

acres, and occupies an elevated site on gravel soil near Chichester. The heating and ventilation are carried out on the Korting system, and electric lighting has been adopted. There is a private water-supply, but the drainage is connected with the town system. It is noteworthy that the building was begun in May, 1895, and opened for the reception of patients in July, 1897—perhaps the most expeditious erection on record. The asylum is now being enlarged, and will, when complete, accommodate 765 patients at an inclusive cost of £330 a bed. Calculated on the buildings alone, the cost is £220 a bed. There are no airing courts; the patients' gardens are laid out with gravel walks and surrounded by a light low fence. The unofficial name of the institution is Graylingwell Hospital, after the name of the estate, and it has been found that patients and their friends appreciate the less formidable title in writing and visiting. The dietary is made out for a month, and varies every month as regards dinners. The Commissioners visited on 24th February, and reported very favourably on the condition and management of the asylum. They remark that the day-rooms present a bright appearance, are well warmed, and in every way comfortable. The air in the rooms is quite fresh and sweet. The staff by day is in the proportion of one to every nine patients.

Dr. STEEN, in reply, thanked the members for the reception of his paper.

Dr. MERCIER afterwards read a paper upon "Memory," which we hope to publish in the next number of the JOURNAL.

The PRESIDENT congratulated Dr. Mercier upon his thoughtful and original contribution, and proposed a hearty vote of thanks to Dr. Kidd, which was unanimously carried.

After remarks by the Hon. Sec. (Dr. Robert Jones), to which Dr. Mercier replied; members met and dined at the Dolphin Hotel at 6.30 p.m.

SCOTTISH DIVISION.

A meeting of the Scottish Division was held in the Hall of the Faculty of Physicians and Surgeons, St. Vincent Street, Glasgow, on Thursday, March 8th, 1900. In the absence of the President, Dr. Rutherford (Dumfries) was called to the chair. There were also present: Sir William T. Gairdner, and Drs. Bruce, Campbell Clark, Clouston, Graham, Havelock, Hotchkis, Carlyle Johnstone, Middlemass, Alexander Robertson, G. M. Robertson, Rorie, Turnbull (Secretary), Urquhart, Watson, and Yellowlees.

The minutes of the previous meeting were read, approved, and signed by the Chairman.

The Divisional Secretary intimated apologies for absence from the President of the Association, Dr. Beveridge Spence, and from the General Secretary, Dr. Jones.

It was agreed unanimously to suggest to the Council the names of Dr. Havelock for election to the Council, Dr. G. M. Robertson for the Examinership, and Dr. Turnbull for the Divisional Secretaryship.

POSITION OF NURSES IN SCOTLAND.

On behalf of the Committee appointed at the previous meeting to consider the position of the Nursing Staffs in Scottish Asylums in regard to administrative questions, Dr. CAMPBELL CLARK made a preliminary report, mentioning that they had issued a schedule of inquiries, and proposed to collate the information given in the answers as soon as possible. He asked the meeting to say in what way it would be best to deal with the report when ready; and after discussion it was agreed to hold a special meeting of the Division in Edinburgh on Saturday, June 2nd, to consider the report, and thereafter to have it printed in the JOURNAL if found desirable.

Dr. HAVELOCK drew attention to the days fixed for the meetings of the Division, and moved that the Divisional Secretary be asked to make inquiry from the members whether Thursday continues to be the day most suitable for the majority, or if a change is desirable. This was unanimously agreed to, and the Secretary

was also instructed to mention the greater facilities for travelling at the end of the week, in the way of railway tickets being cheaper and available for longer periods, as a point to be kept in view in settling the matter.

TRAINING OF ATTENDANTS.

SYLLABUS OF PRACTICAL WORK AT ROXBURGH DISTRICT ASYLUM.

The Wards and Sick Rooms.

Ventilation. Warming and Cooling. Regulation of Temperature. Ward Thermometer. Lighting. Cleansing.

Beds and Bedding.

