

of any attempt to introduce improvements into the legislation pertaining to the asylum treatment of the insane.

No alienist has yet investigated the mental condition of the Anarchist. Lombroso has no followers in Spain, and the only literature dealing with criminal insanity is by jurists and philosophers, such as Dorado and Gil-Maestre. A decided advance in this matter has, however, been made in the erection of the new prison at Barcelona, built with a view to individual sequestration and the separation of inmates according to their peculiar circumstances. There has been no attempt at the introduction of the reformatory system for that class which is on the border-land between insanity and crime. This system is being tried in the United States in the case of refractory children and fallen and repentant women, but up to the present the results have been entirely unsatisfactory, and several of these homes furnish incidents comparable to what one reads of in *Oliver Twist*.

In Dr. Rodrigo Gonzalez we have lost an eminent specialist and a man experienced in asylum management. Ciempozuelos, where he spent the greater part of his life, has suffered a great and well-nigh irrecoverable loss. In the midst of a very busy practice he published a valuable work entitled *On Insanities of the Will*, and at the Fourteenth Medical Congress his *Special Treatment for Alcoholics* received a very favourable criticism.

The literature of psychology is still scant. Rarely more than a single booklet is published in the twelvemonth; the majority of the contributions consist merely of extracts from speeches and articles occurring in periodicals, as Dr. Oto Esquirdo's *Aberrant Impulsion*, and *Conscient Psychosis*. Even in South America this aspect of the work shows a greater vitality, as witness quite a considerable number of books on mental science published in Lima, Mexico, and Monte Video, but especially in Buenos Ayres. The people who, in the fifteenth century, set an example to the civilised world by founding the first lunatic asylum ought to rouse themselves from this state of lethargy.

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#### Part IV.—Notes and News.

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##### MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

A QUARTERLY MEETING of the Medico-Psychological Association was held at the North Riding Asylum, Clifton, near York, on Thursday, February 23rd, 1905, at 3 p.m., under the Presidency of Dr. R. Percy Smith.

*Present* :—Drs. T. Stewart Adair, W. Lloyd Andriezen, M. Alex. Archdale, Robert Baker, Fletcher Beach, T. S. Clouston, Samuel Edgerley, John W. Geddes, F. Sidney Gramshaw, Ernest G. Grove, Frederic P. Hearder, J. Tregelles Hingston, Theo. B. Hyslop, J. Carlyle Johnstone, Robert Jones (Hon. Sec.), Herbert W. Kershaw, Murdoch D. Macleod, Thomas W. McDowell, Henry J. Mackenzie, S.

Rutherford Macphail, George Francis May, Charles A. Mercier, James Middlemass, Alfred Miller, Cuthbert S. Morrison, Arthur C. Nash, H. Hayes Newington (Treasurer), Bedford Pierce, George S. Pope, Daniel F. Rambaut, George M. Robertson, R. Percy Smith, John B. Tighe, Edmund B. Whitcombe, Ernest W. White, T. Outterson Wood, David Yellowlees.

Letters of apology for non-attendance were read from Drs. A. W. Campbell, C. Hubert Bond, P. W. MacDonald, Braine-Hartnell, and H. Rayner.

The minutes of the previous Quarterly Meeting were read and confirmed.

