A VISIT TO STIRLING ASYLUM.

JULIA C. LATHROP.*

CHICAGO.

In January, 1907, I visited the Stirling Asylum at Larbert, Scotland, in order to see the system of nursing which has been gradually worked out there by the superintendent,¹ Dr. George M. Robertson.

On my arrival I was given the keys of the institution and during the week of my stay I went in and out of all the wards freely at whatever hours I chose. In every respect I was given the fullest opportunity to judge of the quality of the service.

For some years the reports of the General Board of Lunacy for Scotland have shown an increasing employment of women attendants for men patients in the Scotch institutions, a practice widely followed in the United States as well. In addition to this feature, though dependent on it, is the original organization of the entire nursing staff, or, more strictly, of all the employes who come in contact with the patients in the house. This general organization is worthy of careful study. Its head under the superintendent is a graduate of a general hospital training school. Her title is Head Matron and she has general control of the housekeeping and the hiring and management of the subordinate inside employes as well as the usual supervision of patients, attendants and nurses. Next under the head matron is a group of assistant matrons, who with two exceptions are graduate nurses from general hospitals. The matron in charge of the laundry and the matron in charge of the kitchen for the preparing and serving of the food are graduates of schools of domestic science. The matrons who are graduate nurses are in charge of the wards and the patients, nurses or attendants thereon. Thus wherever the patient is, on the ward, in bed or going about some work, employed in the laundry or the kitchen, he or she is under the supervision of a person of special training.

In direct charge of the patients, under the graduate-nurse assistant matrons, is a full corps of attendants, men and women. The women attendants are called nurses in contradistinction to the men attendants and they outnumber the men more than three to one. The assistant matrons in charge of the wards train the nurses and attendants in the actual physical care of the patients, especially of those who are acutely or violently ill, and are responsible by day and by night for the condition of the patients. The staff physicians and the matrons give lectures and bedside instruction to the nurses so that those who desire to go up for the examination of the Medico-Psychological Association of Great Britain and Ireland are prepared to pass it. Two years' training in a recognized institution for the treatment of mental disorders is required before a nurse can take the examination.

During my stay at Stirling the weekly dance occurred, at which a nurse who had just passed this examination was called forward and the fact that she had successfully undergone the test was announced to the assembly by the superintendent, who presented her with the badge to which she was entitled. The system of examination by the Medico-Psychological Association, a medical body

of national character, gives uniformity and dignity to the certificate as "mental nurse" while it leaves each institution free as to the details of training its own staff. The association has published a handbook which is used in many institutions, including those of Illinois.

At Stirling, with about 700 beds, there are seven graduate nurses, the matron, the night superintendent and five assistant matrons. The ratio of nurses or attendants to patients is one to five in the hospital, and one to ten in the other buildings. The night corps is half as large as the day corps. One of the assistant matrons is detailed as night superintendent, thus securing a responsible and closely supervised night service.

As to this plan of Dr. Robertson's, I can not do better than to quote from his thirty-sixth report as follows:

The care and treatment of the insane in this asylum has proceeded along the same lines as in the past. The object has been persistently kept in view of hospitalizing the asylum, and year after year changes have been effected wherever possible, by which old and objectionable asylum features have disappeared, and hospital methods have taken their place. Mechanical restraint has been abolished, the locking up of patients in solitary confinement either by night or by day has been discarded, and all methods of management and mechanical or structural devices which were suggestive of prisons have been given up or done away with if possible. All features which were peculiar to asylums have been subjected to severe criticism, and unless there were good reasons for their retention they have also been replaced by hospital methods, which have in all instances been preferred. By the persistent application of these views for the last six years, the whole atmosphere of the asylum has been changed. Constant personal supervision and attention has taken the place of former restrictions to prevent the patients from indulging in insane manifestations. While it will always be true that treatment in an asylum will be based on compulsory detention and on the exhibition of superior force if necessary, in these respects it does not differ essentially from the maintenance of law and order in the ordinary community, and by the exercise of unfailing tact and of justice tempered by a sympathetic insight into the failings of the insane, it is possible to govern an asylum with almost as little resort to force, and with as few outbreaks of violent behavior as in any village of the same size.

