

**Address to the Retreat Nursing Staff by R. Percy Smith MD FRCP Lecturer
on Mental Diseases at St Thomas's Hospital and Examiner in Mental
Diseases in the University of London**

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Address to the Nursing
Staff of the
Retreat, York.

Delivered on November 14th 1908, by

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Address to the Nursing Staff of the Retreat, York.

WHEN my old friend and former colleague and your Medical Superintendent, Dr. Bedford Pierce, invited me to give you an address on the occasion of the beginning of the winter course of lectures on Nursing of the Insane, my first impulse was to say that I was too much occupied and could not undertake it; but on further reflection it seemed to me that I ought not to refuse the honour which had been offered to me of being allowed to give an address on this subject at the York Retreat.

I do not know if all of you are familiar with the early history of the York Retreat, probably most of you are, but in the modern struggle for existence histories and origins are apt to be forgotten for such matters as salaries, food, holidays, promotion, praise or blame from superior officers and the thousand and one events of daily life, not to speak of the eight hours day and old age pensions. Therefore at the risk of saying again what is already known to you, I would remind you that it was in 1792 that William Tuke earned for himself undying honour by taking steps to found an institution for the insane where the treatment of the patients should be characterised by humanity and kindness, instead of cruelty and chains which had unfortunately been prevalent before that time. On the foundation stone of the York Retreat is an inscription the translation of which is "The charity of Friends executed this work in the cause of humanity."

Fortunately the humane treatment of the insane dating from that time in England and from a similar and simultaneous movement by Pinel at the Asylum of the Bicêtre in Paris is now widespread and although in some half-civilized countries conditions may have been found recently which belong to the

dark ages, yet it may be said that in all really civilized countries constant improvement has taken place and is still taking place in the care and treatment of the insane. You must never forget therefore that you have the privilege of learning your duties and responsibilities in nursing the insane in what may almost be called the Mecca of humane treatment for the sufferers from this painful group of diseases.

At the Annual Meeting of the Medico-Psychological Association which was held at York in 1892 in celebration of the Centenary of the foundation of the York Retreat under the Presidency of your former chief, Dr. Baker, Dr. Daniel Hack Tuke, the great-grandson of the founder read a paper on "Reform in the treatment of the Insane" embodying the history of the York Retreat and I advise all of you to read the paper which is printed in book form and no doubt is in the Library of the Retreat. It was my privilege to be at that time constantly associated with Dr. Hack Tuke who as a Governor of Bethlem Hospital constantly visited the wards, and whose interest in and kindness to the patients under treatment there was a direct inheritance from his illustrious ancestor. I recommend you therefore to start your work with a feeling of pride in your Hospital and its history and with the determination always to be influenced by the spirit of the founder.

The feeling of pride in the Hospital in which one has received one's Medical Education, is well known among Medical Men, and an 'esprit de corps' exists, marked by love for the old school, and an interest which lasts during life time in its progress and development. Moreover, there results from this, a healthy rivalry between the different Medical Schools and the Hospitals to which they are attached which helps in the progress of medical science. In asylum work there is unfortunately a tendency to isolation as most of the institutions

are far from one another and there is not the same opportunity for emulation, but at the same time there is a bond of union between Asylum Nurses, in the fact, that those who qualify have passed the examination of one central body, the Medico-Psychological Association, which has done a most important work in raising the status of mental nurses, and they also have the opportunity of joining the Asylum Workers Association, which has its Journal and its general meetings. No doubt many nurses who have been trained in various Asylums, do retain a love for the old place, but they have not the same opportunity of keeping in touch with it, which Medical men have with their old School. This feeling of pride in and love for the old School should be kept up.

You should also remember at the outset of your work, that the modern asylum nurse, whether male or female, is a gradual evolution from the past. Formerly the insane were looked upon as the subjects of demoniacal possession and exorcism was practised by the Church as treatment, or they were taken to holy wells or bound to crosses or church pillars or flogged or even burnt as witches. There is no doubt that as early as 1403 insane persons were detained in Bethlem Hospital which was then a monastery, and that monks took a great part in the care of the insane (it could hardly be called nursing), as indeed has been the case in Syria till recently, when the Lebanon Hospital for the insane was founded at Asfuriyeh, and has put a stop to many of the old cruelties, which used to exist to a recent date, as they formerly did in this country. Only 13 years ago I saw handcuffs in an asylum abroad managed by monks. After the monks came "Keepers" who often were armed with whips and could apply handcuffs or fetters at pleasure. After the keepers came the "attendants" who for a long time were not recognised as anything more than a kind of prison warders, and now we have everywhere

"nurses" male and female, who thanks to the policy of the Medico-Psychological Association are carefully taught their duties and responsibilities to the insane, and are required to familiarise themselves with sufficient anatomy, physiology, psychology, mental diseases, knowledge of general nursing and the special nursing of the insane to fit them to pass the examination for the nursing certificate.