Bed Making. Changing Sheets. Lifting and Moving Helpless Patients. Draw Sheets. Waterproof Sheets. Water Beds. Prevention and Management of Bedsores. Bed Pans. Urine Bottles. Chamber Utensils. Foot Warmers. Bed Rests. Bed Cradles.

Food and Feeding.

Serving Food. Feeding Helpless and Paralysed Patients. Feeding Cups. Sick Room Cookery. Preparation of Gruel; Beef-tea; Boiled Bread and Milk; Milk Puddings; Custard; Broth; Lemonade, etc. Artificial Digestion of Food: Peptonised Milk, Gruel, Beef-tea. Arrangements for Forcible Feeding.

Washing and Bathing.

Bathing Regulations and Precautions. Bath Thermometer. Attention to Hair, Mouth, Eyes, Ears, Nails, etc. Washing the Sick and Bed-ridden Patients.

Clothing.

Dressing and undressing.

Observation and Recording of Symptoms.

Pulse. Respiration. Temperature. Excreta. Clinical Thermometer. Charts. Day and Night Records.

Administration of Medicines and Remedies.

Measure Glass. Mixtures; Oils; Pills; Powders. Gargles. Liniments; Ointments; Lotions.

Enemata: Laxative; Nutritive; Medicated. Suppositories. Douches. Eye Lotions and Drops. Ear Syringing. Inhalations. Bronchitis Kettle. Massage or Rubbing.

Use of Moist and Dry Heat; Cold; Counter-irritation.

Poultices: Linseed; Bread; Mustard; Starch; Antiseptic.

Fomentations: Simple; Antiseptic; Turpentine Stupe.

Warm Water Dressings: Simple; Medicated. Wet Compresses. Wet Packing, hot and cold.

Cold Water Dressings and Cooling Applications. Sponging. Irrigation. Application of Ice.

Dry Heat: Hot Water Bottles, Sand Bags, Bran, Brick. Cotton-wool Jacket.

Counter-irritation: Mustard Plaster and Leaves; Turpentine; Iodine; Blisters.

Bandaging.

The Triangular Bandage.—Preparation. Folding. Application. Fastening.

(1) Unfolded. (2) Folded Broad. (3) Folded Narrow. Application to Wounds of Top of the Head; Forehead, Sides, or Back of Head; Lower Jaw or Side of Face; Eyes or Front of Face; Chest; Shoulder; Hip; Upper Arm and Forearm; Elbow; Hand; Thigh; Knee; Leg; Foot; Stump; to secure Splints; to improvise a Tourniquet. Large Arm Sling. Small Arm Sling.

The Roller Bandage.—Preparation. Rolling. Application. Fastening. Rules to be followed—(1) Fix the Bandage; (2) Bandage from Below Upwards, and from Within Outwards, over the Front of the Limb; (3) Use Equable Pressure throughout; (4) Let each succeeding turn overlap two-thirds of its predecessor; (5) Keep all the Margins parallel, and let the Crossings and Reverses be in one line and rather towards the outer aspect of the Limb; (6) End by

fixing the Bandage securely. The Spiral; the Reverse; the Figure of 8. Application to Hand and Arm; Foot and Leg; Elbow, Knee, Heel; Shoulder, Hip, Groin, Breast; Head. "T" Bandage.

Disinfection. Antiseptic Methods and Materials.

Prevention of Infection. Disinfection of Rooms, Furniture, Bedding, Clothing, Persons, Discharges, Utensils, Instruments, Catheters, etc. Use of Carbolic Acid; Sulphur Fumes; Chlorine; Condy's Fluid (Permanganate of Potash); Heat.

Antiseptic Treatment of Wounds and Sores. Surgical Dressings, Solutions, etc. Nurses' Requisites. Carbolic Acid; Boracic Acid; Corrosive Sublimate; Iodoform.

Accidents and Emergencies; First Aid and Immediate Treatment.

Insensibility.—Shock or Collapse. Fainting. Concussion and Compression of Brain. Epilepsy. Apoplexy. Sunstroke or Heat Apoplexy. Poisoning. Asphyxia.

