

**Private Nursing of Mental Patients by Sir George Henry Savage MD(Lond)
FRCP(Lond) Consulting Physician and Lecturer on Mental Diseases, Guy's
Hospital, late Senior Physician and Superintendent, Bethlem Royal Hospital**

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Private Nursing
of
Mental Patients.

**An Address to the Nursing Staff
of the Retreat, York,**

November 23rd, 1911, by

SIR GEORGE HENRY SAVAGE,
M.D. (Lond.), F.R.C.P. (Lond.).

Consulting Physician and Lecturer on Mental Diseases, Guy's
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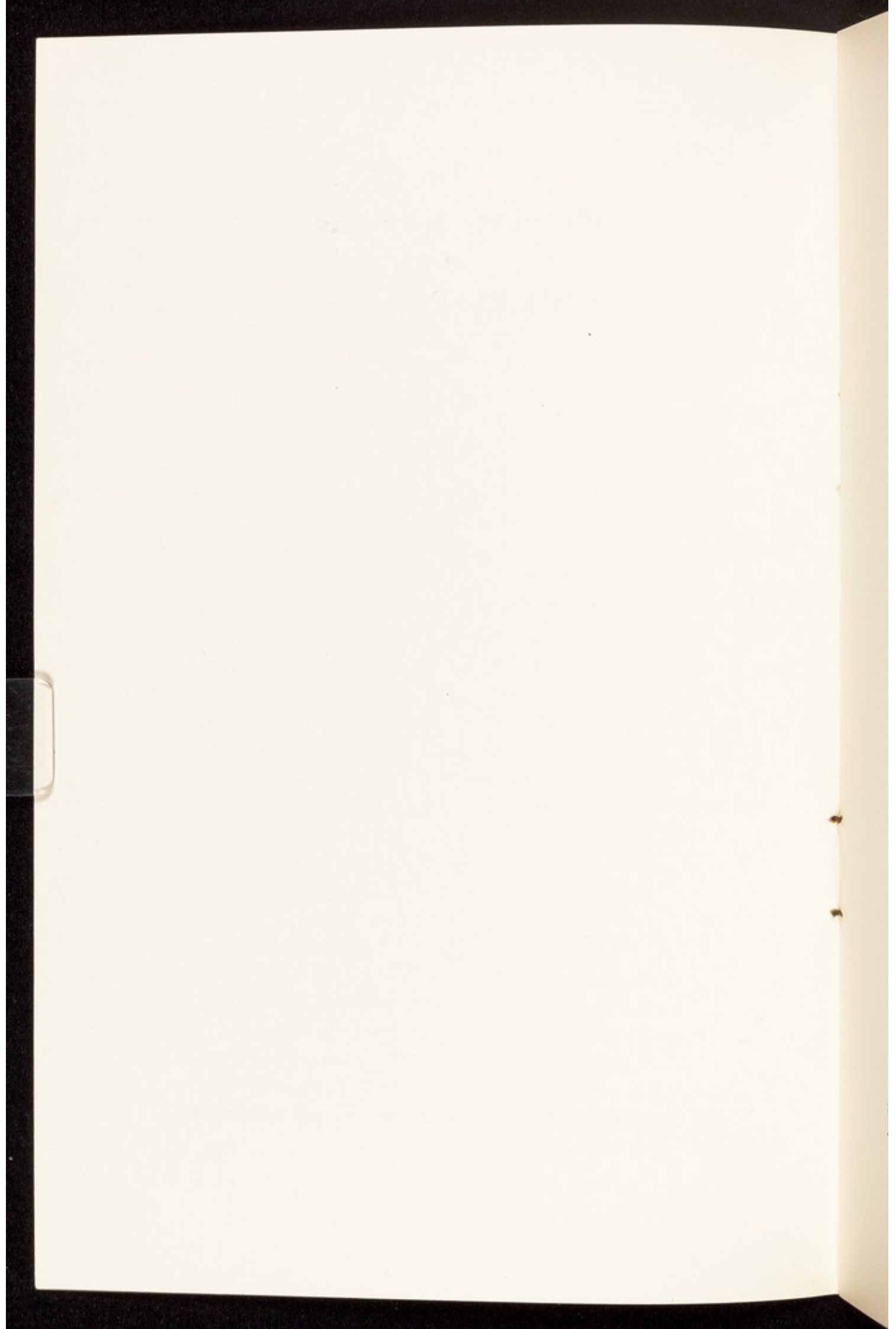
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IT is a laudable custom to begin by acknowledging an honour granted, and this I do, but with some reservation. The honour I accept freely, but now comes the responsibility involved. The honour has to show itself deserved, and I have now to endeavour to do this. I have to admit that age and experience have placed me in the position of one who ought to be able to give some advice, but I find on looking at the addresses given by others, all my personal friends, it is rather difficult to select anything new to place before you. I notice that you have been frequently told that your calling is a very important one and that to fulfil its duties you ought to be paragons of virtues. I must allow this, just as I am constantly informed that the medical profession is the one in which the height of self sacrifice is to be seen. Here again I often find humanity with its tendency to fail is visible. Your doctor has suggested that I should take for the subject of my address special requirements of the private nursing of patients suffering from mental disorder, and without further preface I will begin not only to point out the needs, but the pitfalls in your path.