Just as the old style "Sairey Gamp" nurse has been replaced by the modern highly trained general hospital nurse—largely due to the efforts and example of Florence Nightingale—so has the "keeper" been replaced by a body of men and women who in their own special line of work are the equals in every respect of nurses in other branches of medicine; in fact, I am always in the habit of saying that I would sooner have an asylum trained nurse for a case of bodily illness than a general hospital trained nurse for a case of mental illness.

No doubt it may seem burdensome to some of you to have to attend lectures and to learn elementary anatomy and kindred subjects, but what you have to keep before you always is the importance of a high standard of knowledge as a means to constant improvement in the care and treatment of the insane. Remember that the certificate at which you aim does not mean anything more than that up to that point you have attained sufficient knowledge to pass the examination but you must not stop there.

With regard to taking up the work of nursing the insane, it is very important for the intending nurse to consider carefully whether he or she is fitted for the work or in other words has a real aptitude or vocation for it.

There are born nurses and there are others who are utterly unfitted by nature for such work, and the sooner they find it out and give it up the better. The same thing happens every year with regard to medical students, a definite

proportion of those who enter never reach a qualification, and some find out quite early in their career that they are quite unfitted for the work of the profession and for dealing with patients. Some no doubt enter upon the work of nursing because it is thought to be a fairly easy way of earning a livelihood, or because it is thought that nurses in asylums have a good time, or because there is a fair prospect of a pension after some years of service, but there is no doubt that one of the determinants should be a real sympathy with human suffering. Especially with regard to mental disorders it is necessary for the nurse to be so constituted as never to lose sight of the fact that the patients under care are suffering from the most disabling malady to which human flesh is heir.

To begin with, the great majority of the patients are under treatment against their will and unable to leave when they desire to do so. Most of them do not grasp the need for their treatment, they are all for the time being far removed from their immediate relatives and homes, their malady has thrown them out of gear with their ordinary avocations, has placed them under serious disabilities with regard to ordinary civil life, so that their financial, social and political functions are suspended for the time being, they are under legal restrictions, and whether in the hospital or in private care, their every action has to be watched and, in many cases guarded against, and they are in most cases always under someone's eye, in a way which does not happen in a general hospital or in other illness.

In other words they are out of gear with the world for the time being, and therefore unless those who have the immediate care of them, are persons who can grasp this aspect of their condition and start with the idea that one of their functions is to help suffering humanity, patients will have a bad time. The old idea of the gaoler or warder or keeper

whose main duty is to keep safe the patient and guard society against his insane conduct has given place to, and is more and more giving place, to the idea of giving the insane the most highly skilled medical and nursing care, with a view to cure if possible, or if that be impossible to alleviation and making as happy as possible a condition which after all must always be attended by unhappiness, if not to the patient at least to his relatives. One of the first questions always asked of the physician by anxious relatives when it is proposed to send the patient under care is, "But will they be kind to him?" and one has always to explain that that is the very A.B.C. of the modern treatment of the insane.

It is questionable, now that nursing in this country has passed almost entirely out of the hands of the sisterhoods and brotherhoods of religious houses, in whose hands it formerly was, whether we have not lost something of the spirit which should animate those who have to deal with disease, and the questions of life and death. Unfortunately in many cases those religious bodies were entirely opposed to progress and could only look at the matter from the point of view of what the 'Church' would allow, and their position became incompatible with the large share now taken in the management of Hospitals by laymen and medical men.

There must be then aptitude and liking for the work and reverence for human life and suffering.

But one may have these qualities and yet find, that there are other requirements to be carefully kept in view and studied. One may think from a superficial acquaintance with it, that one likes the work and may have sympathy with the patients and yet not be fitted for it.

One of the first requirements is good health. The care of the insane is a most exacting duty and demands "the sound

mind in the sound body" more than any branch of nursing, therefore no one should undertake it who is not furnished with a good constitution, a sound nervous system, sound digestion and sleep and a capacity for rapid recuperation after what are often very trying and fatiguing duties. The asylum nurse is in some respects more favourably situated than the nurses in general hospitals, in that some part of every day is spent in the open air in the grounds of the institution, in addition to the time off duty, and there are opportunities for joining in sports and recreations which are not found in general hospitals. These opportunities should always be made use of.

