

attended by a large number of the subscribers to the Chapel Fund, including the Directors, Lord Provost and magistrates, clergymen, and friends of the Institution. The ministers, issuing from the robing room preceded by Dr. Urquhart, marched in processional order to the chapel, followed by the Lord Provost and magistrates in their civic robes and chains of office, while the Directors brought up the rear. Mr. F. S. Graves presided at the organ, with an efficient choir. The service was conducted by the Rev. J. W. Henderson, parish minister of Kinnoull and Chaplain of the Institution, the Rev. P. R. Landreth, of the West Parish Church, Perth, acting as moderator. The lessons were read by the Rev. D. W. Kennedy, of the Middle U.F. Church, Perth, and the Very Rev. the Dean of St. Andrews, while Dr. Robertson, Methven, preached a most eloquent and appropriate sermon.

"The service lasted about an hour, and at its conclusion the large company adjourned to the 'Browne Gallery' recreation hall, where a sumptuous repast was served. Lord Mansfield, Chairman of the Institution, presided.

"After luncheon the Chairman called upon Dr. Urquhart, who said he wished to say one word of grateful thanks to the subscribers for establishing and completing the chapel which had now been dedicated. Many were unable to be present, and he had a long list of letters of apology, with which he would not detain them. He would, however, quote from three letters, which were representative of all. Dr. Fraser, Commissioner in Lunacy, said: 'It is most gratifying that so many of your past and present patients have contributed to the cost of erecting the chapel. It is therefore largely a monument of gratitude.' Dr. Murray Lindsay, who acted as physician here during 1862, wrote: 'Nothing would have given me greater pleasure than to see the new chapel and the old place with its associations to me so dear and never to be forgotten. I heartily sympathise with your efforts, and congratulate you on the completion of the chapel, which could not have been accomplished without an enlightened and liberal Board of Directors.' Mr. James Ritchie, C.E., long a valued adviser, and a Director, wrote: 'I am sure it must be a great and constant gratification to you, these wonderful improvements on so beneficial an Institution—the extent and value of which only such old stagers as Mr. John Dickson and myself can fully appreciate.' Dr. Urquhart concluded by intimating to the subscribers the gratifying fact that the chapel had been opened practically free of debt.

"After the loyal toasts had been honoured, Lord Mansfield called for the toast of the day.

"Sir James Crichton-Browne, in proposing 'James Murray's Royal Asylum,' contrasted the new chapel with the little rugged, ruined chapel of Strath Fillan there which was so long a shrine for the cure of the mentally deranged, to which those stricken with madness in this district in bygone times were carried after being dipped in—

" 'St. Fillan's blessed well,
Whose spring can frenzied dreams dispel,
And the crazed brain restore.'

"The proceedings closed with Lord Mansfield proposing the health of Dr. Urquhart, which was drunk amidst loud applause."

CORRESPONDENCE.

FEMALE NURSING OF INSANE MEN.

From Dr. GEORGE M. ROBERTSON, Stirling District Asylum, Larbert.

I request permission to record a few observations on the above subject, which are called forth by the disparaging nature of Dr. Urquhart's remarks in a communication in your last issue. I believe it will be admitted first of all by Dr. Urquhart himself that I have claims to be heard.

I believe Dr. Urquhart to be in the wrong in the views he holds of the working of the system of female nursing, yet I do not hope to convince him of his errors. In a matter of this kind, where lifelong habits and prejudices, and even *amour*

propre, are involved, words fail to convince. The system of female nursing of men has now been adopted by the great majority of superintendents in Scotland; it has the strong support of H.M. Commissioners in Lunacy in Scotland; and it has proved in the practice of those who have adopted it an undoubted success. That the system, for good or for evil, has come to stay is not now doubted by any responsible person in Scotland that I know of. Its universal adoption is regarded as a mere matter of time. It obviously must be accorded great merits, from a consideration of these facts alone.