Poisoning.—Simple and Safe Emetics. Poisoning by Acids and Alkalies; Opium; Alcohol; Carbolic Acid.

Asphyxia.—Drowning. Choking. Smothering. Strangulation and Hanging. Suffocation by Gases. Artificial Respiration.

Hæmorrhage. External Bleeding.—Arterial; Venous; Capillary. (1) Direct Pressure on Bleeding Spot. (2) Elevation of Wounded Part. (3) Compression of Main Artery by Fingers, Tourniquet, or Forcible Flexion. Removal of Constrictions. Use of Cold and Heat. Points where Arterial Circulation may be arrested by Pressure: Common Carotid Artery; Facial; Temporal; Subclavian; Brachial; Radial; Ulnar; Femoral; Popliteal.

Internal Bleeding.—From Nose; Lungs; Stomach; other Organs.

Extemporary Treatment of Wounds.—(1) Cleansing Wound. (2) Arrest of Bleeding. (3) Replacing Edges of Wound in Natural Position. (4) Dressing and Bandaging Wound.

Sprains. Strains. Contusions and Bruises.

Burns and Scalds.—What to do when the Dress catches fire. Burns from Corrosive Acids and Caustic Alkalies. Scalding of Mouth and Throat.

Fire.—Precautions. What to do when it breaks out.

Bites from animals. Insect Stings. Frost-bite.—Chilblains.

Foreign Bodies in Eye; Ear; Nose; Air-passages; Swallowed.

Fractures.—Simple and Compound. Prevention of further damage to the parts. Temporary Treatment of Fractures of Skull, Spine, Pelvis; Ribs; Lower Jaw; Upper Arm; Fore-Arm; Thigh; Leg; Knee-Cap. Improvised Splints, Bandages, and Pads.

Dislocations.—Prevention of Further Mischief.

Hernia or Rupture.

Laying out the Dead.

Helping, Lifting, and Carrying the Sick and Injured.

I. *One Helper.*—(a) To assist a Patient who can walk. (b) When Patient cannot walk: (1) in arms; (2) on back; (3) on shoulders.

II. *Two Helpers.*—(1) Two-handed Seat. (2) Three-handed Seat. (3) Four-handed Seat. (4) "Fore and Aft Carry."

III. *Lifting and Carrying the Sick and Injured on Stretchers or Litters.*—(1) Stretcher at Patient's Head. (2) Stretcher at Patient's Side. (3) In narrow Passages and Cuttings.

Improvised Stretchers and Seats. Use of Blanket, Rug, or Sheet.

DR. CARLYLE JOHNSTONE, in submitting this syllabus of practical training for asylum nurses and attendants, said that it represented the scheme of practical

