

# MONTHLY NEWS of the Conservative Women's Reform ASSOCIATION. NEW ISSUE.

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### OUR WORK.

**Reception to Lady Selborne.** Miss Balfour has very kindly invited the members of the Association to meet Lady Selborne at 4 Carlton Gardens on Tuesday, June 20th, at 4 o'clock, to welcome her on her return from West Africa, and on her resumption of the office of President. Lady Selborne has promised to speak on her travels, and Lady Amherst of Hackney on the work of the C.W.R.A. Admission will be by ticket only.

**Council Meeting.** The Council Meeting will be held on Wednesday, June 21st, at 3 o'clock. Lady Selborne will preside, and Lady Trustram Eve will speak on the meeting of the International Council of Women at the Hague.

**Lectures.** Professor Arnold Toynbee spoke on May 12th at Lady St. Helier's house, 52, Portland Place, on his experiences with the Greeks and Turks in the Graeco-Turkish War. Colonel the Hon. W.G.A. Ormsby Gore, M.P. took the chair, and the meeting was attended by a large and enthusiastic audience.

On May 28th Dr. Worth, Medical Superintendent of Springfield Mental Hospital, Tooting, addressed a crowded meeting at 26, Grosvenor Street, kindly lent by Miss Rachel Parsons, on Lunacy Reform. In view of the great general interest in this subject we are devoting the larger part of this number to a reproduction of his lecture.

The course of eight lectures arranged by the Association since October 1921, is now concluded for the season, and it is gratifying to report how universal has been the appreciation of members and their friends. Many letters have been written to the office expressing satisfaction. The subjects chosen have been Reform of the House

of Lords, Prospects of the next Budget, Probation Separation and Maintenance Orders Bill Egypt, the Washington Conference, the Graeco-Turkish War, and Lunacy Reform; and the Committee feel very grateful to the distinguished speakers, each an authority upon the subject, who have been good enough to lecture.

**Cinderella Dances.** The last of the series of three dances took place on May 13th, and the sum of £55. 1s. 11d. has been handed over to the Hon. Treasurer. A very hearty vote of thanks was passed by the Executive Committee and the Finance Committee to the ladies who took so much trouble to produce this satisfactory result.

**Monthly News.** In accordance with the resolution announced in the last number *Monthly News* will not appear again until October.

### PRIVATE MEMBERS' BILLS, Etc.

#### Separation and Maintenance Orders Bill.

We are glad to report that this Bill passed its second reading on May 26th, without a division. Sir John Baird, speaking on behalf of the Government, said there was "absolute unanimity as to the necessity of repealing the section in the 1895 Act, which obliges a woman to leave her husband before she can claim a Separation Order." He pointed out that many clauses of the Bill would require careful consideration in the Committee stage.

We realize the heavy strain upon the Government this session, but we earnestly hope that time may be found for the further stages of this desirable measure of reform.



### Guardianship, Maintenance, Custody and Marriage of Infants Bill.

A small Conference on this Bill was held at the House of Commons on May 23rd. The Attorney-General, speaking on behalf of the Government, stated that negotiations between himself and supporters of the Bill to draft an agreed measure had been unsuccessful. In view of the fact that the Bill contained points requiring elucidation the Government proposed to appoint a Joint Committee of both Houses of Parliament, which should have power to take evidence. The necessary delay involved in the preparation of a Report by this Committee will preclude any possibility of the Bill becoming law this session.

### Adoption of Children Bill.

A Bill "to make further provision for the adoption of children by suitable persons" was introduced in the House of Commons by Mr. Reginald Nicholson on Tuesday, May 23rd. It was supported by Mr. Hopkins, Mr. Inskip, and Sir Robert Newman.

We feel that this subject should be dealt with by a Government Bill based on the findings of the Home Office Committee, which presented its report in 1921.

### Coercion of Married Women.

The Committee appointed by the Lord Chancellor to consider whether changes were desirable in the criminal law on the subject of wife coercion reported last week. The report is signed by Mr. Justice Avery (Chairman), Sir Ernest Pollock, K.C., M.P., Judge Sir Alfred Tobin, K.C., Mr. G. J. Talbot, K.C., Sir Richard Muir, Sir Archibald Bodkin, Mr. Travers Humphreys, and Mr. H. D. Roome. The Committee states that "Having regard to the present unsatisfactory state of the law upon the subject, and to the altered status of married women under the Married Women's Property Act and Sex Disqualification Removal Act," they unanimously recommend that the whole doctrine of coercion by the husband as a defence by the wife for crimes committed by her in his presence should be abolished, leaving her on the same footing as other people, free to establish any other defence or to urge the coercion in mitigation of the punishment.

