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PART 1.—ORIGINAL ARTICLES.

The Special Training of Asylum Attendants. By A. CAMPBELL CLARK, M.B. Edin., Medical Superintendent of the Glasgow District Asylum, Bothwell.

Read at the Quarterly Meeting of the Medico-Psychological Association, held at Edinburgh November 16, 1883.

Seven years ago Dr. Clouston read a paper to this Association "On the Question of Getting, Training, and Retaining the Services of Good Asylum Attendants." Such a paper could scarcely fail to attract considerable notice and elicit a very hearty discussion, for the subject is one of far-reaching importance to us as asylum physicians, and of very great moment in the interest of the insane. To get the best raw material possible, and to manufacture out of it the best asylum attendant possible, were two great aims suggested by Dr. Clouston, and the subsequent discussion of his paper showed that the Association was fully alive to these, and the serious obstacles which lay in the way of their accomplishment. If the aims here indicated should be more fully realised in the future than in the past, we will probably find that the third *desideratum*, viz., the keeping of our attendants for a reasonable length of time, will be realised in like proportion as the others. We all willingly admit that the first serious difficulty is how and where to get them. What will attract the best raw material into the asylum market? or, putting the question in a negative way, what is it that does not attract the best raw material into asylums? These questions will admit of a variety of answers, many having their root in the idea of non-respectability. Undoubtedly the status of an attendant is at present an inferior one in the industrial scale. Some common popular notions are that the rougher and stronger the material the better is the attendant; that it is not a trade for men, and

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is suited only for the coarser types of women; that it leads to nothing reliable or desirable as a permanent occupation; and that as a life-work it is not sufficiently respectable to satisfy an average ambition. These and other considerations materially affect the supply of good attendants. Seeing, therefore, that in attendants themselves we find the best advertisement, and through them may command the highest success, it is worth considering, whether or not it is possible for us to advertise asylums, in such a way as to attract to them the better raw material which we crave so much after, and which we need so much. If the public mind must be educated to better purpose we must go upon *a new tack*. We shall require to bring more elevating influences to bear upon our attendants. In raising their social and industrial status we shall raise them in the estimation of the public and themselves, and may reasonably expect a more marketable article by-and-bye. It is surely fair, in the interest of all concerned, that attendants should receive from us the best possible training of which they are capable. There is reason enough for it in this, that as medical helps they will then develope more fully, and their work will become a life-work worthy of the name.

For me the subject possesses a more than usual interest, and the interest seems to grow with the progress of time. My experience of asylum life has been a peculiarly varied one, and circumstances have favoured my viewing this question from many standpoints. Having been officially connected with five different asylums, and having occupied several lay as well as medical positions, you will, perhaps, allow me to-day to take up the subject where Dr. Clouston left off, and on behalf of attendants to plead for an organised scheme of special training. In a very few words I shall tell you how I became impressed with the necessity for such a scheme; in the second place, how, at the Glasgow District Asylum, a limited scheme developed itself and the results of it; and in the third place I shall plead for a more extended application of the system.

My first thought on the subject arose from observations made in the company of attendants themselves. There was abundant evidence that however mechanical they may be in the performance of their duties, in their hours of leisure they do not evince any apathy in the exercise of their brain functions. Personal feeling does at times interfere with a just appreciation of their patients, but they often exhibit an unskilled cleverness in diagnosis, and give proof of an interest which might well be fostered for medical purposes. To hear

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these men and women discuss their surroundings, criticise their superiors, and venture crude theories regarding individual patients was to realise more forcibly than I can tell you the abundance of raw material ready to hand that might be rendered more productive if only some trouble were taken with it. Three things were patent to my observation—*first*, that too great a barrier existed between officers and attendants; *second*, that the mental and moral qualities of attendants were not utilised so fully as they might be; *third*, that attendants require to be individualised as well as patients. My opinions were, however, wanting in shape, and my position did not permit of their being ventilated. It was, therefore, with very great pleasure that I learned of Dr. Clouston's more matured ideas in the same direction, and perused his paper on the subject. The Association expressed their approval of Dr. Clouston's endeavours in a practical form by appointing a Committee of three members to report to the next annual meeting "on the advisability of forming an association or registry of attendants in connection with this Association, and the best manner of carrying it into effect." I have not yet learned, however, that the labours of the Committee are ended, and therefore presume that their report is not yet submitted. I have reason, however, to know that Dr. Clouston's ideas and aspirations have expanded during the last seven years, and to his encouragement and help I am mainly indebted for the success, such as it is, which has attended my own endeavours to bring the problem nearer solution.