training for nurses and attendants which had been in use at the Melrose Asylum for some years. It must be clearly understood that it referred only to *practical* work, and was not intended to embrace those subjects which were more properly dealt with in lectures and exhortations or set forth by precept or example. It was, in brief, nothing more than a printed list of those matters which pertained to an *asylum nurse's handicraft*. As he had found it useful in more ways than one, he commended it to their favourable consideration. It would be admitted, he thought, that, if their people were to be regarded and designated as *nurses*, as distinguished from the *attendants* and *keepers* of old times, they were bound to do all they could to give them such a training in the *practice* of their profession as would make them *good general nurses* in deed as well as in name. He used the term *general nurse* for want of a better word. They could not, of course, attempt to give them the training of a first-class hospital nurse; they could not expect them to possess the special skill of a surgical, an obstetrical, or other special nurse; but they ought to be able, he thought, to give them a practical training in those methods and operations which were common to all nurses worthily so-called, and in addition to that they must, of course, give them that special training which was necessary in that special line of the nursing profession which they followed. The question was what subjects should be included within the scheme of such a practical training and what should be excluded. Probably no two asylum physicians would, if it were left to them to prepare a scheme, be in perfect agreement as to all its details; but he thought it would be found that those who had personally devoted much of their time and energies to this question would differ only on a few points, and these not serious ones. At any rate, he ventured to think that in the scheme which he now presented to them nearly everything that was necessary had been included, and that very few things had been put in which ought to have been left out. It was not claimed that the scheme was perfect or final. It was only claimed for it that it had been very carefully drawn up in the light of a considerable experience, and that in practice it had been found to work well. Any suggestions for its amendment would be gratefully received, and would be given effect to when the form was reprinted. He thought he might add that, if an asylum nurse was taught to do, and showed herself able to do, all the things enumerated in this syllabus, they need not be ashamed to designate her, within these limits, a *trained nurse*. It would be noticed that, as he had said, the syllabus was merely a list of subjects, a detailed list arranged in a convenient order, but free from any descriptions or explanations. It would be of no use to the nurse for "cramming" purposes. It would be of no use to the teacher who did not mean honestly to teach; but it might prove very useful as a reminder to the nurse of those things which she ought to know how to do, and it might prove of some use to the teacher as a reminder of those things which he ought to teach the nurse how to do. The general adoption of that or some similar scheme might be expected to result in further and perhaps equally important advantages. Most of them thought that our nurses should not only be trained, but that they should also be examined, and many of them desired that they should obtain the Certificate of the Medico-Psychological Association. Now, although the regulations of the Association were in many respects excellent, he feared it must be confessed that as regards the *practical training* and *practical examination* of candidates they were by no means thorough or satisfactory. It was not too much to say, he thought, that it was quite possible for a candidate to obtain the certificate on the strength of her possessing a sufficiently complete remembrance of the contents of the Association's Handbook and without her being required to demonstrate that she had received anything like a thorough practical training in nursing handicraft. The syllabus of the Association was so slight and so vague as regards practical requirements that, even though candidates might have been thoroughly well trained, examiners must either fix an arbitrary standard for themselves (and so run the risk of giving offence and of acting unfairly), or they must regard the practical training and examination as of secondary importance, with the result, he feared, that many of their certificated nurses must sooner or later bring discredit upon the Association by the exposure of their deplorable incapacity as *nurses*, as the term is understood by the public and by the medical and nursing professions. He suggested that a detailed scheme of practical instruction such as he had pre-

pared, should be laid down by their Association, and that the Association's examiners should be instructed to make use of it as their standard and guide in conducting the practical part of the examinations. If that was too much to expect of the Association, then he ventured to suggest that members should individually give his syllabus a trial.

The CHAIRMAN thought this was a most useful and important production by Dr. Carlyle Johnstone and a very useful guide in the training of nurses.

Dr. RORIE said that the Division was very much indebted to Dr. Carlyle Johnstone for having brought this before them, because in all cases where he had had an examination in connection with nurses and attendants he had found that practical experience was the weak point in their training. Dr. Carlyle Johnstone had kindly sent him a copy some time ago, and as imitation was the best compliment, he had borrowed very freely from it in the classes trained at the Dundee Royal Asylum. Some years ago, in the cookery class, he had issued a small syllabus of a similar nature, and it had been a great stimulant to the teaching. He thought this a very important matter, and would be very glad if the Division could see its way to adopt Dr. Carlyle Johnstone's syllabus, and if some such scheme were drawn out and fixed by the authority of the Association.

Dr. CAMPBELL CLARK said that he had often been in the minority in discussing the real nature of the training of attendants and nurses. He had tried time and again to get the Association in committee to realise that a practical examination was the all-important thing for the certificate of the Association. He thought it was deplorable that many had obtained their certificates who could not make a poultice. He had had one such nurse who came as a charge nurse, and had never given an enema in her life. He had got a copy of Dr. Carlyle Johnstone's syllabus some considerable time ago, and he had gone over it and had made a few excisions before putting it into use, but was not able to speak of the results yet, because it had only been in operation for a few months. Dr. Carlyle Johnstone was undoubtedly on the right lines. The only question was as to whether he was not going too far, for instance, in training a nurse to deal with insect stings and frost-bite. A nurse might never have occasion to treat a patient for insect stings and frost-bite. There were many things in the present training which he would call more ornamental than useful, and which might be left out. He would, however, be prepared to agree to make it a *sine quâ non* that everyone who went in for training in asylums should go through this syllabus and be examined on the subjects contained in it.

