THE NURSING AND MANAGEMENT OF THE INSANE.

A LECTURE DELIVERED BY

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TO THE NURSING STAFF OF THE CITY OF LONDON ASYLUM,

AND

(WITH CERTAIN ALTERATIONS.)

TO THE

NURSING STAFF OF GRAHAMSTOWN ASYLUM, CAPE COLONY.

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PREFACE.

This lecture was delivered to the Nurses and Attendants of the City of London Asylum in the winter of 1888, and formed the introduction to a course of training carried on at that Institution. It has since been delivered to the nursing staff of this Asylum, and is now published as a reprint from *The Hospital*, May and June 1889.

When first delivered the question of educating and training nurses on the insane was still *sub judice*, but during the past two years this subject has seriously engaged the attention of all those interested in the care of the mentally afflicted, the British Medico-Psychological Association has drawn up a syllabus of education, and in nearly every Asylum in England such instruction is regularly given.

In submitting this lecture to those interested in Asylum work an apology is offered for its deficiencies, for it must be remembered it is merely an introduction to a series of lectures and practical training which ought to be carried out in every Asylum.

T. DUNCAN GREENLEES.

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THE NURSING AND MANAGEMENT OF THE INSANE.

It is now many years since nurses in general hospitals and infirmaries were first induced to undergo a special training for their duties. In olden times the ordinary hospital nurse was a woman whose brain was continuously in a condition of alcoholic saturation; whose faculties were equally divided between a bottle of gin on the one hand and a state of drunken sleep on the other; and whose real practical knowledge was measured by her own conceit. This nurse, as I have described her, has been faithfully drawn for us by our greatest caricaturist, Charles Dickens, and in Mrs. Gamp we recognise a type of humanity which, let us hope, is now a thing of the past.

Education has effected great reforms in the nursing of the sick, and but for systematic training nursing would still be in the hands of bungling old wives. To Florence Nightingale we are indebted for initiating the noble plan of educating hospital nurses, and the great work, which she commenced amidst the din and clash of warfare, has extended itself until now there is no hospital in this country that does not possess an able and well-educated staff of nurses; and during the past few years numerous excellent manuals on nursing and several periodicals have been published, with the object of extending the knowledge and protecting the interests of those engaged in nursing.

It is only, however, recently that attention has been directed to the education of those having charge of the insane. Many years ago Dr. Browne delivered a course of lectures to his nursing staff at the Crichton Institution;

these lectures were afterwards published, but his was an isolated case, and it is to America that the credit is due for the establishment of systematic training schools for nurses who devote themselves to the care of the insane in asylums. America has always been the first to take up any question which has for its elucidation the moral or physical well-being of the race; but in this country (England), with its old and conservative customs, men are slow to recognise the importance of those subjects which have long been conclusively settled by our transatlantic cousins. Now, however, superintendents of English asylums are beginning to recognise the importance of raising the status of their nursing staffs by lectures and other means, and several years ago the Medico-Psychological Association of Great Britian and Ireland—a society consisting of medical men interested in insanity—deputed a committee of its members to draw up a handbook for the use of those engaged in nursing the insane. This excellent little work, "Handbook for Instruction of Attendants on the Insane" (Baillière, Tindall, & Co.), is well written, and contains sufficient instruction to give its readers a thorough and practical knowledge of their duties.

The British Medico-Psychological Association has further, during the past year, instituted a course of training and a series of examinations, and to those successful, Certificates of Efficiency are granted. It is under the auspices of this Association that I have commenced this course of lectures and training, and to such of you as prove successful nurses and attendants, the Association will confer upon you its diploma.

Attendants on the insane are frequently selected from a class of the community who have had no previous experience either in nursing the sick in a general hospital, or in the management and care of the insane. As a result of this inexperience they are at first entirely ignorant of the various rudiments of nursing, and still less do they know how to deal with patients such as those met with in an asylum. The rules they are expected to read on their appointment are good enough in their way,

but are by no means sufficiently explicit to enable them to cope successfully with their numerous and arduous duties.

Life in an asylum to a nurse who takes no interest in her work must be most monotonous, and it is only by educating her mind so that she can appreciate the characters of her patients, and sympathise with their individual idiosyncrasies, that her work will become interesting to her; thereby enabling her to feel that she is fulfilling a noble purpose in caring for those bereft of reason.