Closely connected with the question of health is that of temper. In some people the least departure from health is attended by irritability of temper, and there are few virtues more necessary in an asylum, than complete control of temper. The temper of the asylum nurse is often severely tried. The excited patient is trying by his constant noise and chattering, by his destructiveness and his lack of cleanliness and tidiness, by his constant restlessness or violence, and in some cases by his malicious ingenuity to do personal harm. The depressed patient is trying by his wearisome reiteration of his woes, his resistance to necessary attentions, and his attempts at self-destruction. The delusional patient is trying by the need for watchfulness to avoid the actions which may result from his delusions, the epileptic by his impulsiveness, the general paralytic by his boastful exaltation associated with bodily feebleness and liability to injuries, and later, by the constant care necessary to avoid bed sores, and the dement by his loss of social decencies and general degradation.

I well know how hard it is sometimes to keep one's temper under great irritation, but it is an absolutely imperative necessity for the asylum nurse. The nurse who lets himself be drawn into a wordy dispute with a patient, or who shows

by the use of more force than is necessary in the control of an excited or violent patient, that he is losing his temper or who speaks in a harsh or overbearing way, is most likely to lose the confidence of his patient and may suddenly some day find himself in serious trouble.

Patients are often very acute judges of character, and, if they find that they can "draw" the nurse, are apt to take advantage of it, but they are most likely to appreciate the value of the nurse who, under whatever provocation, maintains an even temper and impresses them with the possession of complete self-control. It is well said by the apostle, "the tongue is a fire, a world of iniquity," but the asylum nurse must control it and must remember that "a soft answer turneth away wrath, but grievous words stir up anger," and the other adage—"Better is he that ruleth himself than he that taketh a city."

Therefore I say at all costs cultivate complete control of your temper, of your words and of your actions. Control of temper implies another virtue "patience." The word "patience" means suffering just as the word "patient" means a sufferer, and everyone will agree that very often the necessary patience to bear with the trying ways of some of our patients does imply a good deal of personal discomfort. Still patience and calmness are virtues to be always cultivated remembering that an impatient nurse does harm to a mental case.

The expression has been attributed to a hospital nurse—"talk of the patience of Job, Job was never on night duty," and one might amplify this by saying that as far as one knows Job was never an asylum nurse, either on day or night duty, and never had that test added to his other trials. As well as patience in dealing with irritating individuals there must be that judicious mixture of firmness and gentleness in dealing with all which marks the really efficient nurse. There are

some nurses who start with the idea, that they must be firm in the sense of being masterful, or as they put it, that they must "master" the patient, and with that view they do not hesitate to adopt a tone in speaking, which savours of arrogance or harshness, and which is at once likely to arouse a spirit of opposition, and does not produce in the patient the feeling which should always be aimed at, namely, that the nurse is there to help the patient to get well. If, however, the nurse will try to put himself or herself in the position of the patient and try to imagine what would be the effect on him or her if a similar tone were adopted, if he or she were the sufferer and whether it would inspire confidence or aversion, it will be at once seen, that firmness in the sense of knowing what ought to be done and carrying it out with gentleness and persuasiveness, and not with harshness, is the right course.

Gentleness and tact in word and deed should be assiduously cultivated remembering that mental sufferers are often over-sensitive and that harsh or injudicious words, loud talking or unnecessary noises of keys, banging doors, noisy boots, etc., often cause much unnecessary pain, and that generally more can be done by tact than by force. Self-reliance is another virtue to be cultivated, and by this I mean that judicious reliance on one's own capacity for carrying out necessary work which arises from a proper knowledge of its duties and responsibilities. When I say "judicious" self-reliance, I would have you remember that there is also an injudicious self-reliance. A failing, into which perhaps men are more liable to fall, than women, is in trying to carry out alone duties which for the safety of the patient and the avoidance of struggles and injuries, are only properly carried out by two or more people. Struggles are often entirely avoided when two nurses are present, which might occur if there were only one. Therefore under such circumstances, it

is necessary to put one's pride in one's pocket and seek assistance, remembering that the safety of the patient and not one's own self-satisfaction is the first thing to be considered. But apart from this a patient is most likely to rely upon a nurse who is self-reliant but not conceitedly so. Self-reliance is more likely to be put to severe test in nursing patients in private houses than in a hospital where there is usually a colleague at hand and the medical staff can be at once summoned in an emergency, but even in hospitals occasions will arise in which this faculty will be severely tested and the best way to cultivate it is to acquire as full a knowledge as possible of all the aspects of mental diseases.