The following gentlemen were elected ordinary members:—Alexander, Edward Henry, M.B., M.R.C.S., Physician Superintendent, Ashbourne Hall Asylum, Dunedin, New Zealand (proposed by Francis Hay, T. S. Clouston, R. R. Alexander); Brown, Harry Egerton, M.D., M.P.C., Assistant Medical Officer, County Asylum, Rainhill, Liverpool (proposed by J. Wigglesworth, A. W. Campbell, Robert Jones); Devine, Henry, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, West Riding Asylum, Wakefield (proposed by W. Bevan Lewis, W. Maule Smith, Robert Jones); Ferris, William, M.D., B.S.Lond., L.R.C.P., M.R.C.S., D.P.H., Assistant Medical Officer, Middlesex County Asylum, Tooting, S.W. (proposed by H. Gardiner Hill, C. W. Rolleston, A. N. Boycott)—(from South-Eastern Divisional Secretary); Hines, Arthur, M.B., Assistant Medical Officer, County Asylum, Stafford (proposed by J. W. Stirling Christie, B. Henry Shaw, Robert Jones); Hutchinson, Joseph Armstrong, M.D., M.S. Durham, M.R.C.S. Eng., Medical Officer of Health, Northallerton District; Medical Officer, H.M. Prison, Northallerton (proposed by Bedford Pierce, C. K. Hitchcock, H. J. Mackenzie)—(from Northern and Midland Divisional Secretary); Johnstone, George A., M.B., Ch.B. Aberd., Senior Assistant Medical Officer, Montrose Royal Lunatic Asylum (proposed by John G. Havelock, Robert B. Campbell, Robert Jones); Kingsbury, William Neave, M.R.C.S., L.R.C.P., Assistant Medical Officer, Middlesex County Asylum, Tooting, S.W. (proposed by H. Gardiner Hill, L. W. Rolleston, A. N. Boycott)—(from South-Eastern Divisional Secretary); Le Fanu, H., M.B., C.M. Aberd., Assistant Medical Officer, County Asylum, Prestwich, Manchester (proposed by W. Sharkey, David Orr, Robert Jones); Paine, F., M.R.C.S., L.R.C.P., Assistant Medical Officer, Claybury Asylum, Woodford Bridge, Essex (proposed by Robert Jones, George Greene, and C. T. Ewart); Stillwell, Henry Francis, L.R.C.P.E., L.R.C.S.E., Assistant Medical Officer, Barnwood House, Gloucester (proposed by James Greig Soutar, Arthur Townsend, Robert Jones); Thomson, James Hutcheon, M.B., Ch.B. Aberdeen, Assistant Medical Officer, Earlswood Asylum, Redhill, Surrey (proposed by Charles Caldecott, H. Hayes Newington, and Robert Jones); Williams, D. J., M.R.C.S., L.R.C.P.Lond., Medical Superintendent, Asylum, Kingston, Jamaica (proposed by Alan Rigden, R. R. Alexander, Robert Jones).

The PRESIDENT referred to the death of Dr. Harry Arthur Benham, and to his valuable services as the former Registrar of the Association. He moved that a vote of sympathy and condolence from the Association be conveyed to the family of Dr. Benham. This was unanimously agreed to.

The PRESIDENT also regretted to announce the resignation by Sir John Sibbald of the office of President Elect, owing to ill-health. The President referred to the valued services and distinguished career of Sir John Sibbald in the cause of the insane, and moved the following resolution, which was unanimously adopted:

“Resolved unanimously that the resignation by Sir John Sibbald of the office of President Elect of the Medico-Psychological Association of Great Britain and Ireland, and the subsequent Presidency of the Association, owing to ill-health, be received with much regret, and that the cordial sympathy of the Association be conveyed to Sir John Sibbald, whose distinguished career had done so much to improve the condition of the insane in this country, and whose long services had reflected so much credit upon the Association, of which he is an Honorary Member, and that a copy of this resolution be sent to Sir John Sibbald.”

It was also resolved to forward a copy to Sir John Sibbald, signed by the President and the Honorary General Secretary.”

Dr. CARLYLE JOHNSTONE: I propose the following resolution:

“That the period of training in an institution for the treatment of mental disorders prescribed by the Regulations must be served in one such institution.”

As you know, all candidates for the certificate must now be trained in “an

institution for the treatment of mental disorders," for not less than three years (or two years in the case of those who possess the certificate of a general hospital).

I suggest that the mere prolongation of the term of training will be of little use, unless at the same time we secure that the training shall be more systematic, continuous, and complete, and insist on having some guarantee as to the character and moral qualifications of candidates. This cannot be secured or guaranteed as long as candidates are allowed to take part of their training in one asylum, part of it in another, and perhaps part in a third or fourth.

My motion is made in the interests of the public and of our institutions, in the interests of our patients, and in the interests of the nurses themselves.

A nurse in a general hospital must serve for three or four years, or other fixed term, continuously in that hospital before she can obtain the certificate of the hospital. The fact that she has obtained the certificate implies that she has received a continuous training of a certain standard, and that her moral qualifications and personal character are of a certain standard. The standard may differ in degree in different hospitals: the value of the certificate depends on the credit which is attached to the hospital which grants it. But the certificate of every reputable hospital is a guarantee of both technical training and of character. Under the present conditions and regulations our certificate guarantees neither the one nor the other. The nature and quality of the technical training provided in our asylums differ greatly in excellence in different institutions. In many asylums nurses can procure a training probably as good as can be got, in general nursing, in any hospital. This cannot be said of all asylums.