Dr. HAVELOCK thought that this was a most admirable syllabus drawn up by Dr. Carlyle Johnstone. It comprised what they taught the attendants at Sunnyside before they were put forward for examination. It was so admirable that he would suggest that they should extend it and altogether abolish the Red Book, which was the greatest stumbling-block in the way of training. Those who had had the advantage of a fairly good education had to read it over a few times before they grasped the meaning of it. Like a certain book published by a certain learned professor, it was so crammed full of knowledge that they had to read every paragraph five or six times before they fully understood it. He thought that they had gone wrong in teaching attendants what they could not understand, and it was very discouraging to them when they sat down to answer the questions set. For instance, "What is sleep?" How could they expect anybody to answer that? It would puzzle most professional men. The invariable reply was, "Closing for repairs." He thought that the person who gave that answer should get full marks, for he had learned that from the Handbook. If they could leave out these difficulties, which they did not understand, and which he confessed he did not understand himself, they would do well.

Dr. CLOUSTON said he desired to add his emphatic testimony to the value of this practical syllabus. He remembered very well the first occasion on which Dr. Johnstone did him the favour of coming up as an examiner, and had been impressed by his thoroughness and by the practical way in which he took the candidates over their work. He did not think he had ever seen any one, in the great number of gentlemen who had assisted him, who was so practical and so very thorough. He was not going the length of Dr. Havelock in consigning the Red Book to perdition; he thought the Red Book was in itself valuable. It was like the Ten Commandments, an ideal of something to be aimed at, and it was well to

give nurses and attendants an opportunity of learning something about theory as well as about practice. It gave them an intellectual fillip and made them have more conceit of themselves, which was a good thing if not pushed too far. Anyone who had been teaching them, especially by clinical examples, and who had endeavoured to explain the higher department of medico-psychology, must have been very much pleased with the interest shown. Of course that was still on practical lines. He would never think of delivering a lecture on the more advanced topics in the Red Book without giving a clinical exposition in regard to the practical matters. He was prepared to join in a recommendation that this syllabus should be homologated in a general way by this meeting of the Division, and he would strongly urge that it should be added to the next edition of the Handbook, although it might be adopted before waiting for that event. They were infinitely indebted to Dr. Johnstone for the trouble he had taken, and he made certain that there was not a doctor in any asylum who would not heartily welcome such an addition to the Handbook, and who would not heartily thank Dr. Johnstone for having drawn up this syllabus.

Dr. WATSON said that the syllabus would be a help to medical officers. It was a matter of great difficulty to get many nurses to understand their teaching, their early education having been so defective. They were exceedingly indebted to Dr. Carlyle Johnstone for leading them in the way of practical teaching.

Dr. GRAHAM said that Dr. Johnstone's syllabus seemed to show practically what would be proper instruction to attendants to entitle them to be raised to the grade of nurses. He did not suppose that in an asylum the superintendent would always have clinical material at hand. He must take the cases as they came. There was far too much lecturing in medical education, and he thought that Dr. Johnstone's scheme could be applied by superintendents in the ordinary work of asylums.

