

all sorts, including insanity? Most certainly we do not, and she considers that we are behind most other civilised nations in this.

It is curious and remarkable that England with her anti-vivisection and anti-vaccination societies, her prevention of cruelty to children and to animals, her homes for lost and sick cats, her nurses for invalid dogs, should allow many of her good workers to be driven into insanity for want of timely and suitable aid.

In order to get clear ideas as to what was being done elsewhere in this line, Dr. Boyle went to Glasgow and Germany, and reports that Dr. Carswell, of Glasgow, is the first in this country to have wards run by public funds for the observation and treatment of early cases of insanity, hysteria, and so on, into which wards he can admit, with little preamble, patients who are unsuitable for certification and yet are in need of treatment. The immense advantage of these wards is in being able to treat those cases which cannot be certified on application, but in whom signs of nervous instability have been sufficiently well marked to induce them or their friends to apply for assistance. They will also, no doubt, lead to much earlier application for them if asylum treatment or none at all were the only possible results.

In Germany she saw the klinik at Berlin, under Professor Ziehen, in Munich, under Professor Kraepelin, and in Göttingen, under Professor Cramer, and was very much impressed, both by their great courtesy and kindness to a foreigner, and by the thorough equipment of their hospitals, both for treatment and for research. Besides these great kliniks, with their grand possibilities for treatment, research and teaching, she visited the two first institutions, such as she hopes we may soon have here, for the care of nervous cases in the poor other than certifiable mental disease.

The one, Haus Shoenow, is at Zehlendorf, near Berlin, under Professor Max Laehr. It is a semi-charitable institution, and each patient pays 28s., or more, a week. For the poorer ones there is a fund to assist. This maintenance rate is high, and is due chiefly, we believe, to the staff, which is large. Work, such as brush-making, carpentering, gardening, book-binding, and so on, is taught to those able to do it, and there are arrangements for living out, electrical treatment, baths, etc. Both sexes are admitted.

The second institution is the Provincial Sanatorium for Nervous Patients at Rasmühle, near Göttingen, under Professor Cramer. This is maintained by the public funds of the province of Hanover, and is directed by the Professor of Psychiatry and Neurology of

the University of Göttingen, who also is Superintendent of the pauper lunatic asylum. Here also the class of patients described are taken and both sexes are admitted—sharing the sitting-rooms—while there is one small house reserved for women only.

In an institution for such cases, Dr. Boyle thinks there should be an entire absence of red tape, and the type of building most suitable might be cottages after the construction of Dr. Barnardo's Cottage Homes. Even if we have to wait for the slow movements of Parliament for effective kliniks, these hospitals at least we can have at once.

At Brighton the Lewes Road Hospital, with 10 beds, has been opened, the object of which is preventive, being intended to arrest at their outset insidious nervous maladies.

Conference on Prevention of Infant Mortality.

The American Academy of Medicine is convening a Conference on Prevention of Infant Mortality at New Haven, U.S.A., in November, and Miss Adelaide Nutting, and Miss Jane Addams, of Hull House, Chicago, are on the Advisory Committee.

Papers will be read indicating the influence upon offspring exerted by syphilis and chronic alcoholism in the parents; on the large number of unnecessary infant deaths occurring in improperly conducted obstetric practice; and attention will be called to the great danger to infants from tuberculosis contracted in infected homes, and from diseased parents.

The subject of the training and temporary care of mothers with their babies in institutions will deal particularly with the young, inexperienced, homeless mother, who becomes fond of her child, and ought to be enabled to care for it, but is not sufficiently mature, responsible, and trained to take and retain a position. The care of infants who must be separated from their mothers because of the mothers' physical or moral weakness, or mental incapacity, will be discussed.

The strategic point of educational prevention lies in the home. As soon as a birth is reported a representative of the Board of Health should furnish proper instruction either by educational leaflets or by personal call of a nurse employed by the board, and underlying all these questions is the problem of educating the children of the public schools in the fundamentals of biology and hygiene, which are essential to the proper conduct of life.

Trained nurses—always more trained nurses—are needed to do this educational work!

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