Judging from my own experience and from the reports of others, I would say that the practical instruction of nurses and attendants is carried out in certain of our institutions in a very loose, incomplete and perfunctory manner. So far, the Association has not found it possible to remedy this defect in its regulations. The Association can only rely on the capacity, judgment, and good faith of the superintendents and their co-adjutors. The Association has confessed its inability to give any guarantee as to the character or moral qualifications of the holders of its certificate. All that is done is that the superintendent who countersigns the candidate's application must state that the candidate "is a person of good moral character and suitable for attending on the insane." And the superintendent may be required to vouch for this small measure of "morals" after only a few months', or, for the matter of that, a few weeks' acquaintance with the candidate. As long as the candidate has complied with the necessarily meagre forms imposed by the Association, the superintendent is morally obliged to countersign his application as long as he knows nothing positively bad about him. The nurse may have had so many months of sound training and so many of unsound, or, while the training has been got in different institutions, it may all have been good or all indifferent or bad; but we have no guarantee of its goodness or its badness. The superintendent who signs the paper and the certificate is only the last of the various superintendents through whose hands the nurse has passed, and he can only speak for himself, although apparently he speaks for the others and for the Association. It may be confidently asserted that in many cases our certificate means nothing more than that the holder has spent a certain period of time in two or more asylums, and that he or she has succeeded in getting the official handbook up by rote.

If the entire period of training were served in one institution, so as to permit of the technical instruction being continuous, systematic, and comprehensive, and so as to allow time for the authorities to determine the personal character of the candidates, a quality which cannot be gauged by any "examination," written or spoken, we should know what the certificate is worth, and we should find in time, I believe, that it would be worth a great deal more than it is at present. A nurse ought to be able to get a satisfactory technical training by the end of three years. By the end of three years a superintendent ought to be able to state whether a nurse possesses those moral qualifications, without which mere technical skill is useless or dangerous. Just as in the case of general hospitals, the value of the certificate would of course depend very much on the credit which was attached to the institution in which the training was got; but this would not be a disadvantage.

The continuous term of training in one institution would also do a vast deal

towards discouraging and diminishing that spirit of restlessness, that deplorable habit of wandering from one asylum to another for the mere sake of change or for no legitimate object, which is so subversive of all discipline, so prejudicial to the interests of our patients, and so unbecoming of anyone aspiring to the serious and responsible calling of a nurse.

It needs no argument to show that the present unsystematic, disconnected, untrustworthy method of training our nurses, if it can be called a method of training, is as injurious to their interests as it is to the interests of our patients. We know how hospital nurses continue to look askance at asylum nurses; we know how hospital authorities still regard our nurses as an inferior class. Can we wonder at this? Until asylum nurses take as serious and high a view of their calling as is taken by hospital nurses of theirs, they will continue to be regarded as an inferior class. And for this state of matters we are responsible.

With the extension of the term of residence in asylums, we may take it that a smaller number of nurses will go up for the examination of the Association. I do not think that this is altogether to be regretted. But, if the number is to be diminished, let us see to it that the quality shall be improved. Let us not be content until we have given our nurses and attendants a training which, within its own limits, shall be as complete, as continuous, and as systematic as that required by any general hospital of good repute,—until we can show that their moral qualities are as sound and satisfactory as those possessed by any who follow the nurse's calling; until we have established them in a position equal to that held by other nurses. The only argument that I have so far heard against my proposal is that it would entail some self-sacrifice on the part of our nurses. Of course it would, and why should it not? I ask no sacrifice of them which hospital nurses are not willing to yield. It has been suggested that nurses would be hardly treated, who had spent a year or two in an institution, where the training was inferior or insufficient, and who had gone on to another institution where the training was conducted on sounder lines, if they were compelled to serve the whole term of three years in the latter institution. I cannot regard this as a serious objection. If there are such inferior institutions, the sooner they are removed from our list of training schools the better, and the sooner the nurses leave them the better for themselves and for all interests concerned. It is possible that exceptional cases may occur which might call for exceptional treatment. This is already provided for by our Regulation No. 4.

Finally, if State Registration of Nurses should be imposed by legislation, it is very doubtful whether our present scrappy, inconsistent style of training will be recognised as being up to the required standard. Let us voluntarily set our house in order before we are compelled to do so.