In carrying out these ideals the medical staff of the asylum has been most ably seconded by the matron and assistant matrons. The head of the whole nursing staff of this asylum, both male and female sides, is the matron, as is the case in all our large general hospitals, and this arrangement has also been adopted at Bangour Village, Edinburgh, and at Kingsseat Asylum, Aberdeen. Miss Jean D. S. M'Grigor (Victoria Infirmary, Glasgow), who discharges the duties of this important post most efficiently, is a certified hospital and mental nurse, and is assisted by a staff of eight assistant matrons, who are all well-educated women who have been specially trained for their duties. The night superintendent, and those in charge of the wards by day, are all certified hospital nurses, while the kitchen and laundry superintendents hold certificates from schools of domestic economy.

The creation of this supervisory staff of officials has been one of the innovations introduced into asylum service during the last seven or eight years, and while this departure was adversely criticised by some when originally started, it has gradually worked its way into favor by its obvious merits, and is now being adopted even by those who originally objected to it. The constant presence in the wards among the patients, both male and female, of these highly trained women of good social position has been attended by the most beneficial results, by the introduction of refinements and increased decorum, and by the diminution of forceful methods of management. There has also resulted a tightening up of discipline such as never existed under the former régime, when the responsible head of a group of nurses continued on terms of extreme intimacy with her subordinates, and when, selected for promotion from among her friends, was placed in charge of them. It was ask-

*Miss Julia C. Lathrop of Hull-House, Chicago, for some years has been a member of the Illinois State Board of Charities, and as such has become interested in the care of the insane and epileptic. The investigation dealt with in this paper was made last spring during a visit to Scotland.

1. Dr. Robertson has since succeeded Dr. Clouston as head of the Royal Edinburgh Asylum, Morningside.

ing too much of average human beings to expect that the shortcomings of one's most intimate friends should be faithfully reported, and when this was the keystone of a system of discipline, its failure was inevitable.

It is an indication of the success which has attended the system in operation here, that fourteen of our assistant matrons have, during the last five years, been appointed matrons of other institutions, and I am especially pleased to be able to record that two English asylums selected for the second time assistant matrons from this asylum to fill matronships on their staffs, and the secretary of state for the colonies asked for my assistance in the selection of a matron for South Africa.

In an earlier report, Dr. Robertson says:

It is recorded that ten years elapsed before official approval was accorded to Dr. Connelly's practice of non-restraint in the treatment of the insane, and many more years elapsed before this great reform was adopted by conservative physicians bound to old asylum traditions. We live under happier auspices, for after a probationary period of less than three years has the seal of official approval been placed on the developments mentioned above, and an impetus has also been given to the more extended employment of women on the male side of other asylums, since their introduction as a result of Dr. Turnbull's successful pioneer experiment in 1896. It is trying, however, to bear with misrepresentation, for example, that women have been employed instead of men because their wages were less. It is therefore necessary to state explicitly that this was not regarded as a reason at all for their employment on the male side here. It can not be denied that the services of four women can be obtained at the same cost as those of only three men, and one woman does as much work as a man when it comes to sick-nursing, personal attendance, bed-making, care of clothing, and household duties generally, and as this work is "natural and habitual" to her, she probably does it better. It must also be admitted that no other important advance in asylum management that I know of is attended by a diminution and not an increase in expenditure. Nevertheless, I do not imagine the public will regard this feature of the system with serious disapproval, if in other respects it is satisfactory. It may be interesting to mention that the saving effected here by the system was put to immediate use, and enabled us, without adding to our wages bill, to add to the numbers of our night staff. This accession of strength enables us to abolish altogether that "baneful" and unmedical practice to which his majesty's commissioner has referred, of habitually locking up patients at night in single rooms like prisoners—patients who were placed in our hands for care and supervision and for the treatment of a disease, and who, for want of an adequate staff, required to be kept in solitary confinement for ten hours out of every twenty-four.