I desire in the first place to express myself regarding the first five paragraphs of Mr. Bloomfield's statement, quoted by Dr. Urquhart. Here is a man who, it is admitted, knows nothing about asylums, and when such as he maintain "that it would be a great mistake to employ women nurses in the male wards of asylums," the opinion expressed is not worth the paper it is printed upon. When this opinion is, in addition, coolly presented to asylum experts for their consideration, it is little short of an insult. I am, however, not more astonished at Mr. Bloomfield's presumption in expressing it than I am at Dr. Urquhart's action in quoting it. Nor is this all, for it is followed by so disgusting and indecent a travesty and caricature of asylum life, that I do not know whether its good taste or its accuracy is the more at fault. With reference to these topics, I state the general principle, and I have positive knowledge of its particular application in the daily work of asylums, that if one desires to improve the tone of men's conversation, and to refine their habits and manners, the best way to effect these objects is by the presence and influence of good women. I also affirm that not the least of the many improvements effected by the presence of women nurses and gentlewomen in the male wards of an asylum is the greater attention to decency and decorum that they have introduced there. Mr. Bloomfield, owing to his ignorance of asylums and of this "so-called reform," requires, in addition, to be informed that there are certain classes of male cases which no one has yet ventured to put under female care. If also there be asylums, and of this I do not deny the possibility, where the male side is not a fit place for a woman to be, then the sooner an attempt is made to make them fit for women's presence the better, for this is a work of reform that can and ought to be done.

Dr. Urquhart states that the system has been pressed upon him and others "on what would seem to be inadequate grounds," and he sets "aside as futile such arguments as have been presented as to the comparative ease with which male patients are fed by female nurses." The argument he refers to is at least two generations old, and was urged in support of the old system of employing one or more women in some of the male hospitals of the large asylums. These women occasionally fed "the abstinent male" and smoothed the masculine pillow, and so far this was satisfactory; but they were less nurses than housemaids, and were more at home in the kitchen and scullery than in the wards with the patients, who continued to be nursed by male attendants. The new system was inaugurated in this country by Dr. Turnbull, of the Fife and Kinross Asylum, in 1896, when he placed a ward of male patients entirely in the charge of female nurses by day, and it was fully developed, when, in January, 1900, in this asylum, male patients were handed over completely to the care of women by night as well as by day. As an argument in favour of the old system, the feeding of "the abstinent male" had some force, as it was the most important piece of nursing women then did, whereas now it is among the least of the many mercies of the new system, and not worthy of being called an argument in favour of it. Dr. Urquhart's particular reference to it indicates, I fear, that he does not realise the features of the new system.

Dr. Urquhart goes on to say that the employment of women on the male side has reduced male attendants "to the position of hired bullies or common labourers. That is what it really means if attendants are not to be entrusted with the care of the sick and acute cases."

Hired bully and common labourer, as terms descriptive of the work done by male attendants, are so far fetched that they may be regarded without injustice as mere epithets of abuse. Even if an attendant be not called upon to nurse the sick and infirm, there surely remains great scope in a well conducted modern asylum for services of a very honourable nature, demanding the highest moral and personal qualities. And truth to tell, bullying and belabouring are practised very

much less on the male side under the *régime* of women than of men, and this for very obvious physical reasons, if for no other.