Dr. WHITCOMBE seconded the resolution.

Dr. T. B. HYSLOP objected to discussing moral grounds in connection with the present motion, and sympathised with nurses who might enter institutions which presented too narrow a field for their complete training, and which, if the resolution were passed, they could not alter without detriment to their future. He was in favour of permitting nurses to migrate to institutions in which they might obtain a full and competent knowledge of the subjects as set forth in the syllabus prescribed for the Certificate.

Dr. T. S. CLOUSTON complimented Dr. Carlyle Johnstone upon his own system of training, as also upon his thoroughness as an examiner, but he declined to follow his lead, or to agree with the views expressed by himself and Dr. Whitcombe, in regard to the training of nurses. He looked upon nurses as women who had their livelihood to obtain, and they must do the best they could for themselves. In his opinion it would be an injustice to penalise the best of the nurses, for, morally and intellectually, the nurses who seriously undertook to be trained were the best of their class, therefore as a question of expediency and of justice he opposed Dr. Johnstone's motion. He regretted that the question of morals had been drawn into the discussion, and he failed to see, if a person was found to be unsuitable within a period of eighteen months, why any additional period was necessary. Furthermore, he did not like this imputation in regard to our nurses, which he considered to be an unworthy reflection, and only tended to depreciate the status and office of a self-denying, hard-working, and earnest class of women.

Dr. R. MACPHAIL referred to his own experience, which tended to support the resolution.

Dr. ERNEST WHITE feared it was the egotistic and selfish side of one's nature which prompted further restrictions upon nurses' service. It would be especially hard upon nurses who had entered indifferent institutions, or who had not entered the best asylums, to be compelled to stay there for three years. He contrasted the freedom accorded to medical students, who might pursue their studies in any hospital, provided the syllabus were complied with; and he felt the resolution would tend to "gag" those desirous of advancing themselves; for these reasons he agreed with Dr. Clouston.

Dr. A. MILLER stated that, as Registrar of the Association, he knew there were nearly 7000 nurses on the register, and it was a question whether all these deserved their certificates. He thought that among attendants there were many "migratory birds," and this changing was as bad for them as for the patients.

Dr. WHITE.—"As they are now called birds, I will say 'caged,' not 'gagged.'"

Dr. MERCIER referred to the weakness in Dr. Whitcombe's argument in regard to the statement made that nurses migrated from one asylum to another, and changed their names. If the schedule and the record were properly filled up he failed to see how the change of name could occur, or, if it did occur, why it was not detected. He (Dr. Mercier) certainly advocated the possibility of every nurse advancing her prospects and obtaining the advantage of thorough training in the best institutions. Such latitude and freedom of choice commended themselves to his judgment as benefiting alike both the nurse and patient.

Dr. G. M. ROBERTSON regretted that, in his opinion, sufficient attention had not been given to the moral certificate. He thought there were two elements in the question of teaching nurses, viz. the technical training, and the nurse's own private character, *i. e.* her reliability and steadiness as opposed to her so-called morality. He instanced nurses leaving for mere capriciousness, *e. g.* one attendant resigned because his position on the "cricket list" was changed; and again, a nurse, because of alteration in the date fixed for her night duties. He considered it well in the interest of discipline that the resolution should be supported.

Dr. HAYES NEWINGTON reminded the meeting that all questions of morality had been deliberately dissociated from the certificate, which was a record only of training now. He could not see that training would be prejudiced by being carried on in more than one asylum.

Dr. C. S. MORRISON supported the motion.

Dr. BEDFORD PIERCE pointed out that if the training were not in one institution there would be a want of system in the training which would be prejudicial to its efficiency. Under the new regulations he concluded it would become more general to have a definite course of training for three years, such as Dr. Menzies, at Cheddleton, now gives, and for some years past has been given at the Retreat.

Dr. D. YELLOWLEES regretted that the question of moral character had been introduced into the discussion, although no member of the Association more appreciated its importance. He asserted that the Association, under its present rules, granted a certificate of "proficiency in mental nursing," and of that alone. The Association did not and could not guarantee moral character, and should never attest it. He was aware that medical superintendents found great difficulty from frequent changes in their staff, but they had often themselves to thank for this; if the superintendent whom the nurse had left was honest enough to give full particulars, and the superintendent to whom she went was wise enough, the nurse would probably not be taken, and there would soon be less migration. But we must not penalise the nurse for this. If proficiency cannot be obtained in two asylums, a great deal of injury would be done to nurses who were seeking better training. There might often be private and personal reasons, some of which he named, why a nurse should desire to leave one institution for another, and it would be inflicting a loss and an injustice upon the nurse, not to permit her to count her past service as part of the period of three years' training required by the rules.