### LUNACY REFORM.

By Dr. WORTH.

Superintendent of Springfield Mental Hospital.

#### EXISTING CONDITIONS.

I will deal first with the present conditions of Lunacy in this Country, and later will suggest some remedies.

The whole subject of the treatment of the Insane resolves itself into one of L.S.D. and the overcoming of prejudice, the formation of years.

We must bear in mind first of all that it is necessary to have institutions supported by the rates for the care and maintenance of persons mentally afflicted who are a danger either to themselves or the community. Of these cases there are many who are extremely violent and resent any form of forcible detention, while others have so far reached the depths as to require constant observation and treatment to prevent self-destruction, and those who have had no experience of such cases do not realize to what lengths determination to accomplish this end is carried.

At the present time cases are brought under the observation of the Police or Relieving Officer, either by relatives, the medical man in usual attendance, neighbours, or through strange actions by the person. Action then has to be taken, and in most instances the case is removed to the local infirmary for observation, and during the period of observation the necessity for certification is considered. This having been found necessary, and a vacancy obtained, the case is removed to the local Mental Hospital.

Each case on admission is thoroughly examined both physically and mentally; the physical condition is treated by dentists, oculists, and surgeons, (for women we hope to have the regular services of a Gynaecologist) and what treatment is necessary is carried out. After this the mental condition is treated. The many different methods adopted cannot be considered in a short paper.

There are very many cases entering Mental Hospitals who, from the nature of their malady, require constant and permanent detention, and for this class of case the deprivation of liberty has to be made as pleasant and agreeable as possible. A great deal more licence is now being allowed, and this will be increased as experience permits.

The law states that the Manager or Superintendent is responsible for the care of all those admitted, and it is on his shoulders that the entire responsibility rests.

I will in a few words give an account of what is done in my own Hospital.

When one has to deal with large numbers discipline must be strictly observed and privileges abused have to be withdrawn. There are many forms of occupation open to those who are willing to undertake them, for example, farming, gardening, and trades of all sorts; there are teachers of boot repairing, basket making and mending, and brush making. For laundry work, kitchen stores, needlework, dressmaking and mat making, small weekly sums are paid.

For pleasure time there is cricket and football in their seasons, besides dances, theatrical performances and a cinema at regular intervals.

Patients are allowed out with their friends for one or more days at a time. Shopping parties are arranged for almost daily and walking parties outside the grounds in fine weather.

In the case of service patients a certain number visit a theatre each week or are sent for motor drives.

A certain number of male patients are allowed to wander about the grounds at will.

Unfortunately all the inmates of a Mental Hospital cannot enjoy these privileges, and on account of their mental state must have closer confinement. There is always one fear in allowing patients to be away from the Hospital in the care of others or by themselves, and that is the satisfying of the sexual instinct.

There is one point I should here like to emphasise—cases that are discharged cured show a strong tendency to relapse if they have again to combat similar troubles to those which on a previous occasion were too much for them.

Many cases of purely temporary breakdown return to their former lives and do well, but one cannot get away from the fact that, having failed once, there remains a certain amount of instability, and we all realise that we do not place quite the same confidence in an individual who has once been certified.

#### SUGGESTIONS FOR PREVENTION.

I will now try and make some suggestions as to how the present system might be improved.

1. **Prevention.** The old saying "Prevention is better than Cure" is as true in mental trouble as in ordinary cases of sickness. It can be accomplished by:—

(a) Educating the community to seek advice as soon as symptoms of mental trouble appear—symptoms noted either by the patient himself or, because of some strange act or alteration in manner noticed by relations or friends.

(b) The establishment of Clinics for mental disease attached to General Hospitals. Some of the London Hospitals already have such a department, and recently I myself have started a Mental Clinic in a General Hospital in the suburbs. This is proving a great success. Practitioners are asked to send such of their cases as they think suitable, and advice as to treatment is given. In addition to this the public are themselves asked to come for advice. This development should be welcomed by the General Practitioner, as it removes from him the unpleasant duty of certification where the necessity for it arises.