Dr. Robertson's suggestions as to offering inducements for securing the best quality of employes are also interesting and suggestive. Regarding pensions for long service his thirty-sixth report says:

The backbone of the asylum service consists of the attendants and nurses, who are in immediate contact with the patients, and who have ultimately to give practical effect to every measure designed for the welfare and treatment of the patients. The demands continually made on the self-denial and the intelligence of mental nurses and attendants are infinitely greater than ordinarily occur in the practice of hospital or sick nursing, and it is desirable that the very best material in the country should be attracted to the asylum service. Very great improvement has taken place in this respect in my own experience, and it is continuing to take place, but there is still room for progress, and every measure that ameliorates the condition of asylum nurses and attendants receives careful consideration. Numbers enter the asylum service and leave again just when they are beginning to be valuable, and it is believed by the General Board of Lunacy that longer service would be obtained were pensions legalized by statute for long service in district asylums, as is the case in England and elsewhere.

Another expedient employed at Stirling and in other Scotch asylums for improving the service is to provide cottages and gardens for married employes, so that by these additions to their wages they can suitably maintain their families.

Again, a separate nurses' home for assistant matrons and women nurses was in process of erection at the time of my visit, and Dr. Robertson's report says as to its effect:

When this is occupied, our asylum nurses will be as well off, so far as their comforts are concerned, as the best provided-for hospital nurses. It is hoped by supplying these privileges, and thus meeting the wants of nurses, that the asylum will attract as good a class of applicants as our general hospitals, and that the best material will be available for the service that makes most demands on its practitioners. If in the future the asylum does not get its share of the personnel desired, it will not be owing to the conditions of service, but solely to a preference being given to sick nursing as compared with mental nursing.

At first it was with the greatest difficulty that Dr. Robertson obtained suitably trained nurses to act as assistant matrons. He tried in vain at Glasgow, Edinburgh and London, but no one would come. Finally, by persistent efforts, he made a beginning because of friendly relations with Edinburgh. The training has proved so good for matrons of other institutions that at the time of my visit twenty-one assistant matrons had been taken from Stirling as head matrons for other institutions. The effect of the good appointments thus secured has brought many applicants to Stirling, and the pick of the best nurses.

The employment of women nurses on men's wards is one of the marked features of this asylum. Some years ago it was begun conservatively with one or two women in the male wards by day; the number has steadily increased until about one-half of the nurses in the male wards are women, and the sick wards are in charge of women nurses by night as well as by day.

Another valuable feature is described in the words of the report of the General Board of Lunacy for 1903:

The disuse of single rooms, either by day or by night for the seclusion of noisy, restless or troublesome patients, and the absence of all forms of restraint or seclusion.

The commissioner of lunacy, in a report of a visit of inspection, makes the following statement regarding night supervision:

The night supervision of the patients continues to receive the prominent attention to which reference has been made in previous reports. There are in all twenty night attendants, ten on each side of the asylum. This gives a proportion of one night attendant to 33.7 patients. As to the benefit of such an extended night supervision on the mental health, habits and welfare of the insane in asylums there is now, fortunately, ample testimony; but in an asylum where the baneful method of locking up excited cases in single rooms during the night has been discarded, there can be no question as to the necessity of this numerically strong night staff. The close attention of the night attendants to their duties is secured by the appointment of a lady superintendent who supervises both the male and the female sides of the institution during the night.