He states too that these nursing proposals constitute a wrong, because they offer to the male attendant "no hope of advancement in the asylum," and because "the higher posts would be absolutely unattainable." As to this wrong, Dr. Clouston, who is a very accurate observer of human nature, pointed out many years ago that his female nurses all longed to work in the hospital, and his male attendants all wished to be kept out of it, and that he never saw a man enjoy sick nursing in the same way that many women appeared to delight in it. My own personal experience confirms this, for, however conscientiously a man may have nursed sick and bedridden cases, I never heard one express regret if relieved of this duty. If we wrong the prospects of male attendants, it is at least done by means which please them, and which gratify their natural inclinations; but *do* we wrong them? Dr. Urquhart assumes, I imagine, that head attendants' posts are also to be filled up by women; but this is not a necessary consequence of female nursing. As it, however, accords with my own practice—my matron having charge of both male and female sides, like a hospital matron—and to make the case as bad as possible, I shall accept all that his complaint involves. What then constitutes the wrong? It is that none of my male attendants can look forward to being promoted head attendant of this asylum; but by this practice I only injure, for what I consider a worthy object, one man out of hundreds in a generation. Attendants are many, and they come and go; but head attendants are few, and they are a tough race. I believe Dr. Urquhart has had the good fortune to have been served by one head attendant for over a score of years; Dr. Clouston by each of the two head attendants at Morningside for over thirty years. Neither of these superintendents has adopted the system of female nursing, of which Dr. Urquhart complains, and yet their male attendants, in respect of this promotion, have been for twenty or thirty years as badly off as if they had been employing the dreadful system all the time.

Dr. Urquhart also reminds one that the sauce for the gander is the sauce for the goose. If therefore he objects to my closing promotion on the male side by blocking the chief male post, why does he (like myself) bar promotion to asylum nurses by denying them the matron's post? He has had several opportunities of encouraging his own and other asylum nurses in this respect, and yet his heart has not bled for their wrongs, as it has for the imaginary wrongs of my male attendants.

I have also to add, from actual experience, that the chances of promotion elsewhere for the male attendants do not seem to be diminished in those asylums which have adopted this system. Since I adopted it four of my old attendants have been promoted head attendants elsewhere, and this, I believe, is a record that is not surpassed. One of these men, who was appointed to an asylum where female nursing for men had not been practised, was specially selected for the very reason that he had been trained in contact with the new system. In view of future developments, this element of his training was considered most valuable. This is a point which ambitious young attendants with foresight would do well to note, and from it Dr. Urquhart may conclude that wrong may be done to deserving male attendants by omission, by the failure to introduce the system.

I have already trespassed on your space without having said anything of the problem which was the "exciting cause" of Dr. Urquhart's jeremiad, namely, How are male attendants to be trained in sick nursing, so as to qualify for the Certificate for Proficiency in Mental Nursing, if the male hospital wards be staffed with women? It does not involve any question of the proper nursing of the patients in the asylum; it is purely a question of the education of the male attendant. In the past an effort was made to allow every attendant to spend a portion of his period of training in the hospital, but the average amount of time of actual sick nursing experience which each candidate enjoyed was little to boast of, and in an asylum for private patients with a large staff and a small hospital this experience must have been infinitesimal. Under the new conditions I now employ a matron and six assistant matrons (sisters), who are all certified hospital nurses, and if these seven nursing experts, with the privilege of employing all the material for teaching that exists, do not turn out male sick nurses, better trained *on the average* in the practical duties of sick nursing than in the past, I shall be

much disappointed with their work. While the training here will now be better than the average of the past, it is possible that no man will attain to the skill of the few permanent hospital attendants of the past. With regard to male sick nurses in private practice. I consider this a question for hospitals to consider, and it is utterly preposterous that an asylum superintendent should not employ women in his male wards, if he approves of the system, because of visionary doubts about the future supply of male sick nurses. Dr. Urquhart deprecates the universal employment of women in the male sick wards of asylums on this ground, and therefore I quote the following from the *British Journal of Nursing* (Feb. 27th, 1904):

"A reform of far reaching consequences and of national importance is that, for the first time, the orderlies of the nursing section of the Royal Army Medical Corps are to pass through a comprehensive course of instruction and practical work which will enable them to qualify as thoroughly trained nurses. So far, the training in nursing duties given to the nursing orderlies has been insufficient and intermittent; now this is all changed, and they are to have a systematic and comprehensive course of training, both theoretical and practical. Until now, while many male nurses have been employed in this country, no large general hospital has opened its training-school to them, and their experience has been gained in special hospitals. *We must look to the military hospitals in the future to provide the community with efficient male nurses.*"

If the last sentence in the above quotation be true, and coming from such an authority, I see no reason to doubt it, the next piece of good news I expect to hear is that the system of female nursing for sick and infirm men has been introduced into the Murray Asylum.