From experience of cases in these Clinics explanation of symptoms is often sufficient to prevent further trouble, but in most cases rest and the removal from present environment is essential.

**Early Treatment.** This brings me to my second point—where are such cases to be sent, and, in the greater number of cases, where is the money to come from? Can Pre-Care Homes be established and maintained by the Local Authority? This, I think, would be the ideal method, but failing this it would seem the next best thing to send these incipient cases as Voluntary Boarders to the Local Mental Hospital, to some part of the Institution set apart for the purpose, where they can be treated by those skilled in such work; the liberty of the subject would not be interfered with; also, in the event of a patient developing more serious symptoms, and certification becoming necessary, he could easily be removed to the ordinary wards.

The sending of incipient cases and voluntary boarders to Mental Hospitals would require some alteration in the Lunacy Laws, such as, I believe, is under contemplation. Again, emphasis must be placed on the question whether the Local Authorities will agree to the expenditure of rates for this purpose. I believe that a short trial would prove this a wise step.

It has been suggested that wards attached to General Hospitals might be utilised for the purpose of treatment of these cases, but in my opinion this would not be satisfactory, as a specially trained staff with large experience would be required. But this is a controversial matter.

(c) **The systematic testing of children for Mental Deficiency.** There are now in existence most elaborate and thorough tests for estimating the mental capacity of both children and adults. It is frequently found (1) that the defective child is pressed too hard, the attempts to educate him beyond his capacity resulting in failure, while work is found later for him which is beyond his powers, the result being a breakdown of some sort; (2) that the child of high mental capacity is kept back and his powers of education and intellectual capacity dwarfed, because there is not sufficient outlet for expansion.

If such a thing were possible it would seem that for the good of the race these tests should be universal.

No square peg should be placed in a round hole.

(d) **Trained Social Workers.** The formation of a body of social workers, paid by the local authority, to mingle with the masses and enquire into, and supervise their welfare, qualified to say when advice should be sought, and able to give the information required as to the environment, general condition and social position of the patients, in cases where this may be required—able also to help in the treatment and future welfare of those who are needing it.

#### SUGGESTIONS FOR IMPROVED TREATMENT.

Having now dealt with the necessary measures of prevention, I will endeavour to suggest how improvements might be made on the system of treatment adopted at present in Mental Hospitals.

(a) **Atmosphere.** The infusion of more Hospital atmosphere—by this I mean that patients should enter Mental Hospitals with the same hope of cure as they enter a General Hospital. This would break down the prejudice, animosity and antagonism caused by the necessary deprivation of liberty.

This has to be overcome and friendship made before any system of treatment can be commenced. Of course many of the acutely insane are unable to appreciate this until the mind is more composed and their condition realized.

(b) **Increased Staff.** Increased number of Medical Staff and the provision of specially trained Officers for Research Work in Pathology, Bacteriology, and other highly specialised research.

At the present time the proportion of Medical Officers to patients varies from 1—400, 1—600. This might be sufficient to deal with chronic cases and demented, and hopeless forms of insanity, but where would you find any Doctor who showed the slightest keenness content to confine his attention to such work?

Individual attention and care is a very large factor in recovery, and if any real work is to be accomplished I am sure a Medical Officer cannot look after more than 100 with justice to himself and his patients, especially if new cases are admitted daily; also the remuneration is not sufficient to retain good men.

As regards research work, this is now done in a small way in most Mental Hospitals, but Medical Officers as now placed have not time to do any really good work.

Some have suggested a central research laboratory where work could be done for certain areas. I think myself, this, in some ways, is good, but research in many cases requires close association with the patient and the recording of many minute personal observations.

(c) **Visiting Specialists.** I may state from personal experience that the advantages of employing Visiting Specialists is very great. The advantages I might mention are:—First, universal knowledge brought to bear on individual cases, second, fresh ideas from other minds, third, and very important, the keenness aroused amongst the Staff.

The Specialists that I think are essential are the Dentist, the Oculist, and the Gynaecologist, besides the Surgeon and Physician as required.

As Public Mental Hospitals are rate-supported, the question of expense is a large factor in the employment of Specialists.