You have already heard of the importance of loyalty, and I cannot help laying great stress upon this quality. Your difficulty will be as to whom you are to be loyal. First to the patient, next to the doctor, and last, but not least, to the friends of the patient. I recognise the difficulty which will arise more particularly with you who will have chiefly

to deal with mental cases. You will often be under the direction of medical men who have no practical experience in such cases, and you will feel that there are little details of management which are not known by the doctor, but which your asylum experience has given you. My advice is that your loyalty to the patient will cause you to do little things, to fill little gaps which are left, but you must do all this unobserved perhaps, without calling attention to it. Most of us have to accept blame for what is not our fault, but as a compensation I almost blush at times to find what wonders I have unconsciously effected. So with you, do not mind hiding your light, so that it is a true one. Another point of great importance is, to keep silent as to what your insane patient may say or do while in a state of active mental disorder. I have known very serious trouble arise from remarks which have been repeated by nurses, as to social or moral faults committed or confessed by a patient.

You will be blamed and accused by patients, and I know how difficult it is to accept in silence the abuse or the accusations of patients. It is well not to defend yourself beyond the simplest contradiction, with confirmation of your statement from others who may have been near. Do not argue with the insane patients. I am in the habit, when abused, of smiling and saying, "You will be sorry you treated me badly when you get well." The nervous patient may honestly accuse you, as the accusation may be due to some delusion or to some hallucination. Thus I have known a nurse accused of saying unkind things to a patient. The patient heard unkind words and thought they came from nurse, they were, in fact, only hallucinations of hearing. It thus has arisen that friends have believed that the nurse herself had good food, but gave the sufferer inferior or even injurious food. It is here, perhaps, a good place to refer

to the causeless dislike which a patient may take to a nurse. In some cases where the symptoms are variable, so that there is excitement one day followed by depression the next, the nurse must put up with it, but when the dislike is due to some physical peculiarity of the nurse, or is due to some fixed delusion, then the nurse had better give place to another. The personal antipathy is hard to bear, thus one patient objected to the voice of the nurse, another to her slight deafness, another to the colour of her hair, having a prejudice against fair or dark people. I have suffered severely from personal defects, but can smile at my abusers.

Civilisation is the power of adapting oneself to every change in the surroundings, and you will find all your resources of civilisation tried in dealing with the insane in their home surroundings. I am, at times, saddened to see how utterly demoralised the home is, when its head has become insane. Nurses may have to put up with bad food and worse accommodation, for some lower class families do not understand that the nurse is not a domestic servant. The same or similar difficulties often arise with the position of the governess in the family, but if the nurse has the proper instinct, she will put up with what seem to be indignities, till things right themselves a little. I often remember a very foolish companion who was called suddenly to a family in which the only man in the house had become maniacal. There were many ladies in the family who were distracted with the excitement of the patient. The companion arrived on a Sunday afternoon, a cold but sufficient supper was provided, but he made loud complaint that he really must have a hot dinner. You may understand that such an one did not stay long with the case, but he managed in that short time to show his general want of tact. Here I would say a word about tact. Some think this is a quality which

is inborn and cannot be learnt. There is some truth in this belief, but self-restraint and education will make up for any inherited deficiency. Tact shows itself in a power of adapting one-self to the patient, and to his surroundings and at times, perhaps, putting up with things for a little which cannot be tolerated as a permanency.

