most of the nurses who have the Association Certificate were not qualified rightly to be called nurses at all.

Dr. ADAIR thought it was a subject that should be left open and brought up for discussion again.

Dr. NATHAN RAW thought the subject should be looked at from three points of view—the Committee's, the patient's, and the nurse's. He thought the Association had done splendid work in improving the knowledge of the asylum nurse. Many asylums did not insist on the heads being trained nurses. Many of the chronic insane did not need trained nurses, but the acute cases did. Nurses themselves were not satisfied with their position. They felt there was little opening for them, as the head appointments were given on other grounds than asylum training. The nurse who succeeded best was the hospital-trained nurse who had had six months' asylum training. She could then go out as an asylum-trained nurse.

Dr. MACPHAIL thought that Dr. Harding had been unduly severe on the Medico-Psychological Association. He was aware that the certificate was not all it should be, but it had improved, and a committeee was now considering how it could be further improved. For his own part he never sent up a candidate who had not already passed his idea of a minimum.

Dr. BEDFORD PIERCE agreed with the other speakers that the examination for the Association Certificate had been very easy, but seeing that the whole movement was but recent it was not possible to do otherwise than begin on modest lines. He expressed the opinion that in order to make the best nurse for mental cases it was desirable to begin within the asylum and take a year or two at a hospital afterwards, though, practically, it was difficult to arrange this, seeing that most good hospitals only take nurses for three years. The alternative, beginning in the general hospital was not in his judgment as satisfactory; the discipline and routine of a sick ward tended to make the nurse somewhat less adaptable to the very widely varying needs of insane patients.

Dr. HARDING, in replying, said that he felt that his object had been attained inasmuch as he had presented controversial points. He considered that the irresponsibility of each asylum, as regards the competency of those nurses certificated in it, was a serious fault of the present system.

A hearty vote of thanks to Dr. Macphail for his hospitality, and kindness concluded the business.

SOUTH-WESTERN DIVISION.

THE Spring Meeting of the South-Western Branch of the Medico-Psychological Association was held at the Winsley Sanatorium, Limpley Stoke, near Bath, on Friday, April 27th, 1906.

Those attending were: Dr. Lionel A. Weatherly, by whose invitation the meeting was held at the Sanatorium, Drs. H. T. S. Aveline, L. Baskin, G. A. Rorie, Morton, E. Goodall, MacBryan, Morrison, P. W. Macdonald, W. F. Nelis, and R. W. Prentice. Dr. E. Dunbar Townroe (of the Sanatorium) was also present during the proceedings.

The party was conducted over the sanatorium by Dr. Weatherly, who is the Chairman of its managing body, and entertained by him to luncheon. After some hours had been spent in inspecting the beautiful establishment and grounds the business meeting was held at four o'clock, Dr. Weatherly being voted to the chair.

Letters of regret for non-attendance were received from Dr. T. Outterson Wood (President), Dr. Ernest W. White, Dr. Stanley Elliott, and others.

The first business was to elect new members, and there were two candidates:

Reginald Wickham Prentice, L.S.A., Spring Grove, Bishops Stoke, Hants. Proposed by Drs. H. J. Manning, J. F. Briscoe, and Aveline.

Herbert Edwin Scowcroft, M.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Somerset and Bath Asylum, Wells. Proposed by Drs. Pope, W. Scowcroft, and Sutcliffe.

Upon a ballot being taken they were declared unanimously elected.

Dr. H. T. S. Aveline was re-elected hon. secretary and Drs. Macdonald and Goodall were appointed representatives on the Council.

https://doi.org/10.1192/bjp.52.218.614 Published online by Cambridge University Press

Drs. Blachford and Davis were appointed members of the Divisional Committee,

The next meeting was fixed to take place at Kingsdown House, Box, on Friday. October 26th, by invitation of Dr. MacBryan, and the next spring meeting at Hereford, on April 18th, 1907, by invitation of Dr. Morrison.

The next business was to consider the Report on the Union of Medical Societies. After considerable discussion,

Dr. MacDonald moved and Dr. MacBryan seconded the following resolution:

"That this meeting of the South-Western Division does not favour the amalgamation of the Medico-Psychological Association with the proposed union of London societies, for the following reasons:

"(1) Such amalgamation would mean the dropping of our independence and the loss of our influence as an association.

"(2) The stopping of the *Journal of Mental Science* (now the property of the Association) as a separate publication.