Two and a half years ago, when the new asylum at Bothwell was opened, we admitted in rapid succession a number of female patients suffering from serious bodily disease. Gladly availing myself of the abundant indications for treatment afforded by them, I at once enlisted the services of the matron (who had been specially trained to hospital work) and of an attendant who had been trained in a London hospital. Without much difficulty we individualised several interesting cases in a way that stirred up a wholesale envy among the other attendants. The latter felt keenly their ignorance and inaptitude for scientific nursing, but they evinced a desire to learn, and we were not slow to teach them. In going round the wards every hint or scrap of information was welcomed by them. They began to share with me an interest in individual cases, and they soon took pleasure in storing up medical news for me at next visit. This new-born zeal rather staggered me at first. It either proved that I had got an exceptionally good staff of

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female attendants or that attendants as a class had been too much ignored. Several of them had seen service in other asylums, and therefore I conclude that they could not be much above the average. It rather appeared that they had been too much left out in the cold. I did not, however, jump to the conclusion that the success of the scheme was assured. My feeling was still one of hesitation, and the subject of a course of lectures was broached with some doubt as to the result. When the edge of novelty wears off will the scheme collapse? Will the failure be due to the attendants or to myself? These were the questions which now puzzled my brain. To give a lecture, even to attendants, was to me a serious contemplation. "Well begun is half done" became my motto, and the lectures were started. It may be of interest, and possibly of use, to mention briefly how the course was conducted. It was found convenient to write on the black-board an abstract of each lecture before its delivery. The attendants were allowed half an hour to copy this abstract, and thereafter about half an hour was taken up in discussing the several heads of it *seriatim*. In this way the class was able to devote its whole attention to the lecture without the distressing interruption of having to take notes. This plan succeeded fairly well, though I am free to admit that the preliminary note-taking involved a severe strain on some attendants. A printed abstract would obviate this, and make the lectures much more enjoyable. Diagrams were freely had recourse to, and proved exceedingly useful. Two written examinations were held. At these the questions were stated in as homely language as possible, and a few blank lines were allowed after each to give room for the answers. The following are examples of questions:—(1) What is the meaning of the word function? Show by an example that you understand it. (2) What should be done with an epileptic when he is seized with a fit? State your reasons. (3) What risks does an epileptic run? Other questions were suggested by lectures on general paralysis, puerperal insanity, the treatment of epilepsy and epileptic insanity, the treatment of bed-sores, &c. The result of these examinations was an agreeable surprise, and it was also a disappointment to me. The more practical questions were answered rightly or wrongly by every one. The anatomical and physiological ones were answered by only about one-half of those present, and the answers were fairly good. The number of lectures was 18 (14 being for mixed classes), and the average attendance was 20 out of a staff of 26, the de-

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faulters being non-residents and tradesmen. It was not made compulsory. The attendance at examinations was—first examination, 15; second examination, 17. Attendance at 14 lectures, and 65 per cent. or over entitled to a first-class certificate. Attendance at 12 lectures, and 35 per cent. or over entitled to a second-class certificate. The results were as follows:—Seven received over 65 per cent.; four received under 65 and over 35 per cent.; and eight received under 35 per cent. The failures were chiefly among the males, and this in spite of the energetic support of the male officers. They were often due to sadly deficient education, rarely to want of natural ability, though sometimes to want of ambition. Lastly, they were due to exigencies which contrasted the male department unfavourably with the female department. At the same time I was forced to the conclusion that many of the lectures had been aimed too high, but nevertheless a careful analysis of the results encouraged me to persevere when the next winter came, and to try a more generally practical style. Meanwhile the training did not stop here. Lectures alone would, comparatively speaking, be barren and unfruitful, and it became my aim, so far as the time at disposal permitted, to follow them up with ward teaching. This, for reasons obvious, probably, in many asylums, was more easily started in the female wards; indeed, for cases of special interest the male wards, except the sick ward, have been somewhat neglected in this respect. The attendants have been trained and encouraged to write brief notes of individual cases under the direction of the officers and myself, and interesting symptoms are pointed out from day to day during the visit, and indications for special vigilance or new treatment demonstrated. The male attendants are often glad to be helped in the same way, and facilities were especially afforded in the case of the sick ward attendant and the night attendant. The study of general paralysis and epilepsy, for example, furnished frequently a topic of discussion and original remark among the men, and they have occasionally directed my attention to symptoms which I had not previously observed, and are encouraged to ask questions regarding their cases.

The second course of lectures was attended with unabated punctuality and interest. The interest, indeed, was greater—perhaps because the lectures were plainer, more easily grasped, more easily applied to individual patients, and, in a word, more utilitarian in their scope. The first compared the attendant of the past with the attendant of the present and the possible

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attendant of the future, and mentioned the various qualities which would fetch a price in the asylum market of to-day. It endeavoured to show them the value of a special training, and to stimulate them to make their work something more than mere mechanical drudgery. Lectures followed on the bodily diseases common in asylums, those that could be guarded against, and the means that lay ready to hand for this. One lecture was devoted to delusions, hallucinations, suicides, and homicides, another to asylum accidents treated in detail, to bed-sores, bathing and its dangers, &c. One more illustration will suffice—it was a lecture on Waste and Repair and Sleep, with special reference to asylum practice. The delivery of the second course gave me greater satisfaction, and I felt that I had hit the right nail on the head this time. Prizes were offered for the three best essays on hallucinations, each essayist to select three patients as a basis. Three men and five women responded, and Dr. Clouston kindly decided their respective merits. The examinations were well attended, and the result was most gratifying. Five females and four men got first-class certificates, one female and three men got second-class certificates.