Dr. CARLYLE JOHNSTONE, in reply, desired to emphasise the point that all the items in the syllabus were meant to be dealt with in a practical way. The theory was to be explained in each instance, but the teacher must see that the thing was actually performed. The subjects were divided into convenient groups, but the syllabus could be taken up at any point. At Melrose they generally began with bandaging, as being the simplest and most practical introduction to nursing handicraft, and they found that they could go over the whole syllabus in one year, or two years at most. While he had tried to make the syllabus comprehensive, it would not be found in practice, he thought, to present any serious difficulties, or to take up too much time. He devoted one or two hours in the evening once a week for about nine months in the year to teaching his staff, practical demonstrations alternating with systematic lectures. Much of the practical work was, of course, taken up in the wards as opportunity occurred. The training was compulsory, but the staff were not obliged to go in for the Certificate of the Association, though they were encouraged to do so. Each superintendent must arrange his course of instruction in the way most convenient to him. With a small staff of medical officers there would always be difficulties in regard to the division of nurses into seniors and juniors, overlapping of lectures, etc.; but by the systematic use of a suitable practical syllabus it could be secured in every institution that within a given time every nurse should receive a practical training and understanding of all those matters which were proper and necessary for her calling. He had always maintained that this practical training was of the first importance, and that mere lecturing was of quite secondary value. While he was of opinion that a syllabus such as he had prepared would be found most useful both to teacher and to pupil, he had no desire to impose it upon the Association as compulsory under the regulations. He would be quite satisfied if it were printed in the JOURNAL, and if the members individually would give it a trial. They might add to its contents or take from them what they chose; but he did not expect that they would find that it required much alteration.

Dr. URQUHART undertook that it would appear in the April number of the JOURNAL, and that copies could be got through Dr. Turnbull.

THE NEW SYSTEM OF NIGHT NURSING.

Dr. G. M. ROBERTSON read a paper on "The New System of Night Nursing," which was followed by a discussion.

LABORATORY OF THE SCOTTISH ASYLUMS.

Dr. CLOUSTON, on behalf of the Committee, made a statement regarding the work of the Pathological Laboratory. He mentioned that under the supervision of Dr. Ford Robertson the work is proceeding very satisfactorily, and that it is proposed to remove the laboratory from the buildings of the Royal College of Physicians to those of the Royal College of Surgeons in the course of the summer. He hoped that all the asylums of Scotland would be induced to join, on special efforts being made by those of their colleagues who had not as yet been successful in persuading their committees to support an institution of which they could not but approve.

A vote of thanks was given to Dr. Rutherford for presiding, and the meeting then closed.

PARLIAMENTARY NEWS.

LUNACY BILL.

The Bill to amend the Lunacy Acts, introduced by the Lord Chancellor and read a second time in the House of Lords on February 12th, is a measure consisting of 31 clauses and two schedules. It deals with such subjects as urgency orders, judicial authorities, and reception orders, the removal of lunatics to work-houses, disqualifications for signing medical certificates, visits to licensed houses, powers of dealing with the property of lunatics, the reception of boarders, the management of hospitals and their branch establishments, compensation to asylum officers for injury sustained in the discharge of their duties, the temporary care of incipient lunatics, and the jurisdiction of Masters in Lunacy. With regard to urgency orders the provisions are that the currency of the order shall be reduced from seven days to four, and that every order shall be accompanied by a statement, to be made and signed by the person who signs the order and by the medical practitioner who signs the medical certificate on which the order is founded, that it is necessary for the safety and proper treatment of the alleged lunatic or for the safety of others that he should be forthwith placed under care and treatment, and showing fully and specifically the reason why an order of this description is required. The disqualifications for signing medical certificates in support of a petition for a reception order are extended considerably. They are made to apply among others to persons in the employment of the licensee. Certain amendments have been introduced, as has been explained on p. 312, and the Bill has now been introduced into the House of Commons. Among the additions made in the House of Lords are a provision that the judicial authority shall in his report to the Commissioners state definitely whether in his opinion the detention is or is not proper, and another to the effect that the power of two or more local authorities to agree to unite in providing and maintaining a district asylum shall be construed as including a power to unite in providing and maintaining a laboratory for pathological research in connection with lunacy.

THE INEBRIATES ACT IN SCOTLAND.

There is in course of passage through the House of Lords a bill designed to strengthen the administration of the Inebriates Act in Scotland. It confers on the local authorities increased powers of assistance for the establishment and maintenance of inebriate reformatories, and it makes eligible for committal to these institutions persons convicted of drunkenness and disorderly conduct in a public place.

HOMES FOR INEBRIATES.

In answer to a question by Sir Charles Cameron, who called attention to the complaints of magistrates as to the want of homes except for Roman Catholics, the Home Secretary informed the House that the complaints were made under