"(3) The position of the Association in the matter of the training and registration of mental nurses, which could not be carried on as a section of the Academy.

"(4) The important work entrusted to the Parliamentary Committee, which could not be undertaken by a section of mental medicine in the proposed Academy."

Dr. MacDonald further moved, and Dr. Morrison seconded the following:

"While this Division disapproves of amalgamation, it hopes the Council of the Association will interest itself in the scheme and associate itself with the formation of the Mental Section."

Both were carried unanimously, Dr. Morrison, in seconding the second resolution, observing that he was willing to have strengthened it by a direct recommendation from that branch that members of the Association engaged in psychological work should try and become members of the Academy's proposed mental section.

Winsley Sanatorium.

Dr. Weatherly then gave a most interesting account of the history of the Winsley Sanatorium—its scope, mode of maintenance, methods of treatment, and results. In the name of the Board of Management he first expressed a welcome to the members of the Association, as they did to all medical men, to see the sanatorium. In the year 1898, when he happened to be President of the Bath and Bristol Branch of the Medical Association, it was decided to have a discussion on the treatment of consumption. In those days sanatoria were not spoken highly of in this country, and there were very few in existence. Dr. Davies, the Bristol Medical Officer of Health, opened a discussion, and the outcome was a resolution that the Bath and Bristol Branch of the Medical Association should form a branch of the National Association for the Prevention of Consumption which had recently been inaugurated by H.M. The King, then Prince of Wales. After considerable discussion it was decided to form a branch for the three counties of Somerset, Gloucestershire and Wiltshire, and the city and county of Bristol, representing a population of one and three quarter millions. The duties of the branch were to educate public opinion by the circulation of literature, by lectures, etc., to influence town councils and bodies concerned with the public health on matters relating to consumption, and to erect sanatoria. That was a large order, particularly with so large a population and such a huge area. They began by holding a number of meetings all over the three counties, lecturers being appointed to lecture on the prevention of consumption, and at each meeting he (Dr. Weatherly) was present to plead the cause of a sanatorium for the poorer consumptives of the three counties and to secure the formation of a local committee to collect funds. In the meantime a sub-committee had been appointed to look out a site, and that one was chosen, and all who had seen it had agreed that a finer could not have been found. The committee were, unfortunately, checked in their endeavour to collect funds. The Boer war was raging, and then followed the death of Queen Victoria, and, as they knew, committees were formed everywhere to raise funds for war purposes and afterwards for memorials to the late Queen. Indeed, they were almost on the point of throwing up the sponge when he conceived the idea of approaching town councils, rural district councils and bodies of working men