MALE NURSING IN ASYLUMS.

From Dr. W. A. PARKER, Gartloch Hospital for Mental Diseases.

I have read with great interest Dr. Urquhart's attack on female nursing in the male wards of asylums. I would like to say a few words on the point. I am not concerned about the supply of male nurses outside, but I may say shortly that I am quite satisfied that no asylum nursing staff is efficiently equipped, which does not provide a certain number of male nurses for the bed treatment of men.

Since the opening of this hospital in 1897 the male wards for bed treatment have been staffed entirely by women. The result of this has been that a certain small, very small, but quite definite, proportion of male cases who would have been the better of bed treatment were treated without it in the ordinary wards, or were treated very inconveniently in single rooms opening off the ordinary male wards. I am a strong believer in the general good effect of having female nurses for men, and their presence is certainly comforting, as a rule, to the relatives of the patient, but, undoubtedly, certain cases of mania have an erotic turn given to their thoughts by the presence of women, and this shows itself in masturbation, indecent exposure, etc. I am satisfied also that in some general paralytics and adolescents masturbation is increased where male wards are staffed by women. Certain impulsive epileptics and a few dangerous paranoiacs I have had to remove from female care not because they attacked the nurses, but because the nurses lacked physical power to come between the patient and other patients about whom delusions had been formed. I need not elaborate this, but the need for male nursing has been so evident that I opened this year a small ward staffed by men where all male cases are admitted and passed on to the wards staffed by women as soon as is judged right. In this way I believe I have solved my previous difficulty. I am very deeply impressed by the need for some beds staffed by men for the bed treatment of men in a mental hospital as I know how narrow on several occasions was the margin by which we here escaped from serious accident due to the impulsive outbreaks of powerful men.

FEMALE NURSING AMONGST THE MALE INSANE.

BY AN ASYLUM MATRON.

This much-to-be-desired reform is not, I fear, making much progress.

The cause of this delay may be, perhaps, the immense difficulty in organising the movement. I do not think it would be either desirable or possible that women should supplant male nurses, but, as a help to them, I think they would prove a great advantage. May I suggest what I think would be a possible way in which the scheme might be successfully carried out? I would place amongst the male attendants—say, in a division where there might be thirty or forty patients—two women. These women must be most carefully selected, as on this selection the whole success of the trial depends. One of these women to act as a sort of head nurse, the other her assistant.

Their social standing should be such that they could command both obedience and respect from the attendants. They should be musical, bright, and fond of games, with sufficient initiative and tact to induce the male attendants on all occasions to join in these amusements. This would greatly add to the general sociability and good comradeship. They should carve, preside, and help at all meals, see to the comfort of all, particularly the feeble and ailing, look after the bed-linen and underclothing, see that the sitting-rooms are kept bright, cheerful, and nicely decorated. They should also see that the patients are kept trim and neat (this is always a little attention which male patients willingly accept at the hands of a woman).

I feel sure that this plan, if properly carried out, will prove a decided reform. It will lessen the monotony, and brighten the sad lives of many poor patients, and I feel sure it will prove a not unimportant factor in aiding their recovery. Furthermore, their presence will have the best possible influence on the conduct and demeanour of the male attendants, and would cause all petty abuse of small authority to disappear completely.

These women need not have the least fear of working amongst the male patients and attendants. I myself did so for some years, and invariably found the conduct of the patients most satisfactory, and that of the attendants civil and obliging. The latter, indeed, always showed themselves pleased and anxious to help in any little kindness and attention offered to their patients.

Obviously, these women must be thoroughly backed up by the doctors.

