DIVISIONAL CLINICAL MEETINGS.

District Mental Hospital, Ballinasloe.

A Clinical Meeting was held at the above hospital on April 3, 1930. Eighteen members were present and Dr. R. R. Leeper occupied the chair.

Dr. Mills demonstrated four cases of traumatic insanity. In two of these the trauma was psychic—the result of sudden and terrible emotional experiences—while in the other two the insanity resulted from physical trauma—violent blows to the head. In one of the latter, ordinary major epilepsy had resulted from the injury. Dr. Mills, in reviewing these cases, emphasized the *rôle* of trauma—either psychical or physical—in the production of insanity, and stated that a certain group of cases appeared to be directly attributable to this trauma, no other causative factor being apparent.

The members had an opportunity of examining these cases.

Paper.—"**Treatment and its Limitations in the Public Mental Hospitals of the Irish Free State,**" by P. Moran, M.B., D.P.M.

The communication I am venturing to submit to you is rather of a negative nature and is intended to provoke discussion rather than to enunciate original views. I do not feel capable and do not propose to make a critical dissertation on modern advances in psychiatry, but rather to take stock of the therapeutic facilities in our public mental hospitals in the light of recognized principles of treatment. In the Free State roughly 95% of the patients under treatment for mental disorder are in the public mental hospitals; so for all practical purposes the standard of treatment available is the standard that these provide.

Very few in this country can afford the luxury of treatment in a private mental hospital.

It is now a recognized axiom that the treatment of mental disorder should approximate as nearly to the treatment of physical ailments as is consistent with the indispensable special safeguards. The foundation of treatment in all cases of mental illness is careful attention to the basic principles of physical and mental hygiene. We seek the cause or causes of the malady, endeavour to remove them, and adopt the therapeutic measures likely to promote physical recuperation and mental readjustment.

To attain this end the essential requirements are:

(*a*) Suitable hospital buildings and equipment.
(*b*) Competent and sufficient medical staff.
(*c*) Well-trained nursing staff.
(*d*) A liberal hospital dietary.
(*e*) Enlightened governing body.

I propose to examine how we are at present served under each of these headings:

(*a*) *Buildings and equipment*.—Our hospital buildings are totally inadequate and completely out-of-date. Most of our public mental hospitals are approaching their centenary; some are even older. They were built at a time when treatment as such was not considered, and detention was the only object. This idea is obvious in the construction of the buildings. Insanity was regarded as a depressing nuisance, to be hidden away in suitably depressing prison-like surroundings. It was almost regarded as a crime, and the victim as a social outcast. The value of fresh air and sunlight was little understood, and did not find a place in the architectural schemes. We are now left with structures which, in the light of our modern knowledge, are architectural atrocities. The exterior of many of the buildings is pleasing and imposing, but internally they present in the main the appearance of gaols rather than hospitals. The best aspects of the buildings are occupied by corridors; the windows so constructed as to provide the minimum of ventilation, generally open only at the top, and the sanitary equipment—mainly tacked on as an after-thought—is in most cases inadequate, unsuitable and badly placed. The original buildings were designed to accommodate about one-third of the present numbers, and the casual additions have, as a rule, been ill-designed, and stuck on in such a way as to make the original atrocities more atrocious. At present all our buildings are grossly overcrowded. The overcrowding is all the more serious on account of the unhygienic buildings, and is most prejudicial to mental and physical recovery. It prevents proper isolation and classification, its irritating effect on patients is obvious, and it renders impossible the development of a proper hospital atmosphere. Recreation, indoor amusements and games and the development of occupational therapy are all hampered by lack of space. Open-air verandahs, so essential for tubercular cases and so useful for many mental cases, are conspicuous by their absence. Well-equipped operating theatres, pathological laboratories, X-ray plant and artificial sunlight are practically non-existent. I may seem to lay undue stress upon defects in structure and equipment, but these are the essentials without which we cannot have anything deserving the name of hospital. We should be in a position to provide for our acute cases the same standard of treatment that general hospitals provide for physical ailments.

For chronic cases life should at least be made worth living, by providing comfortable housing, sufficient food, interests, occupation and recreation.

No case of mental disease can be regarded as absolutely hopeless.

(*b*) *Competent and sufficient medical staff.*—As to our medical staffs, I hope we are competent. I know we are grossly understaffed and scandalously underpaid. All our time and energy is absorbed by the routine, and we are so overwhelmed with numbers that special individual attention to our cases is practically impossible. The essential difference between general and mental treatment is that, in the former we treat the disease, in the latter the individual. Psychological analysis—trying to help the patient to unravel and solve his difficulties—takes more time than the average assistant can afford to devote to it.

(*c*) *Well-trained nursing staff.*—On the nursing staff depends the whole standard of life in a mental hospital. It is obvious that the patients react to this, and a keen observer can detect the evidences of even one nursing misfit in a ward. The potency for good of the sympathetic nurse is incalculable, and conversely, rough and unsympathetic handling work untold damage, particularly with new cases.