There are things or times, I might say, in which tact must not be allowed to degenerate into weakness. In families, not well off, nurses will often be expected to do what is impossible, thus they may be asked to do both day and night duty. They may be told that the case is really a simple one in which, if the tending of the patient is done by day, all that is required is that the nurse should occupy the same room with the patient at night. This you must not do except under very exceptional conditions and then only for a time and with the consent of the doctor. In the same way I find the nurse may be expected to cook for the patient and also nurse her. Nurses should be able to do all the simpler cooking needed in the sick room, if this can be done in the room, but remember that in many cases a moment of withdrawal of attention, is the moment looked for by the patient for suicidal attempt. Accommodate yourself as far as possible, but remember that loyalty to yourself and to your institution requires you to be ready at any moment to be of service. And now I come to one of the most important and most trying of your duties. You have to work in harmony with the relations of insane patients. In many cases there is a taint in their blood which makes them unreasonable and suspicious. The widespread notion that the insane are badly treated in asylums, and that nurses trained in asylums are naturally rather brutal, causes the relations almost always to ask the doctor as to whether he is quite sure the nurse will be

kind and not rough. The very idea is so repellent that indignation may be shown by the doctor, but must not be shown by the nurse. I could tell you many trials to which good nurses have been put. Take a few : A first rate nurse was placed in charge of a young lady who was passing through an acute stage into dementia. She was obstinate at times about her food. The parents knowing this, and, watching out-side the door during meal times, would suddenly burst into the room and say "I heard you threaten my daughter if she did not take her food." This repeated itself, and the nurse declined to remain. In another case the mother would creep to the bedroom door to peep through the key hole to see if the nurse was awake. Another set the housemaid to make casual visits into the bedroom to spy on the nurse. All this is very trying, but it is better to ignore the whole thing, and neither defend yourself, nor allow that you have noticed the suspicious. I know it is very trying to be hit and not hit back, but it is the truest heroism.

When lecturing to students about feeding patients artificially, I used to say it was well to say grace before using the nose tube or stomach pump, and I would say the same to you. All I mean is that it is well to do the feeding with due ceremony. I have known patients so impressed by the ceremony of warming and oiling the tube, that they have taken the meal. In the same way, when patients are voluntarily wet or dirty, it is difficult to keep your patience, but you must. As a practical point I advise when a patient, not a dement, is wet, that the washing and changing should be done at once, and, if necessary, often. I recall an experience of many years ago. One of my old pupils was appointed head of a large asylum, where things had got rather lax. He found about a hundred wet cases

reported every night. I suggested doubling or trebling for a time the night staff and making provision for the baths being easily available. Each wet case was promptly given a cold bath and sent back to bed. This might have to be repeated more than once on the same patient, but after a few weeks the wet cases had almost disappeared. It is often the little things which experience teaches that are of great service. I remember one nurse in whose wards I found that patients who required feeding soon gave in, and I made inquiries as to how it happened. She said, "Well, I add a fair amount of salt to the food given. This creates thirst and I leave a cup of milk near the patient and generally thirst overcomes the resistance." This was a useful hint which I have often used.

Harmony and good fellowship in your work are very important. In most of your cases you will be associated with one or more nurses. I know that in former times the fully trained hospital nurse looked down upon the mental nurse because in those days the mental nurse was not properly trained. Not unnaturally jealousies arose, for though the mental nurse had not the so called qualifications, she had the experience of mental cases which the other nurse had not. Now you will meet on a level, but you may have to work with nurses from other homes or institutions, and it is a bad thing for everyone if there are disagreements among the nurses. Remember that each of us has some manner or habit which may be annoying to another person. If they overlook it in us, let us remember that they too are God's creatures, though they do not dress in taste, or though their use of knife and fork or their use of the aspirate offends us. No good nursing can go on unless the nurses pull together, and there must be give and take. I like to see the nurse with some useful book

on nursing or medicine while waiting, but it is well to keep yourself from being too much interested or occupied in other things than your immediate duty. But never in the presence of any patient refer to your cases and to the difficulties you have had. Do not forget that the insane patient very often hears and remembers what has been said near them. I sometimes say a word may save a mind, may retard recovery, or may even lead to accidents.