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with a view to their interesting themselves in the scheme. A curious position of our laws at once came to their notice. While town councils and rural district councils could, he believed at the time, help such an institution under the Public Health Act of 1875, county councils, being governed by the Isolation Hospitals Act, were not able to help them unless they made consumption a notifiable disease in their counties. It was decided that they should open the matter before the Bath Town Council, as he (the speaker) knew so many members of that body. He was heard in open council, and they decided that, provided counsel's opinion was favourable, and that a trust deed be appointed in respect of each bed, and that a member of the Board of Management be appointed to represent each bed, and that they had the sole right of nomination to the beds, they would purchase two beds at £250 each and provide the maintenance at the rate of £65 per bed per year. Mr. MacMorran, K.C., was distinctly of opinion that the corporation had the power to do as they proposed. He went on to Swindon, Gloucester, and Bristol, the latter city coming forward and taking twenty beds. For a place so large as Bristol that was not many when they considered that in Bristol alone more than one person dies of consumption every day of the year; but still, it was a beginning, and their £5000 was a great help. Then came the most gratifying circumstance of all. He addressed three meetings of the working men of Swindon and showed them that by merely denying themselves a halfpenny paper once in ten weeks for one year they would be able to provide two beds in the sanatorium. Long before the year was up they handed in sufficient to provide two beds, and when their beds were finished their maintenance for the year was paid in advance. Only that morning had come a further welcome bit of news from Swindon. They required another £13,000 before they had completed the cost of the building. This was due to underestimating the cost of their beds, which were £120 each more than they estimated, and, including all expenses of every kind, such as the heavy preliminary expense of the missionary work which they did in the course of several years, the cost of every bed was £420. This included also lawyers' fees, which were heavy owing to a separate trust deed being necessary in respect of every bed. They had also to face expenditure over water supply, drainage, etc., which was not anticipated. In the Annual Report which was just coming out they suggested that owners of beds who had purchased them for £250 should give another £50 towards the extra cost, making £300, and that morning he heard that the Swindon men having got an inkling of what was required, had met and unanimously voted another £100 in respect of their two beds unconditionally, a suggestion that the gift should be conditional upon the other owners doing the same not being entertained. That was an example of self-help that might be followed throughout the kingdom. Altogether thirty-eight beds were taken by town and rural councils, firms, working men, and individuals. The nomination to these beds rested entirely with their owners, and the patients had nothing to pay. There was a rule that one third of the beds should not be maintained in this way, and for these beds the patients were charged 10s. per week, so that the institution, once established and free of debt, would run automatically so long as they got from the public every year 15s. per week for twenty beds—just under £1000. He thought it was unique in the history of charitable institutions in this country that one should be run with less than a quarter of the annual cost being obtained from the charitable public. With regard to the entry of patients they tried to be very strict. They had, first, a Medical Consultative Board which consisted of the leading medical men in the different districts, so that there was one in reach of every part of the three counties. The names were sent under cover to the patient's medical man, who had himself to prepare a very fully drawn up certificate as to the patient. The patient was then sent on to one of these special medical men to be examined, and the certificates of both of them were sent to the resident medical officer at the sanatorium, and he decided whether the case was suitable for admission, and if not he communicated with the Medical Consultative Board, who decided accordingly. Then the case was invited to come in for four months when the first vacancy occurred. In the matter of staff they had a medical officer resident, matron, sister, two nurses, cook, kitchen-maid, scullery-maid, parlour-maid, nine house-maids, laundry-maid, and three helpers, engineer and assistant, a gardener and a labourer. When they first decided to start the institution they were made a laughing stock of because they said they proposed to run the institution on 25s. per patient per week, and they were told that

https://doi.org/10.1192/bjp.52.218.614 Published online by Cambridge University Press

it could not be done. What they did was to take the absolute expenditure of all the sanatoria of America and Europe and divide them up, with the result that they made the average 25*s.*, and he was glad to say that through the excellent management of the matron, assisted by a very strong Finance Committee with a splendid chairman (Mr. Dyer, of Bristol), who looked into everything most carefully, they had succeeded in keeping within the estimate. Allowing an average of fifty-five patients, the cost per patient worked out as follows: *Per week.*—Maintenance, 10*s.* 8¾*d.*; surgery and dispensary, 7*d.*; domestic, 3*s.* 3*d.*; establishment charges, 1*s.* 0¼*d.*; salaries and wages, 6*s.* 9¼*d.*; management, 1*s.* 1*d.*; miscellaneous, 11½*d.* Total £1 4*s.* 4¾*d.* They were therefore able to say that their promise had been fulfilled with regard to maintenance. With regard to their results. They classified their cases as follows: (1) Good cases—Full working capacity may be restored without much fear of relapse if reasonable care is taken. (2) Hopeful cases—A good chance of regaining working capacity exists, although not perhaps in four months' treatment. Risk of relapse greater; caution will be needed for a longer time. (3) Some benefit may be expected. Cases of long standing and with much lung affected. Improvement more or less lasting according to the life led. Will only be fit for very easy light work under favourable conditions. (4) Unsuitable cases—With regard to the suitability of cases their suggestions to medical men were: (1) The most suitable case for a course of treatment limited to sixteen weeks is one newly detected and found to have nothing more than signs of consolidation at one apex, or some similar lesion. (2) Cases with a greater extent of one lobe of one lung affected. These may do sufficiently well. (3) Cases with fair extent of disease in one lobe and slight disease in a second might be admitted, but only if otherwise the indications are favourable and if there is a prospect of carrying out after-treatment for the requisite time. (4) Cases complicated with laryngeal diseases should be admitted only if the affection of both larynx and lung is in an early stage. (5) Cases of disease dating back for several years should be excluded. The sanatorium was opened on December 16th, 1904, and during the year ending December 31st, 1905, there were admitted 180 patients and discharged 131. In regard to results they never used the word "cured." What he had always preached himself was that consumption could not be cured—there was always liability to relapse. So they used the word "arrested." Of the discharged, 49 were fit to resume work of a suitable character, and the disease was arrested in every case; 33 showed considerable improvement, there being either arrest, quiescence, or retrocedence of disease; 30 showed marked improvement, but required still further treatment; 17 showed no signs of improvement. There were 2 deaths. One great difficulty they had was that patients had to be sent back often to surroundings that were terrible, many of them to employment that was unsuitable. The Resident Medical Officer did his best to try and encourage employers to give returned patients some special facilities. If he was a clerk, for instance, they were asked to see that he worked in a room where there could be an open window. The Bath stone firms had done splendidly in this respect in regard to a clerk who had undergone treatment, putting him in a room by himself where he could have the window open, and he was keeping absolutely well. They were hoping soon to have an "after-care" association, by means of which greater help might be given to those who left the institution. He had done his best to keep in touch with the cases that went out, and a pleasing fact about the Annual Report that was in preparation was that there were in it "after-notes" of forty-nine cases that left months ago, and in every case the patients were doing well. With regard to the treatment of the patients, it was not excessively severe. There was no "Strasburg goose" stuffing. The food was very simple, and the patients gained flesh wonderfully well. With regard to case-books they had an excellent system. There was a case-book in which every detail was put down, the diagnosis of the medical practitioner consulted by the patient, and the diagnosis of the medical man at the institution. They very often differed considerably, and he did not think there was any disease which the ordinary medical man knew so little about. There was nothing that doctors failed so generally to diagnose early enough as consumption, and often they had cases which they were told were just detected where they found long-standing mischief. He could say, in conclusion, that they were doing in that institution an immense amount of good in two ways: (1) They were doing good by having arrested the disease in a large number of cases. Nearly one hundred patients

