

of the Home to cover their midwifery work as well as general nursing work. What is there, therefore, to prevent these nurses after they have received their certificates and gone beyond the jurisdiction of the Home from practising in Scotland as midwives certificated by the Govan Cottage Nurses' Training Home?

One other point in Mr. Craig's letter demands attention. He says that "before any certificate is granted, the nurse must work for three years subsequent to her training, and even then a certificate is only granted if the reports from the Committee and the medical men in the district are satisfactory." In the country districts the leading members of the Committees are usually the gentry of the place and the ministers' wives, and it is very often not good policy for the local doctors to run counter to the wishes and opinions of these, so that the absence of any publicly expressed dissatisfaction from that quarter may be discounted. This three years' retention of jurisdiction must, however, surely be something new, for at the conference, when we endeavoured to introduce the question of the friction between the cottage nurses and the medical men in the Vale of Glirvan, we were stopped and called to order by the chairman, Dr. Beatson, on the ground that the Home had no control or jurisdiction over the nurses' conduct after going to their districts. So also, when the medical men of the Vale of Glirvan wrote to the Home complaining of the nurses, they were met by the same answer of no jurisdiction. But even supposing the certificate is withheld for three years, how can that compensate for the shortness and deficiency of training in the Home? In the rules of some of the nursing associations we find that the nurse is bound over to remain in the district and work for three years under the penalty, if she fails to do so, of forfeiture of part of her salary, which is retained and paid to her as a bonus on the completion of that term. Probably the certificate is held up in the same way for three years for the same coercive reason, so that we have here Mr. Craig trying to make a virtue out of what is really an act of coercion.

There is much else in Mr. Craig's letter open to criticism, but I have already run to greater length than I first intended. Enough, however, has been said to justify your remarks about the very serious responsibility the Committee of Management is accepting in running such an institution, but before closing, let me reply to Mr. Craig's reiterated wish for harmony and co-operation between the Home and the local medical men by again stating that there can be no such co-operation until the affairs of the Home have been put in order, and the reforms suggested by the medical men adopted by the Executive Committee of the Home and made effective. It is not with Mr. Craig and the philanthropists who originated the Home, but rather with the medical men who have allowed themselves to be associated with the Home regardless of the interests, not only of the nursing profession but also of their professional brethren, that we have now got to deal, and I have been instructed to state that the members of the Govan Medical Association are prepared to submit the facts of the case to the local Branch of the British Medical Association to judge between them and the medical men connected with the Home, and are willing to abide by the judgement of that body.—I am, etc.,

FORBES BROWN.

Govan Medical Association, Sept., 1907.

THE NEW HOSPITAL AT AYR ASYLUM.

The account of the new hospital at the Ayr Asylum by its designer, Dr. C. C. Easterbrook, published in the *Journal of Mental Science* of July last has been reprinted,¹ and will be of interest to medical superintendents of asylums which may require extension. Like many others, the main wards of this asylum had become largely filled with patients requiring hospital treatment. The erection of a properly equipped separate hospital having been determined upon, Dr. Easterbrook, boldly discarding the usual method of making a specification of the accommodation required and then leaving the matter to architects, himself made plans to scale of the proposed hospital down to the minutest essential detail and submitted copies of these to the competing architects. In drawing these plans Dr. Easterbrook had an eye first and mainly to facilitating structurally the work of the nurse, especially in regard to supervision by the staff, day and night; secondly, to the proper classification of the patients; thirdly, to the principle of the treatment of active insanity by rest in bed in the open air, isolation, and other special measures, and lastly, financial economy by the elimination from the designs of all superfluous provision and accommodation. These important desiderata he has succeeded in obtaining by providing at the comparatively small outlay of £100 a bed, a comfortable, easily worked, and, from the medical point of view, admirably constructed hospital.

There is no central hospital kitchen; food is prepared in the main asylum and conveyed in closed hand vans. It

is warmed, if necessary, in the small ward kitchens. There is no dining-room and no central day-room, each mental ward, like an ordinary hospital ward, serving as dormitory, day-room, and dining-room for its inmates, thus effecting a saving on the prime cost and in the number of staff required. The new hospital contains 154 beds, and serves as reception house and sanatorium for all newly-admitted patients, as sick room and infirmary, and as a sanatorium for the isolation of cases with pulmonary tuberculosis and other infectious diseases, except the graver infectious diseases treated in the separate isolation hospital.

The hospital is a one-story building of pleasing appearance, facing south-west, composed of two symmetrical halves, having at their junction the assistant matron's quarters, and each half consisting from within outwards of a double infirmary ward, a conservatory with a large verandah, a reception ward, and an annexe ward for tuberculous cases, with a small verandah. Each reception ward is shaped like a dagger pointing south, the rounded end of the blade giving the parlour space, the body of the blade and the north wing, or grip of the dagger, forming the body of the ward, and the cross-piece or guard forming the junction with the conservatory on the one side and the annexe ward on the other, and containing observation rooms. The infirmary wards follow the same plan, but are double-bladed daggers, the two blades forming one large ward separated by a partition, its upper half being of glass and wood. This design is an original feature of the hospital, and as the kitchen, bath-rooms, observation rooms, and cabinet are grouped at the north end or handle, it is evident that by aggregating at this end the patients who require most attention the work of supervision is facilitated, and the ward can be managed by a relatively small staff. An interesting feature of this ward is that on the male side a female staff is employed with good results.