The sense of responsibility must always be cultivated by the mental nurse. There is no mental case which may not at some time or other be the subject of a legal enquiry and in all cases in asylums there is the element of irresponsibility of the patient and a corresponding increased responsibility of the medical and nursing staff. You know very well that we all work under the Lunacy Laws, and that these are very exacting, that the provisions of the Law have to be exactly carried out and that in addition to the supervision and vigilance of the Medical Superintendent and the Committee there are the inspections and enquiries by the Commissioners in Lunacy and Chancery Visitors, and that there are serious penalties for breaches of the Law. The necessity of obedience is laid upon all those who work in asylums. No doubt to all of us at times the provisions of the Law seem irksome and at times one is tempted to ask what is the good of it all to the patient. But there is no doubt it is very good for us all to have to be obedient and it must be remembered that the high state of efficiency of our asylums in this country is largely due to the vigilance of the Commissioners in seeing that the Law is obeyed and moreover the stringent provisions of the Law are

a part of that regard for the liberty of the subject which is such a conspicuous feature of life in this country. Obedience to the Law then, is one of the virtues which have to be cultivated and is a part of that self-discipline, which the nurse to the insane must always bear in mind.

But apart from mere obedience to the Law there is the necessity for setting before yourselves such a high standard of morality that even when the Law and its representatives have not got you immediately under their eyes, nothing shall occur for which you can blame yourselves. Scrupulous personal rectitude in conduct to patients, and to other nurses, honesty of purpose, resolution to do always the right thing, avoidance of anything like negligence in duties because you think it is not likely to be found out, absolute truthfulness in regard to occurrences which may need enquiry, fearlessness in reporting to the proper authorities whatever is likely to be detrimental to patients or to the reputation of your hospital, these are some of the matters to be always kept in view. Never do or say anything to a patient which you would be unwilling that your superior officers or the relatives of the patient should see or hear.

One important matter to bear in mind is the duty of co-operation with the Medical Staff for the good of the patients and this necessitates the cultivation of business habits. As you are in constant contact with the patients, your reports as to their words and conduct are often of the greatest importance and it is well to cultivate the habit of accurate note-taking. If you make notes they should be written down as soon as possible after the occurrences they relate to, or they are apt to be distorted by errors of memory. Moreover, notes should be of actual facts and not of opinions, which it is the function of the responsible medical officer to form. Any important occurrence should be reported at once, and it cannot be too

often impressed upon nurses that any struggle whatever, or any fall should be at once reported, so that there may be the opportunity for immediate medical examination.

The habit of note-taking will train the habit of vigilance and accurate observation. Punctuality, and order, and neatness in the department of the Hospital under your control, as well as personal cleanliness and tidiness in dress, will all react on the patients under your care.

One business matter which needs a few words relates to the cultivation of thrift. There is a tendency in the present day to think that some one else is always to provide one with an old age pension, and I fear that many nurses, not only in asylums, tend to spend up to the last penny of their pay relying on the pension of the future. But pensions take a long time earning, and "there's many a slip twixt the cup and the lip" therefore I say, that it is desirable that nurses should take steps to insure for themselves in the National Pension Fund for Nurses or some such institution. You may not all of you remain in a hospital or asylum, many of you will go into private work and although for a few years you may be earning good money there will come a time when it will be a comfort to feel that thrift in early days has laid the foundation of comfort in later ones. With regard to those who go in for private nursing I would say, do not try to work alone entirely on your own account and expect that doctors have always got patients ready for you at a moment's notice directly you are disengaged, but join some association such as the Mental Nurses Co-operation recently started by Miss Hastie, so that you will have a better opportunity of continuous work. The experience of most physicians is, that they have more applications from nurses for work than there are patients to send them to.