Systematic training is the only method whereby we can educate those who have the care of the insane up to that standard of efficiency necessary to a proper and intelligent discharge of their duties. This training should not only be by lectures, but by practical work done in the wards. It is with the purpose of educating your minds to appreciate the importance of your position as nurses, and to make your arduous duties more interesting and consequently easier, that I give these lectures. It is not intended, however, that your training should end in the lecture-room; in the wards, any opportunities that arise for testing your knowledge will be taken advantage of. In this way, if you follow out the advice given here, I will be satisfied, if you can show by "your walk and conversation" that my teaching has not been in vain.

There are still some asylum physicians—no doubt worthy men, but who belong to an old-fashioned school—who maintain that such methods of educating asylum attendants are injurious in the extreme to the interests of an asylum. They apparently imagine that any individual can nurse an insane person without previous education, and that the education resulting from personal contact is all that is required. Those men fear the presence of educated men and women in their wards because, they say, they tend to undermine their own authority in the treatment of disease and in the management of their patients. What a pitiable confession of

their own imperfections! This, however, is not the case, and it would seem to be merely the expression of fear on the part of timid men; in reality educated nurses are of great assistance to the physician in the treatment and management of the insane. A knowledge of nursing is a powerful stimulus to an energetic mind, and, in the case of the asylum nurse, will yet raise the status of the office to the level of that of the hospital nurse; and not only so, but it should likewise be a factor in the hands of the physician for the more scientific treatment of a disease concerning which he requires to learn perhaps as much as the layman himself.

There can be no denying the importance of training—whether we consider it as physical or mental; the education of the mind as well as the body is essential to the perfectness of our work whatever it may be, and the following remarks, quoted from the *British Medical Journal*, contain in a nutshell all that need be said on the advantages of training:

"The objects of training are not only to prepare the person to do his work well and with profit to himself, but also to prepare his body and brain for the strains that will be made upon them by the pressure of active life, rendering him apt for the work, full of power and resource, strong, and not easily broken down by temporary trials, adverse circumstances, or overpressure."

A trained nurse can go through more work than an untrained one; and this work is done with less expenditure of energy, is performed with greater pleasure, and the result itself is always found to be more satisfactory. A discussion in the daily papers some time ago on "What to do with our daughters," suggests to me that there is a great demand in asylums for educated women, and that were "our daughters" to overcome the unreasonable repugnance many of them have to asylum life, nursing the insane, and attending to their wants, would be a much more sensible way of devoting their lives than waiting for the fabled prince, who tarries long; or singing hymns to the sick and giving them indigestible bon-bons in the

hope that thereby they are "laying up for themselves treasures in heaven."

There is nothing more disagreeable than comparisons especially where good can be found on both sides, but when we compare the general hospital and an asylum as places, where superfluous energy can be expanded, and where a true education can be obtained, I hold the asylum has the best of it.

"Inasmuch as ye have done it unto the least of these" surely refers as much to insane as to dyspeptic patients, and it is not alone by smoothing the pillow of the sick, and singing doleful psalms, but also by administering to their wants in a practical manner, that the reward is promised.

In every well-regulated asylum, as in a general hospital, there are wards set apart for the nursing of those patients suffering from some form of bodily, as well as mental, disorder; and the cheerfulness of your sick patients' surroundings should always be a point of paramount importance to you. Any person of the nature of Job's comforters should be religiously kept out of the way, and those of you in attendance should possess cheerful and pleasant manners, and, without being ostentatious, give the patient the impression of your being a reliable and cheerful support to him in his affliction. Among the insane very frequently the only apparent sign of illness is loss of appetite; you should, therefore, in every case where the patient refuses his food, direct the doctor's attention to him.

Of course, such symptoms as cough, shortness of breath, excessive thirst, spitting of blood, dia rhœa, or faintness, will be too obvious to be overlooked, but it is well to remember that little and apparently trifling symptoms are too frequently the first and only indications we find of commencing serious disease, and they accordingly demand our earliest attention. To do this successfully you should make yourselves thoroughly acquainted with the habits of everyone under your care; you will then be able to note at once any slight deviation from

health. Prompt attention on your part is an important matter, for many insane patients never complain when they are really ill, and, in some cases, mental disease has such an effect upon the system that your patients may suffer great pain and yet refrain from complaining to anyone about it.