The whole hospital is thoroughly equipped, every need having been carefully thought out and arranged for by Dr. Easterbrook. The lighting is by electricity, and the heating by radiators and hot water at low pressure on the Reck circulation system, which has been found to be both satisfactory in working and economical. The hospital reflects great credit upon its designer, who is to be congratulated on its excellence from both the medical and economical standpoints. With regard to this latter point, we may mention that in addition to the initial saving on its construction, it has been found so easily worked that during the eight months it had been in occupation at the time Dr. Easterbrook wrote his report, notwithstanding a reduction of 6d. a week in the rate of board for asylum patients during the last six months of that period, the credit balance under the maintenance account of the institution had been increased by £600.

Ireland.

POST-GRADUATE COURSE, DUBLIN.

The next post-graduate course at the Royal College of Surgeons in Ireland will commence on September 23rd and terminate on October 15th. The object of the course is to render available the whole of the clinical material in the city of Dublin for the post-graduate student, so that he may see as much as possible during the time at his disposal. The hospitals which will take part in this next course are: For surgery and medicine, Mater Misericordiae, Meath, Mercer's, Royal City of Dublin, Sir Patrick Dun's, Richmond, Jervis Street, Adelaide, St. Vincent's, Dr. Steevens's; for skin, Adelaide; eye and ear, Royal Victoria Eye and Ear Hospital; throat and nose, Mater Misericordiae, Adelaide, Sir Patrick Dun's; gynaecology, Rotunda, Coombe, National Maternity; x-ray and light therapeutics, Mater Misericordiae, St. Vincent's, Mercer's; pathology and bacteriology, Mater Misericordiae, Richmond Whitworth and Hardwicke, Meath or Royal College of Surgeons; children's hospital, Temple Street (St. Joseph's), orthopaedic, Upper Merrion Street; lunacy, Richmond District Lunatic Asylum. Courses of operations on the cadaver will be given by the Professors of Surgery at the school; in anaesthetics at the Dental Hospital; in anatomy by the Professor of Anatomy at the school; and in sanitary science by the Professor of

¹ *The New Hospital, Ayr Asylum.* By C. C. Easterbrook, M.A., M.D., F.R.C.P. Edin. (London: Adlard and Son, 1907. Pp. 21.)

Hygiene at the Royal College of Surgeons. Those conducting courses will be careful to make them as practical and helpful to the varying needs of the practitioner as possible, and the tickets of membership will admit to the ordinary clinics of all the hospitals as well as to the special work of the course. An inclusive fee of 5 guineas is charged. Further particulars, together with a list of apartments and certain hotels where accommodation is provided at modified rates, can be obtained on application to Dr. A. Fraser, Professor of Anatomy, Royal College of Surgeons in Ireland, Dublin.

IRISH POOR-LAW ASSOCIATION.

The annual meeting of the Poor-Law Association of Ireland was held in the Royal College of Surgeons, Dublin, on August 28th, under the presidency of Dr. T. H. Moorhead, of Cootehill, co. Cavan. This association includes lay as well as medical officers of the service, and there was a very large attendance of delegates.

The President delivered an address, in the course of which he stated that the Viceregal Commissioners' report on the Irish Poor-law system met with perhaps the most remarkable consensus of approval from all branches of the service, and from all public bodies in Ireland, of any proposed scheme of remedial legislation on record in the country. What, then, was their surprise to find that no steps were to be taken to reform the wretched Irish Poor Law on the lines laid down by the Commissioners. Was history going to repeat itself? Were they going to allow those who never had and never would understand the peculiar wants of the Irish people to decide, as in 1837, that what suited England and Scotland would be good enough for Ireland? The English Poor-law system forced upon them in 1837, in direct opposition to the wishes and feelings of the Irish people, was the greatest curse ever inflicted upon them by the predominant partner, and he anticipated with grave distrust legislation on this subject influenced by persons who were obviously hostile to their wishes. He could understand opposition from the Treasury if they were asking for a big grant. No extra grant was demanded, but merely a rearrangement of existing conditions suitable to their poverty and the needs and feelings of the sensitive Irish people. The Association had decided to introduce their Superannuation Bill at the first opportunity.

In the course of a discussion on the proposal to proceed with the Superannuation Bill as drafted, Dr. Wybrants Olpherts objected to the provision requiring officials to contribute to the pension scheme. They should not offer to contribute.

The motion was passed without a division.

