of us among his staff of male attendants has not a few admirable nurses? I have several whom I would not replace by the best women asylum-trained nurses, far less by hospital nurses. That female nurses would consent to, and even prefer to nurse on the male division is quite beside the mark, and the reasons plain. Firstly and chiefly, the intinctive natural preference of one sex for the other, and secondly, that the male insane are at least twice as easily managed as the female insane.

There are many other matters of interest touched upon in Dr. Robertson's paper; indeed, it teems with topics for controversy, to which I should like to refer, but your valuable space I fancy forbids. I must, however, enter my protest against his scheme of having a hospital-trained nurse as the principal official in a female ward and calling her a new creation, which scheme, apart from its being unnecessary, reduces our on the whole admirable and daily improving asylum nurses to the position practically of wardmaids. I submit the same arguments against this as I have adduced against the hospital female nursing of male patients. The advantages of having two or three hospital-trained nurses available for special bodily illnesses are manifest in any asylum, or for the matter of that, in a school or any similar institution. One of my two assistant matrons has had hospital training, and her special nursing knowledge is at times of great value, but to appoint a hospital-trained nurse, as such, over the charge nurse of a ward would be as much a misapplication of a specially and specifically educated product as to place a doctor as foreman in a chemist's shop; the nurse would have little or no nursing, and the doctor little or no doctoring.

Does Dr. Robertson not credit our male and female attendants with any sentiment, aspiration, or ambition above the pay and limited promotion to which he refers on page 279? Were I a fully asylum-trained certificated charge nurse and a hospital-trained nurse were put in authority over me, not as an officer, but as a fellow nurse, I would most certainly resent it, just as I would were I a fully quali-

fied and asylum-trained assistant medical officer if a gynæcologist, operating surgeon, or even a general hospital physician were appointed as my medical chief.

Dr. Robertson suggests that the hospital-trained nurse would never be guilty of the ill-treatment of patients. Of course, I cannot possibly admit this; hospital training does not eliminate the "black-sheep" that exist amongst us, whether we be asylum doctors or hospital doctors, asylum nurses or hospital nurses.

I heartily join Dr. Clouston and the other speakers in the discussion on the paper in their admiration of Dr. Robertson's enthusiasm. I would even go further than they, in believing that with his enthusiasm he could make the converse of his methods a success, viz. that male attendants should nurse female patients. It is better, however, to have enthusiasm and a trial of new methods of management than a dead-level red-tape conservatism; but the enthusiast must expect criticism, and I trust that he will acquit me, in this somewhat forcibly-worded letter, of any other intent than to fairly examine the methods he suggests and practises.

To the Editors of the JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—There is sufficient internal evidence in the letter addressed to you by "Resartor" to warrant the belief that his strictures on my last review of the Commissioners' Blue Book are the result of certain carefully collaborated objections against the manner and the matter of these reviews.

He accuses me, in the first place, of "shakiness in inferences and conclusions"—a sweeping condemnation, but one hardly justified by the instances he quotes. He declares that I am "much exercised by the manner of taking the annual census of the insane as on December 31st of each year," but he continues "everyone knows that this process is not accurate." So far, then, I am not "shaky." What he distinctly objects to is that I should presume to suggest that the average residence of the year should be taken "as a more accurate basis." This is a direct misrepresentation, a statement which I meet by a flat contradiction. May I, through you, request "Resartor" to read my review more carefully? I suggested nothing of the sort. At the top of page 77 in the January number of your JOURNAL he will find that the suggested comparison between the totals of the average number resident was meant merely to give the Lord Chancellor, to whom the report is addressed, *a better estimate* of the amount of work the Commissioners have to do annually; it was not put forth as "a more accurate basis" of statistical computation. A tyro in arithmetical reasoning could see that such a summation could not possibly be taken as a basis for working out ratios and proportions, and that fact alone should have made "Resartor" pause before citing this, his own, assumption of my meaning in the forefront of his accusation. Ignoring, however, the simple arithmetical rule that actual numerical computation and not estimated summaries must form the groundwork of every statistical argument, he amusingly nails his ignorance to the mast by occupying nearly half a page of your valuable JOURNAL in an attempt to prove to you and your readers by columns of figures (which I spare him from criticising) how sadly I have erred—the labour of which calculation he might easily have saved himself had he taken more than a passing glance at the wording of my article, and adhered to the elements of statistical computation.