The strictest attention should be given to the directions of the doctor as to the administration of food and medicines, both as regards the time of giving them, and the quantities to be administered. A patient ought not to be given anything simply because he asks for it, and fruit, etc., brought by friends of the patients, must not be given until permission is obtained. Disobedience to this rule, in certain cases of illness, has been known to result in the death of the patient. You should educate yourselves to observe carefully, so that, when questioned by the medical officer regarding the sick under your care, you will be able to give the result of your observations in an accurate and succinct manner; the more concise your information is the greater will be its value.

Those patients who can only take their food in a fluid condition should have it administered frequently and in small quantities. It should be served in a clean and tempting way, for a sick patient's appetite is capricious, and requires much humouring; such a patient may refuse food, even although his appetite may be good, owing to the careless and slovenly manner in which it is served to him.

There are other rules and instructions referring to the nursing and care of the sick insane, which I shall refer to in a future lecture. We must now study some of the laws that govern asylums and their inmates, as well as those enactments having reference to your duties to the institution with which you are connected.

The management of all asylums is under the most stringent legal regulations, to which every official has to submit, and every certified insane person having been deprived of his liberty, and being legally irresponsible for his actions, is protected by the State, so that his

person is taken care of and his affairs properly managed during his incarceration. In this philanthropic age large sums of money are annually expended to provide for the care of the insane—a class who used formerly to overcrowd our prisons and workhouses.

In one of the recent lunacy enactments, an attendant on the insane is legally defined as follows (Vict. 16 and 17, c. 96, sect. 36):

"An attendant shall mean any person, whether male or female, who shall be employed, either wholly or partially, in the personal care, control, or management of any lunatic in any registered hospital, or licensed house, or of any single patient."

The following remarks were made by the Commissioners in Lunacy, in one of their annual reports, relative to the duties of attendants and nurses on the insane:

"The skill and judgement of a superintendent . . . are of little avail unless he is zealously supported, and his orders effectually carried out by an adequate staff of well qualified attendants. To them, in a great measure, must of necessity be intrusted the personal charge of the patients. . . . Attendants should be firm, and at the same time combine gentleness with firmness, and they should be able to superintend, direct, and promote the employment and recreation of the patients."

There are certain legal enactments to which I wish to direct your attention, as it is important that you should all be thoroughly acquainted with those laws affecting you as nurses in a public asylum. As I have already said, the law exercises a jealous care over all those certified to be insane, and should a nurse so far forget herself as to be cruel to a patient, or injure her in any way, the law punishes that nurse most severely. No amount of provocation from the patient will be accepted in extenuation of your crime, and you will receive no sympathy or protection from those in whose employment you are.

The following three clauses are from the Lunacy Act of this Colony (Act 35 of 1891), and show the gravity of wilful neglect or injuring of insane patients:

1. "Every person who shall contravene any of the provisions of this Act in respect of which no other penalty or punishment is by this Act or by any law otherwise provided, or who shall contravene any of the provisions of any rules or regulations made by the Governor under this Act, shall, upon conviction, be liable to a penalty not exceeding twenty pounds.

2. Any officer, nurse, attendant, servant, or other person employed in any asylum or other place, or any person having the care or charge of a lunatic, or alleged lunatic, whether by reason of any contract, or any tie of relationship, or marriage, or otherwise, who shall illtreat or wilfully neglect any such lunatic or alleged lunatic shall, upon conviction, be liable to a penalty not exceeding fifty pounds, or to imprisonment, with or without hard labour, for any period not exceeding six months.

3. Any officer, attendant, servant, or other person, employed in any asylum or other place, who shall wilfully permit, or assist, or connive at the escape or attempted escape of any lunatic, or secretes a lunatic shall, upon conviction, be liable to a penalty not exceeding twenty pounds, and to instant dismissal from any position such convicted person may then occupy."