Nothing is so useful to one as the recollection of ones own faults. There was an old lady in Bethlem Hospital who was constantly rambling about in an excited, depressed state, with her grey hair loose and streaming over her face. Her look, one day, recalled that of the British Lion and, thoughtlessly, I said aloud that she was like the British Lion run to seed. I added that increasing doses of opium might be of use. This was tried with marked success, but with returning sanity she was more distant and hardly polite to me. I asked the reason and she said: "Was it a gentlemanly remark to call me British Lion run to seed?" I apologised and we were friends, but I had learnt my lesson. On the other hand, a word may help toward recovery. I once placed my hand on the shoulder of a girl who was dancing about in the most frantic mania (of the type of Ophelia) and I said: "Helen do you forget that you are a lady"? She went away dancing and singing. The next day her manner was less excited, and in a few days she was nearly herself. I asked her what turned the direction of her thought. She at once said "your putting your hand on my shoulder and saying something about my being a lady, I thought over this and it worried me into wondering if I could not be like my old self, and here I am."

When the late King was suffering from Typhoid Fever there were some doctors who sneered at the way in which

Sir William Gull carried out his professional duties. They said he was as much the nurse and apothecary as the physician. He is said to have replied that anything that was for the good of the patient might be the duty of the physician, and I would most emphatically say that the nurse must consider anything and everything done in the sick room as possibly part of her duty. I remember the lecturer on Midwifery at Guy's telling us that no young practitioner should start practice until he could dress a baby, for occasionally the baby arrives before the nurse. Nothing attracts and commands the attention of a patient more than attention to the little details. The smoothing of the pillow is more than a term, it means a good deal. Let the record of the feeding and the medicine be exact so that the doctor knows at once whether enough food is taken and if it is of the proper kind. The temperature chart must be kept, when possible, but in our cases the excitement may render the process dangerous to the instrument at least. I hardly like to refer to the small complaints, but to the nervous patient crumbs left in the bed after a meal may cause trouble, the noisy mending of the fire or shutting of the door or window may distress the patient who is all nerves. Listen to all complaints and do not call them nonsense.

The clothing of the nurse is important, and the hair dressing. I admit that it must be annoying to have your hair pulled down even if it is not pulled out, therefore have the hair plainly dressed, avoid all jewellery. I remember at least two cases of torn ear lobes following the wearing of earrings and I also remember a brooch being torn from a dress and swallowed. Nothing is too small an instrument but that it may be a danger. Swallowing pins and needles may cause serious danger. But while speaking of dress, I would tell you that you are nursing for the good of the

patient, and if it is better not to wear a uniform, do not feel aggrieved if you have to drop the much loved garb. I shall never forget a beautifully dressed nurse with bows, cloak and ribbons, whom I wanted to nurse a lady who dreaded anything in the shape of a recognisable nurse. The lady was well enough to go out in her carriage and did not wish to be seen as the invalid. I told the nurse she must go in plain clothes. But she said she could not dream of discarding the dress of Saint somebody. "Well," I said, "I thought you were a nurse, I find you are only a clothes horse." So we parted.