INSANITY IN IRELAND.

Dr. Graham, the Medical Superintendent of the Belfast Lunatic Asylum, reports a total of 1,108 inmates. The admissions, which were 296 in 1905, were 241 last year, owing to diminished admissions from the workhouse. The net cost a head was £21 1s. 8d. a year.

Dr. Graham points out that heredity is given as the cause in 62 admissions, but that it is really a quality or characteristic of the disease, not a creative or originating force; this is important from a practical point of view. If heredity were a real cause, Dr. Graham argues, Nature would soon annihilate the breed; but insanity is increasing, and the reason is that the real causes, namely, bad early training, alcohol, drugging, dissipation, are as powerful as ever, if not more powerful, in their deteriorating effect on the race. Dr. Graham agrees in the statement that if we could destroy alcohol and luetic disease, we should abolish 50 per cent. of insanity. He refers in strong, but not too strong, terms to the duty of the statesman, the teacher, and the scientist, to tackle the problem of the increase of insanity not only in Ireland, but also amongst the Irish in America, and regrets, what is unhappily a fact, that because these desperate figures and revelations are submerged in a Blue Book, little notice is taken of them, either by those in authority or in opposition. "If we are becoming a nation of lunatics," he pertinently remarks, "it does not seem to matter who governs us, or how much land the peasant possesses." Why is it that the down-trodden Pole, the hunted Armenian, whose life in Europe was a misery compared to that of the Irish peasant, do not fill the asylums in America in the same proportions as the latter? Dr. Graham evidently regards the Irish peasant as bright and keen, but suited for an agricultural life, not

that of huge towns like New York and Chicago. Fifteen cases of general paralysis occurred during the year, a disease not long ago practically unknown in the district.

Wales.

A SATISFACTORY ENDING.

IN the BRITISH MEDICAL JOURNAL of July 13th (pages 108 and 112) reference was made to the attempt of a committee of miners of Brynkinalt Colliery to dismiss from the post of medical officer Surgeon-Colonel J. D. Lloyd, V.D., of Chirk, notice having been given to him on June 28th to terminate the appointment which he had held for many years. We were able then to state that the circumstances were being investigated by the Denbigh and Flint Division of the Association, and in the meantime practitioners who might think of applying for the vacant post were requested to communicate with the Medical Secretary. We now have the pleasure of reporting that at a general meeting of the miners, held on September 11th, the action of the Committee in dismissing Surgeon-Colonel J. D. Lloyd, V.D., was repudiated, and he was reinstated in his appointment by a direct vote of the general meeting. The miners themselves, no less than Dr. Lloyd and the Denbigh and Flint Division, are to be congratulated on the outcome of the matter.

PROPOSED COMBINATION OF SANITARY DISTRICTS.

At a meeting of the Maesteg Urban District Council held on August 13th, a letter was read from the Local Government Board stating that the Board agreed to the re-appointment of Dr. W. Kirkby as medical officer of health for one year, in view of a proposal for the combination of Maesteg and neighbouring districts for the purpose of the appointment of a medical officer, and asked to be informed as to the exact nature of the proposal for a combined district. The chairman said that a movement was on foot by the County Council to combine several districts, and to appoint one whole-time medical officer. He doubted whether Maesteg was a place which could conveniently be included in such a proposal. A member remarked that it was contended in support of the proposal that the medical officers, being local men, were to a certain extent under the thumb of the district councils. This, he considered, was an unjust statement to make, because it meant that the district councils were using their power to influence the medical officers, and that the medical officers had not the moral courage to do their duty. This certainly was not the case at Maesteg. He proposed that the Council should not approve of any proposal of the kind. An amendment to defer the consideration of the matter was carried. It was reported that there was a serious outbreak of measles at Caerau and Nantyllyon, and on the recommendation of the medical officer it was decided to appeal for the closing of all the Sunday schools in that part of the district.

MINERS AND HOSPITALS.

For a considerable time past there have been differences between the colliers employed at the Cyfarthfa collieries and the Board of Management of the Merthyr General Hospital. These differences reached a crisis when the Hospital Board resolved to exclude the Cyfarthfa colliers from the benefits of the institution in consequence of the men's alleged refusal to carry out an undertaking given by them to increase their contributions to the hospital funds. Mr. John Plews, Chairman of the Board of Management, has informed a press representative that some time ago there was a complaint that the accommodation at the hospital was insufficient to deal with the accidents occurring at the various local works, and Sir William Thomas Lewis undertook to bear the expense of enlarging the female ward if by public subscription money were found to pay for enlarging the male ward. There had been an agitation among the workmen about increasing the number of the medical staff, and by agreement with the representatives of the men at each of the works, the executive Board agreed that when the wards were ready for the accommodation of an increased number of patients the medical staff should be increased. This agreement was made upon the condition that the workmen at each of the works would increase their subscriptions so as to cover the increased cost incurred by the treatment of the increased number of patients. All the workmen's representatives