Every attendant or nurse on joining the staff of a lunatic asylum is made to sign some such obligation as follows:

"I hereby promise to obey the Rules and Regulations of the Institution. I promise not to introduce into it any intoxicating liquors. I consider myself bound to perform any duty assigned me, although not of the kind I am chiefly engaged to perform. I consider myself bound to report any breach of the Rules of the Institution, or anything improper that is done in my presence, to the Medical Superintendent or one of the superior officers. I understand my engagement to be terminable by a month's notice on either side; but I acknowledge the right of the Medical Superintendent to discharge me without warning and with forfeiture of the month's wages for acts of harshness or violence to the patients, intemperance, insolence, and disobedience of orders.

My earnest advice to you is to live up to the character of your obligation, and, in your efforts to do so, you will have the sympathy of your companions, and the encouragement and co-operation of your superior officers.

The following excellent advice is given to nurses in a little handbook, written many years ago by Dr. Forbes Winslow, and now, I believe, out of print:

"Be kind, considerate, and courteous in your behaviour; never resent anything done to you by a patient, but remember that persuasion and kindness are better than force and harsh words, and endeavour to make the patients respect you."

All men and all women cannot make good and successful attendants on the insane; temperaments so differ among different people that there are really few who are naturally fitted to make good asylum attendants. In the first place, it is essential that an attendant should enjoy perfect physical health; a healthy body gives a happy and contented mind, and illhealth is nearly always associated with an irritability of temper, not conducive to successful work.

There are certain qualifications of character necessary for success in your occupation; among these I may

mention tact and good temper. Some people possess tact, and an equable temper already as part of their natural disposition; others have to acquire these qua i-ties by experience and "through trials and tribulations." They can only be acquired by a careful and continuous watching of yourselves, and by exercising a self-control at all times. Any display of temper is fatal to good work; it impairs your influence in the wards, and among your patients; exposes you to the danger of their animosity, and, as all evil habits are contagious, it creates a general state of irritation both among the patients and your companion nurses, which is not seemly among the insane, and still less so among the sane. If self-control is difficult at first in a ward full of insane patients it will become in time easy enough, and will then smooth over many little troubles that would otherwise have proved almost insurmountable.

Tact is one of those qualities of character that is born with the individual, and cannot easily be acquired; nevertheless, by careful exercise and observation, you may learn in time to be "all things to all men" in its best and noblest sense. The ability of managing your fellow-men is a quality to which you should studiously endeavour to attain, and if you do not already possess it avail yourselves of every opportunity of acquiring it. These opportunities you will find an abundance of in the wards.

There is no occupation that demands a larger share of patience and forbearance than the care of the insane. Your patients are irresponsible for their actions and conduct, and they may be obstinate, irritable, insulting, and even possess perverted habits and tastes; all these abnormal characteristics—the symptoms of the disease from which they suffer—are to be met by patience and forbearance. Retaliation for any word or act of your patients will always be found to result in ill-feeling, and it may be in revengeful thoughts or desires against you. On the other hand, by exercising patience with, and kindness to, your patients, you will find that they will

improve in their manner towards you; and in time your good example will exercise a beneficial effect on all around you. By a continual and careful observance in your daily life of the qualities I have referred to, you will make yourselves better fitted for whatever sphere of life it may be your lot to be placed in; you will make yourselves better women, and you will be loved by those under your care, and respected by your companions and superiors.

Obedience, discipline, punctuality, and neat habits among the staff are all essential to the success of any institution. In your dealings with your patients, remember that you are always an example to them. Their powers of imitation are great, and if you wish to succeed your conduct should be above reproach. Be kind to them, and have consideration for their failings, and strive to direct them into better and healthier channels, both of thought and action.

A kind and gentle spirit will support them if feeble, and soothe them if irritable and fractious,—

> . . . . "For pity makes the world
> Soft to the weak, and noble to the strong."

Your patients have to be treated with candour and truthfulness; do not treat their ailments lightly, for an apparent slight illness or pain is often the source of much discomfort to those whose troubles, real or imaginary, are as great burdens to bear as they are to those who are sane. There is such a thing as mental pain which, I believe, in certain cases, is more severe than any amount of physical pain. What may seem to us a ridiculous or foolish delusion is to them an intense reality; and when you consider this perhaps your manner towards them will be tempered with greater kindness and gentleness.