https://doi.org/10.1192/bjp.52.218.614 Published online by Cambridge University Press

would not have been alive that day if they had not come to Winsley. (2) They were also doing a grand thing in educating the public. More had been spoken and written in these counties since the sanatorium was projected on the benefits of open air, ventilation, the prevention of spitting, etc., than ever before, and he was certain that the educational importance of their work could not be exaggerated.

Dr. DUNBAR TOWNROE, Resident Medical Officer, added some interesting information as to the treatment of the cases at Winsley, coupled with some observations from his personal experience of consumption. It was obvious from the cases they got there that few people understood what consumption was. To him the consumptive was suffering from depreciation of lung-tissue, and he had come to the conclusion long ago that a consumptive was a person who had never been in a very good state of health. As a rule, whether rich or poor, they were debilitated subjects, and therefore the first thing required was nursing. Therefore they nursed the patient, and as a more extended observation was generally desired than was available from the certificate, they put him to bed. He (Dr. Townroe) hated bed, but it was the only way in which they could really watch a patient. Every one must agree that the patients had charming bedrooms, and in being able to give every patient a separate room of course they scored enormously in regard to rest and quiet. They did not over-do anything. Nothing had done so much harm to the treatment of consumption as the rushing to extremes. They tried to recognise that the patient had probably deprived himself of fresh air, and that it was absurd to try and fatten him up all at once. The chief points were regularity and nursing. He abhorred the system under which the patients were "blown away," but attached much importance to bathing. Everybody bathed, first in tepid water in which the patient was soaped from head to foot, and afterwards everyone had a cold douche. It was something quite fresh to them at first, but they came to look upon it as a luxury that they would afterwards miss in their own little homes. For breakfast they had porridge, bacon, etc., and although that was simple, it was the best that money could buy, and throughout their diet was wholesome. Practically the only drug he prescribed was hydrochloric acid. Rest is ordered after all meals, and he saw all the patients in the morning before starting them for lovely walks. At 12 o'clock they were made to come in and rest perfectly quietly for an hour, and then came the important mid-day meal. They believed a great deal in vegetables, and he encouraged the use of raw meat. He had never had any difficulty with the patients over this; it did not sound nice, but it was easily taken and easily digested. Afterwards they had cooked meat. They rested a little in the afternoon or took a walk under his recommendation, and from 5 to 6 they rested. At 6 was the last meal. They went in for comparatively small meals, but they led a most methodical life and were most carefully watched. At about the second month they were put on hill-climbing, and he could show them men who when they came were absolutely breathless at the least exertion, but who could now take hills as well as any of them. They left the tubercle bacillus alone. Nursing was the thing most essential, and they got results there that he had never seen exceeded in any sanatorium. They could not say much about the future of the patients, and all they could do was to do as much good as they could for the present.