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

GENTLEMEN,—Although at a loss to know what really actuated you when you wrote the editorial which appeared in the last number of the JOURNAL on "The Management of the London County Asylums and the Horton Asylum Scandals," yet I feel that, unless your statements are corrected, a grave injustice already done will be perpetuated. This must be my apology in venturing to ask you to give this letter the same publicity as the editorial I complain of.

It is not my purpose to make much objection to your comments on the Horton affair further than to say that the trial chiefly demonstrated criminal tendencies on the part of certain officials. Anyone conversant with the management of the London County Asylums must have noticed with regret, even with anger, that certain statements so gross and so improbable, and further, statements regarding the duties and responsibilities of certain officials so horribly untrue, were allowed to remain uncontradicted. The fact, however regrettable, remains that certain officials, taking the golden opportunity of the hurry, confusion, and staff inexperience afforded by the necessarily rapid opening of a large institution, for a time successfully carried on a nefarious business, and were eventually caught and punished. In an older institution such doings would have been either impossible or, if they occurred, would have been quickly detected before they had assumed alarming proportions. Regarding the judge's extraordinary deliverance, the statement he is reported to have made that "it might be possible that the whole management of the asylum was criminal from top to bottom" renders, for

reasons obvious, the rest of his remarks valueless. To leave this subject, I pass to the more serious statements regarding the management of the London County Asylums.

It seems to me to be quite apparent that the management of a vast institution like a London County Asylum must be on somewhat different lines to those of their smaller provincial sisters. Yet the difference is not so great as you apparently imagine—a fact which I, personally, think is to be regretted.

Treated historically, the evolution of the London County Asylum management has been a gradual transfer of power and authority from the hands of lay officers to those of the medical superintendent. Year by year this process has been going on until the latter has become paramount, subject to the sub-committee only, and all officers are under his general control and direction. This is still more clearly emphasised in the new rules issued this year. The so-called independent, or practically independent, officer has been abolished, and his duties have largely been merged with those of the medical superintendent. It is true that there are certain additional officials, but more of them anon. The parts of your editorial dealing with this aspect of the question are astonishing in their inaccuracy. One would think that you were commenting on the London asylums of twenty years ago, and not the modern up-to-date institutions.

A striking paragraph is the one regarding the booking of the medical superintendent in and out of the building. A more childish matter could not have been brought forward, yet in all seriousness it is given as an example of the red tape *ad infinitum* which trammels "men of high repute and untarnished honour."

The committee are, by law, pre-eminent in an asylum, and surely no rules can be objected to that secure this. It is impossible to run large institutions without fixed rules and regulations. The interests at stake are too large. Discretion, judgment, and experience the medical superintendent must have if he is to carry out the rules of the committee successfully, many of which are made at his own suggestion, and further, he is always in a position to draw the committee's attention to any objectionable or unwise regulation. The idea that he is powerless to supervise all departments is preposterous; he has the power, and, to my certain knowledge, can use it most effectually. His ideals and influence should pervade the whole institution. Nothing of any importance should happen without his knowledge, and, if the contrary occurs, then there is some error in his administration which calls for instant reform at his hands.

The paragraph dealing with the relationship between the medical superintendent and the junior staff is a good example of the far-fetched and laboured character of your criticisms. Attendants, nurses, and others are selected and engaged by the medical superintendent subject to a period of probation, during which time he has ample opportunity of judging of their fitness for their posts. At any time during this period, or at the end of it, he can quickly dispense with their services if they are definitely unsatisfactory. If he has any doubts at all on the matter, there is no difficulty in prolonging the period of probation. As a rule, committees wish to hear nothing of probationers until the medical superintendent is quite satisfied that they are in every way fitted for their posts.

On page 755 is a rather marvellous statement regarding the difficulties which may arise in administration owing to the so-called powerlessness of the medical superintendent. I may state at once that the occurrences, as far as my knowledge and experience go, are purely imaginary. There is nothing in the rules to prevent the harmonious working of all subordinate officials. No rules, however wisely written, can make quarrelsome, fractious, and otherwise unsuitable officers pull together. Should these conditions arise, the duty of the medical superintendent is plain, and he has full power to deal with the situation satisfactorily.