It is very necessary that you should enter upon your duties unbiassed by any sentimental ideas; and I would impress upon you the importance of always recognising insanity as a disease, not necessarily of the morals or mind, but as an actual physical malady. The disturb-

ances of thought, the distorted workings of the mental faculties, and the peculiarities of speech, actions, and manner, are merely the symptoms of disease in the same way as coughing is a symptom of bronchitis. When you learn to recognise the nature of insanity you will treat all the symptoms I have described with kindness, avoiding all resentment at what may appear to you responsible conduct by your patients.

To gain the confidence of your charges should be your first aim. Your manner should be frank and open, free from all embarrassment, and as natural as if you were dealing with sane people. Never show fear; cool and decisive conduct and self-possession inspire wholesome respect, and will help you out of many difficulties.

You should never ridicule or jest with your patients on their delusions; the practice of encouraging patients to rehearse their strange fancies and ideas for your own amusement, or for the entertainment of visitors, is to be condemned most strongly. The degree of slavery to which insanity reduces our fellow-creatures is such that insane persons, however amusing they may seem to be, are more to be pitied and sympathised with than laughed at. Ridiculing patients about their delusions often tends to strengthen their hold upon their minds, and thus the ultimate chances of recovery are correspondingly diminished.

There is a great deal to be learned in the wards of an asylum; by careful observation you will get to know much of your patients, their temperaments, their modes of thought, and the various mental and physical characteristics of each individual under your care. The noblest study in nature is man, and the most interesting study of man is his mental and moral attributes. If you devote your energies to such a study, the experiences you will thereby obtain will aid you in dealing with your patients in times of emergency, and will be of great assistance to you in the management of new patients as they are, from time to time, brought under your care.

The habit of considering the management of insane patients, as similar to that made use of in children, is the ground work of a sensible mode of treatment. As we deal with children, directing, controlling, and leading them into right ways of thought and action, so should we also deal with the insane. This applies most forcibly to the treatment of the native insane. These persons, at their best, have not the mental development of white people, whose minds have been undergoing an evolutionary education for ages past, while they have remained in the darkness of ignorance and uncivilisation. Their wants are simple, and their habits primitive; they are for the most part willing servants, and naturally look up to white people as far above them in knowledge. Is it not sad when we, who should know better, fall in their estimation, either by our own conduct, or by our treatment of them? To oppose violence with violence is utterly irrational; don't let your forbearance give way to anger or petulance, nor allow pity and sympathy for your patients to be forgotten in a moment of irritation. The qualities of the heart are as essential as those of the head, and a nurse can only attain perfection by a happy blending of the two. Everything in your power should be done to make confinement in an asylum as free from discomfort and restraint as possible, for the deprivation of liberty is the hardest burden most of our patients have to submit to.

The work of caring for and nursing the insane is arduous, very responsible, and not unaccompanied by personal danger; the hours of duty are long, there is much to contend with at all times, and the immediate associations of the insane are in many cases by no means pleasant; yet, with all its discomforts, I believe the work is such as to develop in you all that is best and noblest, and your character should improve under its influence, since it calls for the devotion of your lives for the sake of your afflicted brethren.

I am anxious that, instead of being merely the keeper of your patients, the gaoler who prides himself in

his possession of the keys of liberty, you may become their friend, companion, and nurse, and that your good example may always be before them as an encouragement to good behaviour, and, it may be, a stimulus to arouse them from their morbid, dormant mental condition.

Discharge your duties in an unselfish spirit, and with cheerfulness, remembering the good old adage, "Whatever is worth doing at all is worth doing well," holds good in asylums as well as in other places. You may receive little encouragement from your patients, but never forget that the little seeds of kindness, sown around you day by day, may in time spring up to deeds of gratefulness; and, if things sometimes look dark and hopeless to your despairing eyes, recollect that you should

> "Be content in work
> To do the thing you can, and not presume
> To fret because it's little."

SPECIAL INSTRUCTIONS TO THE NURSING STAFF HAVING CHARGE OF SUICIDAL PATIENTS.

1.—One of the first duties an Attendant has to learn is to trust no patient, however plausible he may be; he should remember how very depressing it is to many the very fact of their being locked up in an Asylum and deprived of liberty; this of itself is to some a sufficient justification for suicide.