Many patients are brought to the asylum by nurses or attendants sent out from the asylum for this purpose. While this practice is not compulsory, it is found to work well, and the escort of a nurse rather than an officer of the law certainly aids the hospital impression. The newly arrived patient is received by the staff physician and put to bed in the hospital as a sick person. If the case ultimately proves to be chronic the patient is carefully re-educated in personal care and habits, and

the laborious patience on the part of the nurses and attendants necessary to this end is well repaid by the notably clean appearance of the patients and by the absence of those hopelessly foul wards which are usually to be found somewhere in the ordinary institution.

A violence book is kept at Stirling. In explanation of this Dr. Robertson says that three-quarters of the excitement of patients could be avoided by tact; that when one tries to get at the history of an attack or violent outbreak on the part of the patient, this history omits the real cause. It begins with a blow given by the patient, for example, and much shrewdness is required to learn what irritation or provocation preceded that blow. The violence book proves doubly useful to record facts and to show accurately under what nurses the black eye and the bruise are most frequent. When a number of cases of violence are thus recorded as occurring under one nurse or attendant, they must, even if accompanied by explanation, discredit that nurse or attendant, and as patients can not be heard as accredited witnesses in their own behalf, it becomes the duty of a superintendent to discharge summarily a nurse or attendant on whom suspicion rests. A discharge on suspicion had just been made at the time of our conversation. The record contained in this violence book has proved so valuable at Stirling that the lunacy committee has directed the use of such a book in each of the Scotch asylums.

The atmosphere of homely comfort at the Stirling Asylum was especially noticeable. I recall a young slip of a nurse, of the attendant class according to our nomenclature, perched at the head of a bed occupied by a patient, a big elderly man who was restless and always wanting to prowl about. The nurse had slipped one hand through his arm to keep him in bed, while with the other hand she was playing checkers with another patient just emerging from a state of silent indifference and beginning to show an interest in his surroundings. The strength of that kindly hand was quite as effective as any one of the many systems of bed restraint which I have observed in use in various institutions, and the training of the assistant herself in dealing with the patients as human beings was going on at the same time. It was the attitude of a mother with a household of children, perfectly direct, simple and effective—the attention of the nurse, order, entertainment—all equally important and all secured by that method of apparently doing several things at once which every mother who cares for her own children learns by daily practice.

Again, when one saw a procession of old men going out beyond the gates to walk along the road, the most helpless led and encouraged by their smiling, rosy young nurses, one had again the comfortable feeling that these children of a larger growth were getting just what they needed.

Women in a state of acute excitement are frequently seen treated with complete bed restraint. Such patients were under the care of nurses at night, in small rooms with doors wide open and locks taken out; the patients were noisy and restless part of the time, but gradually quieted down under the tactful management of the night nurses, who used the same soothing care that a sick nurse uses.

That inevitable occupation of floor-scrubbing, in which one usually sees crisply-dressed nurses standing about and directing the kneeling patients, here was conducted differently. The scrubbing was done and well

done, but it was by the attendants or nurses and patients together scrubbing side by side, which means a radical difference of relationship throughout. It meant that the scrubbing was not regarded merely as a task but as a part of the "re-education" of a patient. In this connection it is not amiss to recall that some time ago a young nurse from a celebrated Swiss hospital for the insane came to this country in charge of a private patient. After she was no longer needed by her patient she decided to see something of American institutions before returning to her home, and accordingly took a place in an American hospital. She said afterward:

It is very different from Dr. Forel's hospital; here the nurses are so fine, they are dressed so nicely, they are so above the patients, they don't play with the patients; here we know exactly when the doctors will come, once or twice a day. There, the doctors come very often, we never can tell when, and always if we are not with the patients they say, "Why are you not playing with the patients?" There the attendant must do the disagreeable work and the patients, they do the pleasant work; but here, the patients, they do the disagreeable and hard work and the attendants do the nice and easy work.

