*Systematic Dress-fitting for Female Inmates of Asylums.**

By ARTHUR FINIGAN, Medical Superintendent, District Asylum, Mullingar.

In accordance with a resolution adopted by the Irish Branch of this Association in November, 1888, we are now assembled in a District Asylum, and this being our first provincial meeting I need hardly mention what a very great pleasure it affords me to offer a hearty welcome to the members who have been good enough to come to Mullingar to-day.

You will permit me to express a hope that this meeting may tend to permanently establish the practice (now so well inaugurated) of holding at least one meeting annually in an Irish asylum. Such an arrangement affords us an occasional opportunity of exchanging ideas on much that is interesting in the actual field of our labours, and in viewing each other's work we are enabled to draw comparisons with our own, which may stimulate us to give our best attention to judicious reforms for the asylum with which we may be officially connected.

The subject of this short paper, encroaching as it does upon the art of dress-cutting, is scarcely one that will admit of much discussion by the members of a Psychological Association, but when considered as a practical detail in asylum administration, it will be found to involve many interesting points bearing on the tidy appearance of female patients, economy in expenditure on dress materials, and the still more important matter of an agreeable employment for the female inmates of asylums.

Medical superintendents who make a practice of visiting public asylums for the insane, cannot have failed to observe (even in asylums that are well organized) the very large proportion of unbecoming and clumsy outer garments usually worn by the female patients. Even the most casual visitor can, as a rule, distinguish the insane inmates from their personal attendants by that peculiar dress which is a characteristic of public institutions (irrespective altogether of the brands or numbers which ornament the clothing in some asylums). Females under all circumstances are pro-

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verbially fond of dress, it enters largely into their diurnal anticipations, and our experience in asylums teaches that it exercises a powerful influence in the matter of moral treatment. However well the insane woman may appreciate the comfort of a luxuriously-furnished day-room, or a neatly-appointed dormitory, her individual self-interest is much more absorbed in her personal appearance, the character of which she is ever anxious to improve and adorn, unless, indeed, the feminine tendency lies altogether dormant, or be perverted in the extreme by an acute insanity.

Most asylum officials are familiar with the very decided objection occasionally offered by some recent admissions (especially in cases of mild melancholia) to put on the asylum clothing. Not unfrequently they look upon it with suspicion, or perhaps develop the illusion that such clothing is the badge of degradation or pauperism, with the result that an obstinate resistance is continued, and, as in the case of some of our famous political agitators, the patient elects to remain naked, or in bed, rather than array in this regulation or very apparent institution dress. If you will admit the possibility of such impressions arising in the mental condition of our patients, it becomes a matter of some importance in early treatment to rigidly avoid any cause that might provoke misunderstanding. To this end we should assimilate the regulation dress in asylums as closely as may be to that usually worn by patients when in health in their own homes. An attempt in this direction would necessitate a marked improvement in the style and finish of the dresses usually made up in public asylums. They should be shaped with a view to fit individual patients rather than be unskilfully cut out in dozens to replenish the institution stock. The personal preferment of patients might with advantage be consulted when their mental condition permits it, and for this purpose a variety in materials should be available.

To initiate and carry out a desirable reform of this kind enormous employment is involved for both patients and staff, as it necessitates each patient being separately measured and fitted. Fortunately the work is of an engaging description, and females, if in the least disposed to be industrious, are easily induced to attempt and persevere with it to within the bounds of success.

In illustration of the feasibility of such an arrangement I cannot do better than give a brief outline of the method

which has been practised successfully in this asylum within the last few years, and as you will have an opportunity of seeing it in operation in each of the female divisions you can form your own opinions as to its advantages or the reverse.

In this asylum, as in most others, the Charge Nurses are directly responsible for the order and neatness of the patients in their respective divisions, but as a qualification for their position it is a *sine qua non* that they be thoroughly acquainted with one of the systems of (so-called) scientific dressmaking. I may state that there are many such systems in vogue, but the Rapide tailor-cutting system is the best and most simple. The Anglo-Parisian and American Chart systems are also used by the more proficient nurses in this asylum. When time is available the charge nurse imparts her knowledge to at least two of her assistants, and when these are competent to teach, they form classes of the most intelligent patients, who take an active part in measuring, drafting, cutting out, and finishing dresses for their own individual wear. Encouraged in this way to take a personal interest in the work, it is often a matter of surprise to observe the number of indolent and even apathetic patients who, stimulated by the object lessons practised in their presence, are thereby induced to become voluntary pupils of this modified school system of moral treatment.

It is obvious this work must be carried out in the separate divisions of the female department, and such is rather an advantage, as it gives rise to a spirit of emulation between the various charge nurses who superintend to excel in turning out the best dressed patients; besides, it admits of the mistress in charge of general sewing to devote her entire attention to the making of nurses' uniforms and male under-clothing.

Apart altogether from the interesting employment which this mode of dressmaking affords, it further secures a considerable saving of material in comparison with the older plan of cutting out dresses in the gross. It has also been noticed that robes last longer owing to the ease and completeness of the fit, and patients are disposed to preserve their garments in proportion to the comfort experienced in their wear.

Systematic dress-fitting for the female inmates of asylums, when viewed in another sense, has distinct and permanent advantages, inasmuch as a moderately perfect knowledge of it enriches its possessor by a trade which may be turned

to practical account beyond the precincts of an asylum. More than one example of this is already within my knowledge, but I may specially refer to the case of a homeless, deluded girl who had been under treatment here for about three years. She developed a striking taste for this work, and by practice became proficient, so as to render material aid in teaching her fellow patients. Eventually she recovered, and on receiving her discharge, she obtained a situation in a flourishing house of business, where she was enabled to command a respectable livelihood, on the merits of a calling she had casually picked up in Mullingar Asylum.

*The Formation of Subdural Membranes, or Pachymeningitis Hæmorrhagica.** By GEORGE M. ROBERTSON, M.B., F.R.C.P.Edin., Medical Superintendent, Perth District Asylum, Murthly, late Senior Assistant Physician, Royal Asylum, Morningside, Edinburgh.

PART I.

Details of the Membrane Formation.

A discussion on the origin and nature of pachymeningitis hæmorrhagica at the present time is very desirable on account of the remarkable difference of opinion of those who have studied it. Two theories regarding its formation exist, and the best pathologists and neurologists have ranged themselves almost equally on either side. This fact of itself betokens that each view probably has some elements of truth in it, and that neither contains the whole truth. What, then, is greatly to be desired under these circumstances is a new theory that will combine the elements of truth contained in each of the old theories, and supply the deficiencies of both.

Both the *inflammatory* and the *primary hæmorrhagic theories* date back to the early part of the century, the former view having been adopted by Calmeil† and Bayle,‡ and the latter by Abercromby§ and Andral.|| The hæmorrhagic theory was the one more commonly believed in till Virchow wrote in support of the inflammatory theory in 1857.¶ Through

* Essay for the Bronze Medal Competition of the Association.

† "De la Paralyse chez les Aliénés," p. 394 (1826).

‡ "Traité des Maladies du Cerveau et de ses Membranes," p. 250 (1826).

§ "Pathological and Practical Researches of the Brain and Spinal Cord," 4th edit., 1845, p. 281.

|| "Clinique Medical" (translated by Dr. Spillan), 1836, p. 5.

¶ "Würzburg Verhandlungen" (1857), ii., p. 134.