2.—The Attendants must never forget that in an Asylum there are a large number of patients who are *actively suicidal*, as well as others regarding whose tendencies we know little, and in whom the impulse to self-destruction may arise at any time.

3.—They should recollect that a person bent on committing suicide is constantly endeavouring to elude

the vigilance of the Nurses, and that all his energies are sometimes devoted to find out some means whereby he can effect his purpose.

4.—When a suicide occurs in an Asylum it undoubtedly proves that the Asylum has failed in fulfilling its purpose, the public get to hear of it, and, while perhaps being ignorant of all the circumstances, they cannot but speak of such an accident in a way detrimental to the good management of the staff. We are, in fact, deserving of censure when it is known the suicide possessed this tendency on his admission.

5.—The order "Not to be out of sight and to be continually under supervision" must be taken in its literal sense. The patient must always be kept in view whether in the Ward or in the Airing Court, at work, or amusing himself. When he goes to relieve nature he should be accompanied, for it is a well known fact that cupboards and closets are favourite places for committing suicide.

6.—When an Attendant, whose duty it is to supervise a patient known to be suicidal, has occasion to leave the patient, for however short a time, he must see that the case is handed over to another Attendant, who will be responsible for the care and supervision of the patient until the return of the first Attendant.

7.—The early morning and before breakfast is the time when the tendency to commit suicide is most intense in the majority of cases; then the Attendant in charge should keep a sharp look-out on such patients, and they should be under his observation until they are all seated at breakfast. At this time of the morning there is often a certain amount of confusion, patients dressing themselves, and the beds being made up; therefore, a patient bent on suicide will often select such an opportunity to escape the notice of those having charge of him, as there is less chance of his being missed then than at other times.

8.—In putting a suicidal patient to bed the Attendant should see that the clothing is all removed outside

the room, and he ought to take this opportunity of examining the pockets, etc., to see that nothing is being secreted, and before he leaves the patient he should see that he has carried nothing to bed with him.

9.—The Night Attendant should make such visits to those cases recognised as suicidal as he is instructed; these visits should be made as quietly as possible, and he should endeavour to prevent the patient feeling that these visits are for his special benefit. If the patient gets this idea of constant watchfulness into his head, he is being always reminded of his desire to commit suicide, and he may thereby increase his efforts at eluding our vigilance. While our efforts are directed to prevent suicide we should likewise endeavour, by every means in our power, to make the patient forget his tendency, and, by our cheerful companionship, induce him to take an interest in life.

10.—Each Attendant ought to feel himself individually responsible for the care of the patients, and must never allow a patient, who is known to be suicidal, to possess any dangerous instrument, or escape from supervision, because he thinks "it is not his business." The responsibility of the care of our patients rests upon us all alike, and, whether on duty or off duty, we are equally to blame if we relax our vigilance, and permit a patient to escape or do himself an injury.

11.—The Head Attendant is instructed to communicate the contents of the paper which accompanies each patient on admission to all his staff so that none may plead ignorance, and if anyone does not possess this information it is his duty to apply for it without delay. It will be no excuse if anyone says: "I did not know so-and-so was suicidal."

12.—When a new Attendant comes on duty the Head Attendant shall see that he reads *The Rules*, and shall show him such patients as are considered to be suicidal, that he may understand his position, and the nature of the supervision he is to exercise over such cases.

13.—Any change in the manner, appearance or expression of such patients, observed by the Attendant, must be reported at once to the Head Attendant; and any remarks of a suspicious character made by a suicidal patient should be noted and reported without loss of time.

14.—By a judicious use of tact a sensible and wise Attendant can exercise a supervision over a patient without the latter being altogether aware he is being closely watched. While striving to divert them by conversation, occupation, and amusements, he should keep a sharp look out, and however interested he may be in the work he has in hand at the time, should never relax his observation of the patient.

15.—There may be some cases where the Medical Officer sees fit to employ the services of a special Attendant; he shall be constantly with his patient unless when off duty or at his meals; before he goes away he shall arrange with the Head Attendant to have a substitute who must be informed of the nature of the case he is to have charge of.

Obedience to such rules entails an enormous amount of responsibility, but they reduce to a minimum the risks of suicide, and it is their disobedience that results in suicide. Strive, therefore, never to forget them.