Ideally, a higher standard of intelligence and capability is necessary for the mental nurse than for the general nurse. Certainly greater tact, patience, perseverance, versatility and resource are required in this branch of nursing. Our present staffs cannot yet be said to have developed the proper attitude of mind. The old tradition dies slowly, and its signs and symptoms are still only too painfully evident. The strenuous efforts of the most energetic and enthusiastic teachers have not yet completely eradicated it. Violent and vigorous methods still capture the imagination of the new recruit, and the older hands still have abundant faith in their efficacy. It will take another decade of strenuous efforts on our part to produce a proper *esprit de corps* in our nursing staffs. The housing and general amenities are poor, and militate against the development of pride in their profession. The modern trade-union developments, while rightly improving the pay and reducing the hours of work, have had an adverse psychological effect. The individual regards his work simply as a "job" in the sense that he must put in so many hours for so much pay. This entails a shelving of those qualities which are demanded most by the very nature of the work. The supervision is weakened by the fact that head attendants and head nurses are generally members of the Workers' Union, and hence most of them subordinate principles of discipline and duty in favour of some less worthy cause. Sectional disputes, diversity and frequent alterations in rates of pay, strikes and threats of strikes have produced a spirit of unrest and revolt which neutralizes the efforts of enthusiasts to inculcate the proper nursing spirit. The development of the nursing spirit among our staffs is, to my mind, the most important item to aim at in order to improve our standards of treatment. There are many misfits in the service; now, however, the selection is more critical, training is more thorough, and the acquisition of the certificate of the Association is, in many hospitals, compulsory. Ample supplies of suitable candidates are available, and if the superintendents were left a free hand to eliminate the vocational misfits our nursing service would rapidly improve.

(*d*) *Hospital dietary.*—Disorders of nutrition are the rule in mental disease. Of the measures necessary to promote recovery careful attention to diet is not the least important. The standard dietary which under present conditions exists in our hospitals is inelastic, and the only variation possible is the addition of certain extras. The "mass production" style of central cooking is often done by an amateur, and is necessarily of the plainest kind. Invalid cookery as such is impracticable, and the provision of special appetizing meals for cases that require extra feeding is mainly impossible. Only the best food skilfully cooked should be given to the acute cases, for in illness the digestive organs need humouring. Our present diet scales are on the nutritional border-line; they might be considered sufficient for chronics; but the standard is certainly too low for admission hospitals.

(*e*) *Enlightened governing body.*—The present system of management by large visiting committees is cumbersome and inefficient. Everybody who has an opportunity of observing administration by large, unwieldly local bodies can appreciate its defects. Candid criticism by those fitted to form an opinion would be unpopular, and even dangerous. Our local boards are composed mainly of members of local councils elected to these bodies on a political ticket. These men cannot, except by the merest chance, be fitted for the direction of such a service as ours. The attitude of the general public to this service is one of apathy and indifference, and our local boards duly reflect this attitude. The aims and objects of our institutions are not appreciated, and their administration primarily as hospitals is little considered. An outsider, even with the best intentions in the world, cannot get any insight into the management of mental hospitals from the few crowded hours he spends there once a month. Committees are jealous of their powers, and rather resent too much leading by a superintendent. A superintendent has to expend a considerable amount of his energy to prevent them doing outrageous things.

As to central control, our service is now relegated to a very minor position in the Department of Local Government. Ours has become the Cinderella of the Public Health Services. In a memorandum drawn up in 1920 this Division expressed in the strongest terms the conviction that " a strong Lunacy Commission is essential to the efficient administration of everything connected with the care and treatment of the insane." This conviction is stronger to-day, and we should not cease to impress it on the powers that be.

Our service came under review by the recent Commission on the relief of the sick and destitute poor, including the insane poor. Owing to the *personnel* of the Commission—no member had any experience of this branch and only one was a medical man—the Commission could hardly be considered well qualified to report on our needs. As far as essential reforms are concerned the report was most disappointing. To relieve our overcrowding they suggested the extension of the system of auxiliary mental hospitals, and have recommended the utilization of some of the disused (and dilapidated) workhouses as auxiliaries. This I contend would be a most retrograde step. The provision everywhere of admission hospitals, suitable isolation hospitals for tubercular and other infectious cases and nurses' homes would, with few exceptions, obviate the necessity for auxiliaries.

We have fallen very much below the standards prevailing in similar institutions in England and Scotland. I would summarize the requirements necessary to bring the service reasonably up-to-date thus:

(1) Provide properly equipped admission hospitals, suitable isolation hospitals and nurses' homes. This will, in the main, relieve the overcrowding.

(2) Increase the medical staffs and provide better pay, prospects, and conditions of service, and standardize as far as possible the conditions of service.