Secondly, he objects to my request for an analysis-table to show the reasons for, the results of, the antecedent residence of, and the nature of each case of transfer. Why? Does "Resartor" ever read the lunacy reports of other countries, or is he so insular as to believe that the Blue Book, by reason of the Association's early responsibility in the matter of its statistical tabulations, cannot be improved upon? Does he know that in some foreign reports every case of admission and discharge, to say nought of transfers, is carefully analysed? There was nothing so preposterous, therefore, in making this innocent and quite unoriginal proposal, and it seems to me a mere laborious effort to pick holes in my criticism so pointedly to object to such a suggestion. For all that "Resartor" may say to the contrary, I maintain that alienist physicians are *not* truly appreciative of the practical utility of transfer as a mode of treatment, for unless under actual compulsion, either official or administrative, cases are seldom transferred from one asylum to another for curative reasons only.

Thirdly, he declares that I am "mixed on the subject of recovery ratios," and bases this assertion on a single sentence, with a complete disregard of its context. In my critique I am at pains to prove that the actual recovery rate may be assumed to be somewhat greater than the numerical estimate furnished by an admission ratio or a daily average ratio. "Resartor," however, disregards the argument, and prefers to pick to pieces a comment by which I am tending to the conclusion of my proposition. In so doing he appears to display not critical ability but animus, and it would be right to ignore such an assumption of error; but I am perfectly willing to meet him even on the small of strip ground he has marked out for himself, to maintain once more that he shows defective acquaintance with statistical reasoning and a simple disregard of plain English when he declares that by what he quotes I am "mixed on the subject of recovery ratios." The sentence he dwells upon and criticises is this: "We go further, however, and maintain that, considering the magnitude of the yearly aggregate increase in non-recoverable cases, and the merely fractional diminution in the recovery rate, the inference that asylums show no improvement in their recoveries is altogether a false one." This sentence in my critique followed a quotation from the report showing the existing discrepancies between admission and daily average recovery ratios. "Resartor" says that he can find no such inference in the Blue Book. I did not say it was in the Blue Book—it is a natural and popular inference and not a stated one. He then makes the following observation: "Returning to the sentence quoted above, if he, in using the term recovery rate, refers to that which is calculated on admissions, he is doing that which is not lawful to a statistical expert by considering it *in relation to* yearly aggregate increase. On the other hand, if he is meaning the recovery rate in proportion to daily average numbers he is clearly wrong in talking of its diminution as fractional, etc." [the italics are my own]. Now my sentence makes no attempt whatever to consider the recovery rate calculated on admissions "in relation to yearly aggregate increase." This is "Resartor's" own erroneous deduction. I merely desired to emphasise the fact—a simple fact which any unbiassed mind at once can grasp—that such a yearly aggregate increase must in some measure affect the calculation, be it the average number resident or the admission rate which may be chosen. A simple calculation will prove this even to the biassed. The word "considering" is also, I believe, capable of more meanings than one. Again, the diminution must certainly be fractional, in a comparative sense, considering how great is the yearly aggregate increase in non-recoverable cases; if "Resartor" does not credit this, it can easily be demonstrated to him by a few examples in elementary division. Then he objects to the suggestion I offer to have a quinquennial analysis of all admissions, and once more his superficial reading of my meaning leads him to unwarranted criticism. There is nothing so "disastrous" in the idea of tracing out the fates of every admission every five years as "Resartor" would have you believe. He makes a mountain out of a molehill, and apparently strives to misinterpret my proposal. I cannot weary you with a detailed explanation of what, after all, was but a passing suggestion, but anyone possessed of a fair mind can, by perusing the review and "Resartor's" letter side by side, discover that it is not merely an ultra-conscientious objection to my statistics that has provoked this *ex cathedrâ* indictment of my work.