Unquestionably the usual relation of the so-called nurse and the so-called patient in most institutions for the insane gives any intelligent observer the feeling of being in a topsy-turvy house. There seems to be no better way to restore the true relation of patient and nurse than to establish under adequate medical supervision a system of true nursing which shall direct every act of the day and of the night, sleeping, eating, working and recreation alike to one primary object, the improvement and care of the patients. Incontrovertible as is this proposition in theory, the actual working hypothesis is too often the reverse—to get the work of the institution, the feeding, the scrubbing, the exercise, all done in an abstract way for a lump sum of humanity by a lump expenditure of energy to result in the lowest possible cost per capita.

Dr. Robertson is on the staff of the medical school of Edinburgh University and gives his lectures at the Stirling Asylum, which is an hour distant by train from Edinburgh. The regular medical staff consists of two physicians, the pathologist, and the unsalaried assistant or interne; but in summer a number of internes are taken during the vacation terms of the schools. Then every patient in the asylum is carefully re-examined, all the usual tests being made so that all the patients, even of the most uninteresting chronic type, have the benefit yearly of an intelligent re-examination of their cases—a benefit conferred on the patient incidental to the proper training of students of medicine, it should be noted. The work of a pathologic laboratory is enthusiastically carried on here by a trained pathologist and assistant. There is a close relation between the laboratory of the institution and the central laboratory maintained by all the asylums jointly and located at Edinburgh.

In regard to the system of trained nurses in direct supervision of patients night and day, it is plain that the larger the institution the more does this system afford a safeguard to the superintendent and to the welfare of his patients. There are some admirable efforts to install such service in this country, and wherever the service is incomplete it is safe to say that the cause probably lies in the failure of the institutions to pay what nurses of the highest grade can earn outside. Indeed, this system in America would not result in a direct saving of money but in an increase of cost, since the usual pay of trained nurses in Great Britain is less than

half that ordinarily paid in the United States. In an examination of the relative cost of maintaining Stirling and the average Illinois institution, it will be seen by the accompanying table that the cost of salaries and wages in Stirling is only 53 per cent. of the sum paid for the same item in Illinois. At Stirling the assistant matrons receive from \$25 to \$50 per year less than do the men head attendants.

TABLE SHOWING CLASSIFIED AVERAGE GROSS COST PER CAPITA² PER ANNUM OF THE SIX ILLINOIS STATE INSANE HOSPITALS, COMPARED WITH THE COST AT THE HOSPITAL FOR THE INSANE AT STIRLING, SCOTLAND.

Items.	Illinois, 1906.	Stirling, 1906.	Illinois in excess.	Stirling in excess.	Percentage of excess.
Salaries and wages.....	\$58.76	\$38.36	\$20.40	..	53
Food	44.69	52.64	..	\$7.95	18
Clothing	9.72	8.12	1.60	..	20
Household, furniture, etc....	9.87	7.74	2.13	..	27
Fuel, light and water.....	10.95	12.17	..	1.22	11
Hospital (medical).....	1.90	2.15	..	.25	13
Laundry	1.19	1.31	..	.12	10
Fees, taxes, etc.....	.00	9.55	..	..	..
Tobacco	.00	2.46	..	..	..
Grouped not comparable.....	13.91	.00	..	..	..
		\$134.50			..
Less 51 cents for the fractional differences in comparing U. S. money with foreign money		.51			..
Total gross cost per capita..	\$150.99	\$133.99			..

In private practice the nurse in Great Britain receives about two-fifths of the pay received in the United States; hence a nurse can be secured for institution positions at much lower rate there than here. Thus the system will cost more here proportionately than in Scotland; but if it is valuable for the patients, the public will justify the expense whenever it can be inaugurated.

As an authoritative corroboration of my own impression of the Stirling system of nursing supervision, I am pleased to quote Dr. Owen Copp, secretary of the Massachusetts Board of Insanity:³

"The quality of these matrons is worthy of attention. They are all high-class women, refined, educated, graduates of general hospitals for nurses, or otherwise trained in their duties. They are correspondingly well compensated, and move on the plane of officers, though in touch with every patient and employé. Their elevating and leavening influence over the lower and usually weaker ranks seems to me invaluable.