(3) Standardize conditions of pay and service for nurses, and insist on qualifications. Probationers considered unsuitable should be required to leave at any time during the first year, at the discretion of the superintendent. Improve general amenities for the staff, providing recreation rooms in nurses's homes and all study and training facilities. Initiate a central depot for all the hospitals to provide training for selected members of staff in arts and crafts, with a view to extension of occupational therapy. Introduce as far as possible female nurses on the male side. The matron should supervise and direct all the nursing staff, and there should be a sufficient number of general-trained assistant matrons. No officer should be a member of the nurses' union. The nursing staff should be entirely separate from all other grades. Posts requiring special technical skill, such as cooks or laundresses, should only be filled by persons who have had special training. Tradesmen (paid at local trade-union rates) should only be employed from week to week at the discretion of the medical superintendent. At present many useless encumbrances are entrenched in these posts with fixity of tenure and pension rights.

(4) Improve the diet all round, and have special dietary and cooking in the infirmaries and admission hospitals.

(5) Abolish committees, or at least reduce their numbers and curtail their powers.

(6) A strong Lunacy Commission should be set up, "divorced," or at least "judicially separated" from the Local Government Department.

(7) Out-patient clinics in connection with the mental hospitals would be a most desirable development, but under present conditions are not feasible. Similarly, the reception of voluntary boarders, even if legalized, would not be largely practised until conditions materially improve.

The paper gave rise to a lengthy discussion.

Dr. R. R. LEEPER, while approving of the ideals expressed in the paper, thought that they were, in the present state of the country, rather counsels of perfection. He reminded the meeting that, had it not been for the active opposition of the Irish Division, in the past, to certain proposed changes, our mental hospitals would have been very much worse than they were at present.

Dr. KEENE expressed similar views, and cast a doubt on the utility of some of the modern forms of treatment, *e.g.*, hydrotherapy.

Dr. D. L. KELLY, Inspector of the Free State Mental Hospitals, in replying at length to the paper, stated that they were attacking, even if slowly, many of the problems raised by Dr. Moran. Building schemes to relieve congestion were now in hand in Louth, Clonmel and Cork. He could not agree that the Central Authority could be divorced from the Government, and he considered that the present central authority—the Ministry for Local Government—was the most appropriate. He felt that superintendents might accomplish a great many of the suggested improvements, where no great expense was involved, without reference to committees or other authority. In his opinion, the medical staffs of the various hospitals outvied each other in their keenness for the welfare of the patients, but were generally overworked, and therefore unable to cope with clinical research.

Dr. NOLAN suggested that congestion might be more or less cheaply remedied by the erection of wooden structures such as they were familiar with in the war. This he considered was the most urgent problem with which they were faced.

Dr. MORAN, in replying, stressed the need for improved treatment in more hospital-like surroundings for the new admissions, and stated that the amenities for these patients should not fall below that provided by a general hospital.

On the motion of the CHAIRMAN, a unanimous vote of thanks was passed to Dr. and Mrs. Mills for their kind hospitality.

This terminated the proceedings.

EDUCATIONAL NOTES.

The Tavistock Square Clinic for Functional Nervous Disorders, 51, *Tavistock Square, W.C.* 1.—A Short Course of Lectures on Functional Nervous Disorders for practitioners and medical students will be given at the Clinic beginning May 19th, 1930. Lecturers: H. Crichton-Miller, M.D., Hon. Director of the Clinic; J. R. Rees, M.D., Deputy Director of the Clinic; W. Langdon Brown, M.D., F.R.C.P., St. Bartholomew's Hospital; W. J. Adie, M.D., F.R.C.P., National Hospital, Queen Square; R. G. Gordon, M.D., F.R.C.P., Royal United Hospital, Bath; Edward A. Bennet, M.B., D.P.M., Charles Berg, M.D., D.P.M., C. M. Bevan-Brown, M.B., Ch.B., Leonard F. Browne, M.D., C. L. C. Burns, L.R.C.P., M.R.C.S., Henry V. Dicks, M.B., M.R.C.P., John Freeman, M.D., St. Mary's Hospital; E. A. Hamilton-Pearson, M.B., Ch.B., E. Graham Howe, M.B., D.P.M., Alice M. Hutchison, M.D., M.R.C.P., Dr. Karl B. Martin, Freiburg; A. R. Redfern, M.B., Ch.B., Isabel G. H. Wilson, M.D., D.P.M., Maurice B. Wright, O.B.E., M.D., James Young, M.D. Demonstrations of Intelligence Testing by Miss C. A. Simmins, M.A., Hon. Psychologist.

Fee for the course: Medical graduates, £2 2*s*.; medical students (*i.e.*, unqualified), 10*s*. 6*d*. Tickets for the course to be obtained in advance from the Hon. Lecture Secretary at the Clinic. These lectures are open to medical students and graduates only.

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