There is one virtue which whether in Hospital or in private work, must be imperatively kept in mind, and that is absolute reticence about the cases of patients under your care, except to those who are legally entitled to know about them. It may seem superfluous to you to say this, but from time to time my attention is called to the fact that mental nurses do sometimes talk about the cases of patients who have been under their care. In a well regulated hospital such as this, it is well understood by everybody that the names of patients should not be mentioned outside. The mention of the fact that an individual, who may perhaps be well known in the outside world, has been under care for a mental disorder, may do irreparable harm to his prospects, and it is one of the elementary duties of the mental nurse to remember, that a mental illness is the secret of the patient and his relatives, and that it is a breach of professional secrecy to talk about it. A short time ago I received a printed advertisement of a home for borderland cases, in which the proprietor had printed testimonials from friends of former patients giving their names—a most objectionable proceeding, which at once decided me never to send a patient there. A breach of this rule of professional secrecy is perhaps more apt to occur in private nursing than in hospital work. There is a temptation in the case of a nurse going to a patient in a private house to tell the friends—"Oh, I nursed so and so." This is partly due to conceit, and a desire to show what wonderful people have been attended, and partly to irrepressible garrulity and love of gossip. The importance of reticence with regard to the cases of patients under one's care was recognised by the celebrated Greek Physician, Hippocrates, who was born as far back as 640 B.C. In "the Oath" which he drew up for medical men occurs the sentence: "and whatever in practice I see or hear, or even outside practice, which it is not right should be told abroad, I will be silent, counting as unsaid what

was said." The same rule applies to nurses and I am glad to see that these words are to be printed in the new edition of the Nursing Handbook.

Hitherto I have hardly touched upon the special studies which you are about to undertake with a view to obtaining the certificate of the Medico-Psychological Association. You will shortly have the advantage of a more complete work than hitherto in the new edition of the Handbook, and it is not my province to talk to you to-night about anatomy, physiology, psychology, and the details of nursing of the sick and insane. I would say, however, try not merely to acquire sufficient book learning and practical knowledge to be able to pass the examination, but endeavour always to go on improving in knowledge even after the examination is passed. Doctors are constantly having to read and re-read in order to keep up their knowledge, but I fear that nurses when once the certificate is obtained often put aside the Handbook and do not refer to it again.

Try not to learn the Handbook parrot-like, so as to retail it out on paper in answer to questions, but try to really understand what you are learning. I am sure your teachers will always be ready to help and explain.

Never lose an opportunity of learning something about your profession as a nurse which will further fit you for the care of patients. Especially for those who have to work in private as wide a knowledge of general nursing as possible is most useful. The nurse who knows general hospital work in addition to the work of a mental hospital is doubly qualified. Never lose an opportunity if it comes in your way of seeing the work of another asylum. In constantly keeping in view the attainment of a high standard it must be remembered that this country and America have been the pioneers in improved nursing of the insane, but that other countries recognise fully

the importance of training and instruction for mental nurses and only about four years ago the Italian Government passed a law making it compulsory. In this country we have a way of doing these things before they are made compulsory and pride ourselves on being ahead of legal enactments, at any rate it has been so in training and teaching nurses to the insane, but as other countries are working on the same lines it is important that we should keep ahead, or abreast of them. One of the facts which most impressed the French Physicians at a recent visit to London was the high personal standard and excellent training of the nurses in the great general hospitals, and in asylums we ought to aim at the same condition. At present I do not think we need fear comparison with nurses and asylums in other countries.

I have chiefly dwelt on the virtues I think you ought to cultivate, and would briefly enumerate some of the failings you ought to avoid, though I should hope there is no need for me to do more than mention them.

Do not cultivate favouritism for certain patients, let all under your care feel that you have an equal interest in them, do not get mixed up in patients' money affairs or will-making. I regret to say that I have known nurses to mental patients, accept considerable sums of money from those who were mentally unfit to give it. I have known other cases in which mental patients have made wills in favour of nurses, and where there has been the suspicion of undue influence. The strictest rectitude must be observed in this respect.

Be careful never to encourage any patient's morbid ideas or propensities.

Although sympathising with those who are ill, do not develop a morbid sentimentality or emotionalism. It has been

said that emotional students do not make successful practitioners and I think the same applies to nurses.

Lastly I would refer briefly to the fact that in the Annual Report of the Commissioners in Lunacy there is always a very sad chapter on prosecutions for offences under the Lunacy Act and in the one issued this year, there are no less than five prosecutions for assaults on, and ill treatment of patients in various asylums. This shows that among the large body of nurses there are unfortunately some, who are not fitted for the care of the insane. See to it that you cultivate that strict self-control which I have spoken of earlier, so that there is never the least chance of so forgetting yourselves as to run the risk of having your name handed down to posterity in this way. Never forget that your patients are the husbands and wives or children or brothers or sisters of some one and that you should always do to them as you would they should do to you.

I thank you for listening so patiently to these few remarks which I trust may be helpful to you in your work.



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