Doubtless some part of the excellent administration of Stirling should be credited to two features not easily secured in institutions already in operation. One point is the character of the buildings, which are one and two stories high and are admirably planned, the hospital building in particular having a combination of the best hospital features and simple homelike comfort especially needful in an institution for the insane.

The other point is that Stirling is a small institution, judged by our gigantesque standards. There are usually a considerable number of patients at home temporarily, but the number of patients in the house is about 700, and counting all those on parole the population for which the superintendent is responsible is less than 1,000 souls. It is a primary proposition, recognized by all authorities, that nothing can outweigh the advantage to an institution of being small enough so that the superintendent himself can know the patients personally,

and what is even more important, can know personally all his employés of whatever class.

The insane population of Scotland—more than 16,000 in number—is housed in institutions not one of which has more than 1,000 beds. It is significant that, notwithstanding the steady increase in the numbers of insane in that country, there seems to be no disposition to enlarge the existing institutions. New district asylums of about the same capacity are built as occasion demands. Evidently the Scotch have always known what we are gradually discovering—that the large institution is not necessarily more economical and that it has no other claim to consideration.

For more than fifty years the Scotch care of the insane has been carried on under the present general plan and has earned the reputation of being the most complete in the world. Every feature of modern scientific and humanitarian work may be found exemplified there with the exception of highly organized university clinic hospitals. Undoubtedly the best commitment service in the world is that of Glasgow. The central pathologic laboratory is a center of study, and the care of early cases in general hospitals, long urged by Sir John Sibbald, is making headway, while the mixed asylum and the boarding-out for chronic cases are of acknowledged excellence.

The General Board of Lunacy, consisting of three unpaid and two paid commissioners, has general charge of the insane, with powers to which those of the Massachusetts Board of Insanity are analogous. Each undowered institution is supported by a tax levied on the district it serves and is managed by a volunteer board of local trustees.

It is aside from my subject to enter into a description of the administration of the insanity laws of Scotland. It may be said in fairness that the more closely the Scotch organization and the Scotch law are scrutinized, the more it is seen that the reason for their success lies in the fact that for half a century the system has been in charge of high-minded, competent people, absolutely unhampered by any sort of political control, and that these people have been enlisted in the public service of caring for the insane because they knew they would be unhampered by political control. Of the results which can be thus obtained Stirling Asylum is an inspiring example.

Prophylaxis of Typhoid.—The following rules for prophylaxis in nursing typhoid fever are recommended for nurses both in hospitals and on private duty. Isolate all dishes used by typhoid patients, wash them separately and boil daily. The scordes which collect on the teeth and mouth is a mixture of food fragments or broken-down epithelium and micro-organisms and is capable of conveying the infection. Use a separate thermometer for typhoid cases. Keep it in a solution of bichlorid 1 to 1,000 which is changed daily. Disinfect linen in a solution of carbolic acid 1 to 20 for two hours before sending to be mingled with other clothing in the laundry. Milk of lime is the best disinfectant for stools. Exposure of an hour is necessary for disinfection. The urine in a large proportion of cases contains the typhoid bacilli and should be disinfected; a solution of carbolic acid 1 to 20 may be used. Bed-pans, urinals and basins contaminated by vomited matter should be isolated, disinfected each time, and scalded daily. Separate syringes and rectal tubes should be provided and boiled after use. Tubs and wash-basins should be disinfected with carbolic acid. Special care should be given to hands and nails after contact with typhoid patients. Bedding should be subjected to steam sterilization after the case terminates.—*Nursing Record*.

2. Because of a refund to the state made for clothing and incidentals under the law in effect when this table was prepared, the term "gross cost per capita" is used. It represents actual cost, however.

3. *Am. Jour. Insan.*, 1904-5, 1x1, No. 4, p. 55.