

benefit to the patients themselves. Work exercised the muscles, promoted the circulation, improved digestion, and drained away morbid thoughts. It was by work that attention was diverted from the morbid delusions, and by useful employment that conduct was diverted into normal and healthy channels. Suitable employment was Nature's rule of health, and convalescence often occurred simultaneously with a patient taking up a suitable pastime or work.

The speaker strongly advocated the registration of both general and mental nurses, not only for their own benefit but also for the special protection of the public. He further stated that he had recently visited some asylums abroad, and was convinced that where a religious order was in charge of the nursing work the duties were performed with loftier ideals, and higher aims than was the custom for wages only. No person ever did well that which he did for money only, but nursing ought to be well paid. The nurse's work was above all a moral and a practical one, not one of show qualities but of quiet unobtrusive devotion to practical action. If behind and at the root of all this devotion there was a strong force of religious feeling then you had a strong driving power which could not be rivalled by any other.

In conclusion Dr. Jones said that in the treatment of insanity, as well as in other remedial departments, there was a strong feeling that mental diseases should be prevented rather than cured. The trend of legislation lately had been in this direction and for this new workers were needed. Certainly no other disorder was so amenable to treatment in the early stages as insanity. He mentioned that St. Katherine's Royal Hospital was commencing a crusade of preventive work by the appointment of Health Visitors, and he would greatly like to see the prevention of mental diseases represented in this crusade by the appointment of asylum nurses, thus the work carried on so conscientiously in asylums might see its fruition by making life more vigorous, decay less rapid, and death more remote.

In the discussion which followed Dr. Helen Boyle gave an interesting account of her experience of working under Dr. Jones at Claybury. A member of the audience enquired as to the percentage of trained nurses working as matrons of lunatic asylums. In the first session of the Conference a remark had been made which she considered very disparaging to Matrons of lunatic asylums.

Miss G. H. Vaughan remarked that in district work something could be done to deal with incipient cases. In connection with bed sores, Dr. Jones was asked how many of the 2,500 patients among whom he had mentioned no bed sore was to be found were confined to bed. Also how the prevention of insanity could be influenced and what provision was available in hospitals for mental patients who were not certifiable, and whether insanity was on the increase amongst domestic servants.

In the course of his reply the speaker said that at Claybury and other asylums under the L.C.C. the Superintendents were requested to send to the Central Offices the names of all children under fourteen of patients in the asylums. These were then handed to the education authorities. District nurses could do good work by looking after the teeth of school children, as decayed teeth were often the immediate factor in the development of insanity. Again the eyes needed care. A woman at Claybury who was found to be intensely short-sighted in one eye improved at once when this condition was treated. He referred to the great work being done at Brighton by Dr. Helen Boyle along preventive lines, and referred to the lecture given by her to the Matrons' Council. In regard to bedsores, every patient at Claybury was put to bed on admission. This was the most rational treatment, though Lunacy Commissioners reporting on their visits to an asylum were apt to report with approval that they were glad to say they found very few people in bed. He was not aware of any increase in the number of domestic servants who became insane. His impression was they were less. There was an increase among people of no occupation, and those of a monotonous occupation, such as clerks, addressers of envelopes, &c. He had tried over and over again to get treatment in hospital for incipient and convalescent cases. He instanced the case of a chemist. It was most important he should not enter an asylum, as his occupation would inevitably be gone. Eventually he was received at the Royal Infirmary, Edinburgh. At St. Bartholomew's Hospital the physicians took occasional cases. He emphasised the fact that in the early stages no disease was more preventable.

(To be continued.)

ROYAL COMMISSION ON VENEREAL DISEASES.

At the thirty-third meeting of the Royal Commission on Venereal Diseases evidence was given by Sir Herbert Smalley, one of the H.M. Commissioners of Prisons. Sir Herbert stated that it was his firm impression, and also that of many of the senior Medical Officers of prisons, that venereal diseases were not so prevalent in prisons as was the case thirty years and even twenty years ago; and that, apart from the actual number suffering, the cases were now less severe in character than formerly. He was, however, inclined to think that the later stages of syphilis affecting the circulatory and nervous systems and the so-called parasymphilitic affections were more prevalent. Returns which had been obtained for the five months ending last March showed that rather under 2 per cent. of prisoners received into local prisons presented manifest symptoms of either gonorrhoea or syphilis. An analysis of the figures showed that the highest incidence occurred amongst prisoners committed from large towns,

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