Fourthly, "Resartor" declares that "the fact is patent that in spite of increase in numbers of all patients there are absolutely less" suffering from general paralysis than formerly. How does he know this? His "patent fact" is a mere bit of guesswork, a gratuitous and unwarrantable assumption, coming ill from one urging the doctrine of exactitude. Because the Commissioners show statistically that there are fewer general paralytics in asylums, does "Resartor" imagine there to be fewer cases in the community? He must be a very optimistic being if he does.

Fifthly, he does not like my objections to the causation table supplied by the Commissioners, he thinks its infallibility established because it was the outcome of the recommendation of a strong committee of the Association! A valuable and uncontrovertible argument forsooth, one utterly beyond the pale of criticism!

And lastly, he ridicules me for being pleased at the disappearance from the report of the table of causes of general paralysis, and he says, "Why?" Will he trouble himself to cast his eye over that table in the Commissioners' Report for 1900 or any previous year, and declare his complete satisfaction with every item therein? Will he tell us how "old age," "previous attacks," "puberty," and many

other "causes" there enumerated can have been factors in the production of this essentially organic disease? And he inquires if I am wedded to the belief that syphilis is a sole factor in any given case—it is a trivial matter, but if he is so interested in my beliefs I may assure him that I am. In an article on "The Probable Ætiology of General Paralysis," published nine years ago, I suggested, on clinical grounds alone, syphilis as the prime factor in every case of this disease, and recent pathological evidence of an irrefutable character has certainly not shaken my conviction.

These, gentlemen, are all the points of evidence in "Resartor's" indictment, by which he seeks to establish my "shakiness in inferences and conclusions." As to his criticism of my literary manner, which he regards as "too vigorous," it surely is a subject of regret that during the eleven years in which I have reviewed these reports no other Daniel has come to judgment, nor until now has one arisen to urge this trenchant objection to my style, for I would willingly have clothed my contentions in more sober, though I believe less effective, utterances, to avoid offence to the susceptibilities of some of your readers.

During the time that I have, under you and your predecessors in the editorial chair, reviewed these reports for the JOURNAL, I flatter myself that I have, accidentally perhaps, been the means of introducing alterations into the official statistical summaries, as well as of modifying the views previously held by the Commissioners as to the alleged increase of insanity—at all events emendations have directly followed the suggestions I ventured to offer,—and it seems late in the day to be taxed with charges of unfairness of comment and inaccuracies of deduction, not one of which "Resartor" has, save in his own judgment, established.

But all this may perhaps be regarded by those of your readers who are hypercritically disposed as "pointing to the value of the reviewer," and with your permission I shall follow the example set me and similarly hide my identity.—I am, yours truly,

F. S. S.

OBITUARY.

BONVILLE BRADLEY FOX.

We had long known that Dr. Bonville Fox was in a grave state of ill-health, and so his death at the early age of 49, which occurred on April 2nd, 1902, though most deeply regretted, came to us all as no surprise. It was a long and a painful illness, and borne by him with the greatest patience and fortitude.

Dr. Bonville Fox was the son of the late Dr. Francis Kerr Fox, the well-known proprietor of Brislington House Private Asylum; the nephew of the present Dean of Westminster, and the half-brother to the late Dr. Edward Jay Fox, of Clifton, Ex-President of the British Medical Association, who pre-deceased him only by a few days.

He was educated at Dr. Hudson's School, Manilla Hall, Clifton, and at Marlborough College, and afterwards took his degree of B.A. at Christ Church College, Oxford, in 1876.

He studied medicine at St. George's Hospital, taking his M.R.C.S. in 1878. After this he acted as Assistant Medical Officer at Bethlem Hospital for a period of six months. In 1879 he took his M.B. degree at Oxford, and in 1882 his M.D. After his work at Bethlem he became Assistant Resident Medical Officer at Brislington House, his father's well-known private asylum, which has always stood in the forefront of similar institutions in this country.

At the death of his father he became joint proprietor with his brother, Dr. Charles Fox, and sole proprietor on the retirement of the latter some few years ago.

Dr. Bonville Fox married the daughter of the late Mr. Tom Danger, who for many years was Clerk of the Peace for the City of Bristol. He leaves a family of two sons and one daughter.

In addition to his professional work, of which we shall presently speak, Dr. Bonville Fox was a zealous member of the Keynsham Board of Guardians, and was for a considerable time the vice-chairman of that body.