A few words now regarding that much abused institution, the central office and its personnel. In spite of the merely bare mention of the clerk to the asylums committee in the Lunacy Act, he and his office are absolutely necessary. This cannot be denied, especially when one committee has under its control so many large asylums. A brief glance at the annual report ought to satisfy anyone of this. The clerk has important duties to perform, but these do not clash with those of the medical superintendent, nor does he personally interfere with the internal administration of the asylums, except broadly when advising the asylums' committee. It is natural to all men and all offices to seek power and influence.

The central office soon recognises strength and efficiency on the part of any medical superintendent, and treats him accordingly. Small blame to it if it takes advantage of any weakness, indecision, or incapacity. The committee is the tribunal, and if the medical superintendent cannot hold his own there, he has only himself to blame. A good superintendent is readily recognised by his committee, and, having their confidence, he is as powerful as any superintendent in the country. The committee give him power and authority; if he lets it slip out of his hands it is clearly his own fault.

Regarding other central officers, it is ridiculous to suppose that the medical superintendent is an expert engineer, etc. The undertakings in the London asylums are too vast, too technical, for the responsibility of advising the committee to be left entirely in the hands of the medical superintendent. The committee, therefore, have been driven to appoint experts to advise them on certain matters, officers who visit the asylums and who are responsible for the more technical work of their various departments. The duties of the expert, say the asylum's engineer, do not clash with those of the medical superintendent. His work is always open to the criticism and revision of the medical superintendent before committee. Nor does it lessen the very definite responsibility of the medical superintendent as, regarding the lighting, warming, ventilation, and general repair of the institution. The same applies to all departments, the high efficiency of which the medical superintendent, by report, inspection, and general direction, has to secure in order to maintain that harmonious co-operation so essential to the good order and general economy of the asylum over which he presides.

A more painful suggestion has never been made regarding the regulations of the London Asylums than that they are framed for the aggrandisement of the committee rather than for the treatment of the patients. On the contrary, they breathe everywhere the care, well-being, and happiness of the patient, and also secure fairness and justice as regards the treatment of the staff, especially the poorer and humbler members, whose claims to consideration are so often neglected.

The rest of the editorial, however well meant, I am afraid I can only characterise as abuse pure and simple. A compliment regarding the liberality and good intentions of the London Council is considerably sandwiched in between references to millions of bricks, miles of corridors, an approaching inferno, and the Colney Hatch holocaust.

It is a great pity that, contrary to its usual practice, the JOURNAL did not take the trouble to ascertain facts before committing itself to views as inaccurate and unfair, as they are misleading and offensive to not a small number of loyal supporters of the Association, medical and otherwise.

Yours obediently,
"MEDICAL OFFICER."

Editorial remark.—Our correspondent very naïvely admits the necessity of our article when he regrets that certain "statements regarding the duties and responsibilities of certain officials" "remain uncontradicted" many months after the events.

Later on he admits that if the Medical Superintendent "cannot hold his own against the central authority" before the tribunal of the Committee "he has only himself to blame." Here is testimony, the more valuable because so obviously unintentional, of the strife between the Central Executive and the Medical Executive; a strife in which it is obvious that all the conditions are in favour of the central officials who are so much more closely and frequently in contact with the supreme authority.

In such a fight for the executive authority we are assured few men could blame the heavy-burthened medical superintendent for being worsted, but blame is due to the predominant legislative authority for arranging such a continuous *internecine* struggle as our correspondent depicts.

Medical Officer is at a loss to know what really actuated us in writing our Editorial; we cannot profess to be in the same state in regard to his letter.

Our readers may be interested in reading editorials on this subject in recent numbers of the *Lancet* and *British Medical Journal*.