While observing the educational and strictly medical advantages of the scheme, we must not fail to realise that it is an agency capable of working good social results as well. Informal club meetings were held among the attendants themselves. The lectures and their application to particular patients were there fully discussed, and thus a kind of mutual improvement society was established on both sides of the house. This must be admitted, therefore, to have an elevating social influence. A keen rivalry existed between the two sexes, not always free from jealousy and bad feeling, but these were less conspicuous last session, and further experience will probably find them less conspicuous still.

Unfortunately we see a good deal of such in our student days, and can scarcely be hard on our officials when they exhibit a kindred spirit.

Thus far we have been pioneers in this new venture, but isolation must ere long sap our vitality, for only in union is there life and strength. Therefore I come here to-day to plead the cause of our attendants, to ask the Association to promulgate what has been done, and to encourage renewed effort in the same direction. In putting forth this plea I am fortified by the knowledge, that several asylum physicians have been led by observation and experience to anticipate its

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necessity; by the growth in my own mind, through several years, of the conviction that a scheme of special training will materially advance asylum practice; and by the experience which I have just detailed of how far we can calculate on the co-operation and intelligence of attendants themselves.

I hope the Association will speak in this matter with no uncertain sound; that it will put its hand to the plough with the determination not to look back; and that it will foster to the utmost of its power a scheme that, if well-advised and wisely guided, must surely give a powerful impetus to the practice of psychological medicine. To prove this new departure, and to determine for certain whether it is a good, solid, sensible thing or a mere bubble, it is necessary for us to enter into combination. Considering that so much has already been done, it seems only fair to give it an honest trial, and thereby let it stand or fall. This means that in the first place we must move our asylum superintendents. I admit that this is a serious consideration, and my expectation for some little time to come is not over sanguine; but I am not to be disappointed by further obstacles, and in the meantime pin my faith to some asylum superintendents and to many assistant medical superintendents. To the latter there is one word worth saying, and it is this: that to them very especially the scheme offers personal advantages, and they can aid very effectually in consolidating it. They will find that not only are their case-books very much the better for it, but that they themselves have acquired methodical habits in the study of cases; that their knowledge of insanity is wider, better formulated, and more concrete; and that they have learned to lecture with ease and fluency.

I have one more argument with which to enforce my plea, and it is this: that we are becoming more and more fully impressed with the idea that the asylum of the future will partake largely of the hospital type. Our knowledge of insanity and its appropriate treatment is growing apace. Consciously or unconsciously we are individualising more. Instead of trusting to the precarious chance of asylum routine effecting a cure, we are more fully alive than ever to the merits of a special study and a special course of treatment for our new cases; and the asylum physician is often gratified by results which he can claim for his own hand alone. It is a triumph of science, a triumph of skill; and if he reflects on the stages which led up to it, he is struck with the fact that the institution appliances on which he depended were more those of an

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hospital than an asylum. And here is the main-spring of a new idea. He determines that the new wing on the male side must be an hospital in the best sense of the term. The hospital is constructed; it realises every hopeful expectation, and then the principle is extended to the female side with a like happy result. But still this ambitious man is not satisfied; there is just one screw loose. The attendants are not sufficiently trained and elevated to fit into the new order of things. The moral of this is obvious. If our asylums are to be more like hospitals, our attendants, like hospital nurses, must be specially trained.

And now, in conclusion, perhaps you will allow me to offer a few suggestions for the future of such a scheme—suggestions which may help to lift it on to another and surer basis, and which I hope you will endorse to-day :—

First.—I would suggest that by authority of the Medico-Psychological Association a simple and merely tentative arrangement should be come to whereby those superintendents who are willing to give the experiment a fair trial shall enter into a combination for two years at least.

Second.—That this combination shall merely experiment to the extent of supplying a special training, not compulsory, consisting of lectures in winter and ward teaching so far as the exigencies of their respective asylums will allow, and also to the extent of furnishing a special certificate, first, second, or third class, according to efficiency and duration of service.

Third.—That a register of attendants who have received certificates be printed and circulated at the end of two or three years, by authority and at the expense of the Association.

Fourth.—That the gentlemen forming the combination constitute a Committee, empowered to make arrangements and rules for the carrying out of such an experimental scheme.

My ideas go much further than this, but it is wiser to take one step at a time, and thus safely float the venture. I may here state that Dr. Clouston requests to have his name put down as one of those desirous of entering into combination in a manner such as has been indicated, and it is perhaps needless to say that I follow suit. If the body psychological will now take the matter under its wing I shall be glad to give what help I can.

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