Dr. F. P. HEARDER also spoke against the resolution.

Dr. OUTTERSON WOOD then proposed the following amendment:

"That the period of three years' training for the certificate granted by the Medico-Psychological Association of Great Britain and Ireland for proficiency in mental nursing be served in not more than two asylums."



This amendment was seconded by Dr. YELLOWLEES and carried by 18 votes to 12. It was finally adopted as a substantive motion by 21 to 10 votes.

Dr. THEO. B. HYSLOP then read his paper entitled "The Problem of the Insane in its Relationship to Overcrowding and Poverty."

Dr. BEDFORD PIERCE exhibited the "William Tuke Medal," which is awarded by the Committee of the Retreat to nurses and attendants who have completed their four years' training and have obtained the Retreat certificate of proficiency.

The medal is in bronze, and was designed by Mr. Nelson Dawson; it bears the likeness of William Tuke, the founder of the Retreat in 1792, and the motto "Cum bona voluntate servientes."

Dr. LLOYD ANDRIEZEN's paper and lantern demonstration were postponed until a future meeting.

The members dined together in the evening at the Station Hotel, York.

#### SCOTTISH DIVISION.

A Meeting of the Scottish Division of the Medico-Psychological Association was held by the invitation of the Directors at Murray's Royal Asylum, Perth, on Friday, the 10th March, 1905, at 2 p.m.

The following members were present:—Drs. Angus, Alexander, Carlyle Johnstone, Clouston, Devon, Easterbrook, Grant, Havelock, Ireland, Keay, Kerr, Marr, Mitchell, Oswald, Richard, G. M. Robertson, Rorie, Urquhart, Yellowlees, and L. C. Bruce (Divisional Secretary).

A letter of apology was intimated from Dr. Turnbull.

Dr. Keay was called to the chair.

The minutes of last meeting were read, approved of, and signed.

Harry Thwaites, M.R.C.S., L.R.C.P.Lond., Medical Superintendent of the Mount Lebanon Asylum, Asfuriayel, near Beyrout (proposed by Drs. Yellowlees, Clouston, and G. M. Robertson) was elected an ordinary member of the Association.

Dr. Yellowlees and Dr. Turnbull were elected Representative Members of Council, and Dr. Lewis C. Bruce was elected Divisional Secretary. The following recommendations were made to the Nominations Committee:—That Dr. Turnbull be appointed to the Nursing Examinership; that Drs. Yellowlees, Clouston, Turnbull, G. M. Robertson, Marr, and Bruce be placed on the Educational Committee; that Drs. Yellowlees, Clouston, Urquhart, Carlyle Johnstone, and Bruce be appointed to the Parliamentary Committee.

The members then took up the adjourned discussion on the Report of the Statistical Committee as to the Revision of the Statistical Tables.

Dr. URQUHART moved, "That the Division should now discuss the tables, commencing with Table I." Dr. CLOUSTON seconded.

Dr. CARLYLE JOHNSTONE moved an amendment, "That the Report and Tables be referred back to the Statistical Committee for further consideration and report." Dr. BRUCE seconded.

Drs. YELLOWLEES, URQUHART, CARLYLE JOHNSTONE, CLOUSTON, G. M. ROBERTSON, DEVON, and BRUCE discussed the general principles of the revised Statistical Tables. On being put to the meeting Dr. Urquhart's motion was carried by a majority of 12.

The Division then discussed Table I, and the following suggestions were made:

i. That "Total cases admitted" should be divided into "First admissions" and "Not first admissions."

ii. That Table I be reduplicated into (a) "Direct admissions;" (b) "Indirect admissions."

iii. That the words "Average daily number resident during the year" should read "Average daily number on the Register during the year."

iv. That a separate statement on the general lines of Table I be printed, distinguishing Private cases from Rate-supported cases.

Suggestions regarding Table II were as follows:

i. That the second column from the end should read "Percentage of the recoveries of the direct admissions."