In mental nursing, as I have tried to point out, no detail is too small. I note particularly how a nurse occupies her waiting time, for our patients so often need watching and little else. I often recommend the nurse to read quietly but aloud to patients who may appear too abstracted or even lost to appreciate what is being read. Yet after recovery I have heard such patients say that this reading appealed to them, and I have heard strange interpretations of what was read, but this was an appeal to the patient without really disturbing him. In the same way the nurse doing some neat useful or pretty fancy needle work and letting the patient see it may just at the right time stimulate her to do something. Mind you, I do not want you to be fussing the patient or calling on the really disordered or enfeebled mind to act when rest is the best treatment. I find certain nurses who being active walkers themselves think that there is an ambulatory cure for mental maladies. Doubtless such exercise is useful in many youthful cases, but not in many others. Sight seeing, visiting churches, concert halls or picture galleries, are not suited to relieve those suffering from mental depression. The patient cannot voluntarily throw off distress, and it is no more suitable to

stimulate a tired and aching brain than it is to stimulate eyes that are inflamed by visits to picture shows.

We have the advice of Solomon either to answer a fool according to his folly or not to answer a fool according to his folly, and this leaves to your judgment and experience how far you are to fall in with the fancies of the patient. It is no good arguing, and as a rule it is better rather to ignore the point or to divert attention to something else. I often think of a lady whom I had to see in Yorkshire many years since, she was depressed and had made a suicidal attempt on her life with a pair of scissors. When I saw her she was still depressed, but I felt certain she needed something besides mere watching, and I said "Play Halma." She faintly asked if that was all I had come from London to advise. I said "Yes, and you will come and thank me some day." In due course she called on me in London to thank me for suggesting Halma. The "jig-saw" puzzles are rather useful for some patients, the nurse must try to get quiet interest slowly into the life.

Some few practical details may be referred to. I always think the acutely maniacal patients are best treated if in their own homes in large rooms with most of the furniture removed and plenty of mattresses on the floor. I hate seeing three or four nurses sitting on a bed trying to restrain a patient. Knowledge is power, and you ought with your experience to be able to control many patients without restraint. I smile when I think of a visit I paid to a lady in Sussex. Her friends had taken a small farm and installed about half a dozen ordinary nurses with no experience of mental disorders, I found four at a time dodging about the lady, and when she got up they rose too. I saw the lady was rather enjoying the commotion she was causing and I asked her to take my arm and go into the garden.

The nurses wanted to follow, I told them to stay where they were. The patient in a rather emotional and dramatic manner talked of the fright she was giving the nurses. I asked if she would behave if I removed most of the nurses and she consented to try. I removed those nurses and sent two mental nurses and all went well.

In melancholic patients the real anxiety arises, for a truly determined suicide is hard to safeguard. My advice to students used to be to consider every depressed patient as a possible suicide. If possible, only treat such on the ground floor, if on any other floor arrange that dressing table or some heavy article of furniture is in front of the window. Never leave the patient unguarded for a moment. I recall a doctor's experience when going down stairs with the consultant : they saw the patient falling past the window, she having seized the opportunity given by the doctors leaving the room with the nurse politely seeing them out. I wish, however, to impress on you the importance of being, if I may say, alert without the watchfulness being too much in evidence.

As an after thought it struck me that you might find it useful to consider Hypnotism in treatment, for it or its equivalent may really be of service to you. First, do not make any reference to Hypnotism or Mesmerism till you have got to know your patient and her friends, otherwise you may raise all sorts of troubles, for not unnaturally many nervous patients have already a dread of what they consider to be occult or uncanny. But I may tell you of several cases where suggestion has been of great use. There is nothing very difficult about it, patience after all being a chief essential. I think of the mother of a sleepless nervous child who, on my advice, used to go to the nursery and pressing gently on the eyeballs, repeated over and over

again "You must go to sleep now." It took nearly half an hour the first night, but within a fortnight all the mother had to do was to close the eyes and bid the child good night. The sleep became normal and childlike. In another case, of a lady who after a severe attack of Melancholia was still haunted by horrid dreams, a similar treatment was followed in a week by eight hours' dreamless sleep. I have sometimes instead of using suggestion recommended rather prolonged hair brushing. Nothing is too simple if of use.

And now I have come to the conclusion of the whole matter. You have a vocation full of interest and of responsibility. Like others you will have your disappointments. You will have high ideals as to your position. Keep such ideals, and I would even counsel some conceit, which after all is good in early years. I believe the people who think well of themselves inherit the earth. Be to your own selves true, never forgetting that you do not live unto yourselves.