Dr. MACDONALD tendered the thanks of the meeting to both Dr. Weatherly and Dr. Townroe, congratulating them on the results which had so far been attained. Dr. Weatherly mentioned that there was no disease that medical practitioners knew so little about as consumption, but he thought there was another they could all name that the ordinary practitioner could seldom diagnose too. To him personally the great regret was that these cases had to return in so many cases to such miserable homes. It was interesting to hear about the average cost of maintenance, and he quite agreed with Dr. Weatherly that it was the matron who could make the cost much or little. His experience was that with the right woman they would get good results and economy. It was startling to hear that the cost per bed was £420, but he quite understood that that included a great deal of what might be classified as additional expense, and that generally happened.

Dr. WEATHERLY said they must not forget that in the sanatorium each patient had a separate bedroom. The difference that made was enormous.

Dr. TOWNROE declared that proper treatment of consumptives in wards was absolutely impossible.

https://doi.org/10.1192/bjp.52.218.614 Published online by Cambridge University Press

Dr. GOODALL expressed the obligations of the branch to Dr. Weatherly for his kindness, his hospitality, the photographs of the institution he had distributed, and also for his address. He congratulated the three counties on having a gentleman of Dr. Weatherly's enthusiasm, patience, eloquence, and ability to get at the right people.

Dr. AVELINE, who said he was present at the laying of the foundation-stone, by Dr. Weatherly's invitation, seconded, and said they could not but admire the perseverance which Dr. Weatherly had put into the completion of that project.

Dr. Weatherly, in replying, said it was a great pleasure to receive them. They knew the keen interest he took in relation to consumption generally and particularly with regard to consumption in asylums. He hoped to see more done in their public asylums to segregate this disease and lessen the mortality from it.

The members afterwards dined together at Fortt's Restaurant, Bath.

SCOTTISH DIVISION.

A meeting of the Scottish Division of the Medico-Psychological Association was held within the Hall of the Royal College of Physicians, Queen Street, Edinburgh, on Friday, November 24th, 1905.

The following members were present:—Drs. Angus, Carlyle Johnstone, Clouston, Ford Robertson, Ireland, Keay, Kerr, Marr, McRae, Oswald, Parker, A. Robertson, Turnbull, Urquhart, Bruce (Divisional Secretary), and others.

Letters of apology were intimated from Drs. Havelock and Watson.

Dr. Clouston was called to the chair, which he vacated upon the arrival of Dr. A. Robertson.

The minute of last meeting was read, approved of, and signed.

Charles John Shaw, M.B., Ch.B., M.R.C.P.E., Assistant Physician, Perth District Asylum, Murthly (proposed by Drs. Clouston, Urquhart, and Bruce), applied to be admitted as a member. After ballot he was declared to be duly elected.

It was decided to nominate Drs. Yellowlees and Turnbull as Representative Members of Council, and Dr. Lewis C. Bruce as Divisional Secretary. These nominations to be confirmed at the Spring Meeting of the Division.

The Pensions Committee was reappointed in view of the probable occurrence of a General Election.

Dr. LEWIS C. BRUCE moved "That this meeting of the Scottish Division decline to adopt the new Statistical Tables."

Dr. CARLYLE JOHNSTONE seconded.

Dr. OSWALD moved an amendment "That this meeting decline at present to give an opinion as to whether the Scottish Division accept the new Statistical Tables or not, until the opinion of the members of the Division be ascertained by circular, to be issued by the Secretary."

Dr. MARR seconded.

After Drs. Urquhart, Carlyle Johnstone, Clouston, Marr, Oswald, Keay, and others had spoken to the motion and amendment a vote was taken.

Four members voted for the amendment, and eight for the original motion, which was declared duly carried.

The Division appointed Drs. Ireland, Urquhart, and Ford Robertson, with power to add to their number, to represent the Division at the International Congress of Psychiatry, to be held at Milan in 1906.

Dr. URQUHART showed charts, tables, and statistics relative to the Heredity of Insanity, which were discussed and criticised by Drs. A. Robertson, Ireland, Clouston, and others.

A vote of thanks to the Chairman terminated the meeting.

The members afterwards dined together at the Palace Hotel, and entertained Dr. A. Robertson, of Glasgow, as their guest on the occasion of his having completed fifty years in active practice as a physician.

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