(d) **The Nursing Question.** The nursing of the Insane and Irresponsible is a branch of nursing calling for the highest attributes. The whole life of a patient in a Mental Hospital depends on good nursing. In the first place you must remember that many patients have to be looked after like so many children, everything having to be done for them, with as little appreciation as children give to those who attend to their wants.

The many different cases a nurse has to deal with call for great tact, consideration, and patience; frequently a blow or their hair being pulled is the reward for their attention.

The Mental Nurse must also be a sick nurse, having to deal with acute illness in all its forms, and she must have



an adequate knowledge of surgical work. The Mental Nurse has frequently been looked down on in her profession, chiefly for the reason that she is not so highly educated as her Hospital trained sister.

Many nurses, both male and female, in Mental Hospitals are nurses who would go far in their profession had they had the opportunity; but unfortunately among the larger proportion the standard is not high enough. Girls are not drawn from the right class, and many do not take the work seriously.

At the present time things are improving and with enforced training a better nurse is being evolved; but it would be better still if every probationer nurse, after a few weeks' trial, had to sign a contract binding her to take up a course of nursing for a minimum period of 3 years in one Hospital or under a Local Authority.

A question that has recently been discussed is the nursing of male patients by female nurses. My own opinion is that there is a certain proportion of the insane who must be nursed by male nurses, but there is also a large proportion of male cases that could with every advantage be nursed by females.

This is done more extensively in Scotland than in England and calls for a special kind of highly trained nurse. My last remarks refer especially to the nursing of the infirm and physically sick patient.

**Recreation.** In America, during the last year or so, great progress has been made in the establishment of occupations of interest and education, which distract the patient, give him self-confidence, and revive his competitive instincts. This system proved of great benefit in the treatment of neurasthenics and the milder psychoses developed in the late war; to carry it out generally in Mental Hospitals would involve large capital expenditure and increased maintenance charges.

With regard to the general treatment of the Insane, I am sure we ought to generally take a broader minded view, and not be so tied by convention. We should look on mental illness more as we do bodily sickness, as a sickness that must be cured and not be allowed to become chronic.

#### POSITION OF LOCAL AUTHORITY.

In conclusion, I am of opinion that there should be one authority, and one authority only, to deal with the mental illness of the district, and that is the local authority, which should be responsible for arranging for the necessary treatment when mental illness has to be treated away from home. It appears to me that all cases of mental disorder occurring in any class of life should be notified if it is necessary to remove them from home, even if it is not necessary to certify them. This would ensure that the person who is deemed irresponsible and unable to manage his affairs should not be detained for private profit without the supervision of the Board of Control.

#### THE INTERNATIONAL COUNCIL OF WOMEN.

The Executive and Standing Committees of the International Council of Women met at the Hague from 13th to 22nd May. The delegates numbered 150, representing 32 National Councils, including Germany. Lady Trustram Eve, Miss Rosamond Smith and Miss Norah M. Green were among those present. On the resignation of Madame Chaponniere Chaix the Marchioness of Aberdeen and Temair was elected President. Three public meetings considered "the most effective use of the Women's Vote, the Eradication and Control of Venereal Disease, and How Women may best promote the cause of peace." Many important resolutions were passed dealing with Health, Education, Emigration, industrial and professional questions, the control of the cinema, etc., and were referred to the various National Councils to be dealt with.

The Committees will meet next year in Denmark, and the Quinquennial Conference in 1925 will take place in Washington.

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### WEEKLY LECTURES.

Wed., 21st June. 8.15 p.m.	Recital: "Pompilia" ... from "The Ring and the Book."	MISS MARGARET OMAR
Wed., 28th June. 8.15 p.m.	Announced later.	
Wed., 5th July. 8.15 p.m.	"Old Lamps or New" Chairman .. Mrs. DEXTER.	LADY AMHERST OF HACKNEY
Wed., 12th July. 8.15 p.m.	"Women in H.M. Forces" Chairman ... Miss VERA S. LAUGHTON, M.B.E.	Professor Dame HELEN GWYNNE-VAUGHAN, D.B.E., LL.D., D.Sc.

Invitations to Lectures given to Non-Members on application to the Secretary.

### Luncheons, Teas & Dinners.

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