

The International Congress of Nurses.

MORNING SESSION.

THURSDAY, SEPTEMBER 19TH, 1901.

NURSING OF THE INSANE.

By MISS S. LOUISE LAIRD,

Superintendent of Nursing, Willard State Hospital, New York.

The history of the insane, from earliest times to the present day, presents strange contrasts of ill-treatment and favour. Among the Mohammedans they were believed the blest of God, and that their souls were removed early as a mark of partiality. The Orientals regarded their ravings as inspirations, and they were treated with marked respect and kindness; even among the Indians, the feeble-minded and insane received kind treatment. But throughout Christendom, for long ages, they were believed accursed and possessed of devils and treated accordingly. So we find these afflicted people, miserable because of their mental condition, made infinitely more wretched by being chained for years to the walls of dark and solitary cells, or made to subsist on bread and water, or lying on beds of straw, tortured, whipped, occasionally burned or executed, always the victims of a fixed belief that insanity was an incurable malady.

In the latter part of the eighteenth century Pinel, in France, and William Tuke, in England, became, with others whose names are less known, but doubtless as worthy of being immortalized, pioneers in advancing the theory that the insane were human beings afflicted with disease, and gradually the idea that these people were unfortunate, and not criminal, began to prevail, and the places where they were confined to assume the character of asylums instead of prisons as formerly. In our own country Dorothea Dix began her work in the first half of the nineteenth century, and the degree of comfort and care that the insane of America now experience is largely the outgrowth of her zeal and energy. While our present methods are doubtless the best that have existed in this country, still they could be improved in many ways, particularly in the care given the indigent insane. The establishment of training schools in our State hospitals is a great step in the right direction, the object being to secure for these afflicted people more intelligent and scientific treatment; and surely they need all the help that can be given them, and by as skilful and enlightened nurses as can be obtained.

Insanity is defined as "a prolonged departure from the individual's normal standard of thinking, feeling, and acting," and allows of many different classifications. For practical applica-

tion of the manner of nursing we will consider it from three great divisions:

1. Cases of mental exaltation: Mania—acute and chronic.
2. Cases of mental depression: Melancholia—acute and chronic.
3. Cases of mental enfeeblement: Dementia, paraonia, epileptic insanity, circular insanity, general paralysis, idiocy—imbecility.

In this brief paper we will give more time to the two first classes, as they are the cases which you as graduate nurses will meet, and who require more intelligent and scientific nursing than the third class, as they need but little more than custodial care or the attention given any feeble patient.

"Mania is a form of insanity characterised by emotional exaltation, acceleration of the flow of ideas, and motor agitation." These cases are very interesting, as about 70 per cent. of them are recoverable, which is always a source of inspiration to the nurse, and a needed one, as their care is extremely wearisome during the excited period. The pathological cause for this disorder is as yet much obscured, careful investigation revealing no anatomical basis, though a theory prevails that it is due to a congestion in the higher brain cells. Perhaps the belief in another theory that there is a lack of nutrition in the nerve cells, producing this unnatural condition, is the best for a nurse, as then she will be stimulated to persevere in feeding her patient, which is regarded as one of the chief agents in bringing about a recovery.

Usually a maniacal outburst is preceded by a period of depression, which may continue a few days or for a longer time, possibly several months, and when this gives way the true disorder begins to manifest itself and the patient becomes noisy, restless, incoherent, and lacking in self-control. The entire system is disordered, the skin being hot, the tongue dry and coated, sometimes to a great degree, the lips often parched and bleeding, the bowels irregular, the urine scanty, the sleep disturbed and fitful. In mania the habits are often most untidy, due to inattention on the part of the patient to bodily wants. As there is usually no distaste for food there may be no difficulty in giving it, but again it may need to be administered forcibly, as the patient's mind is too exalted and preoccupied to know if he has eaten or not. Simple liquid foods are recommended to be given frequently and in as large quantities as possible; even to the point of overfeeding. Rest in bed, with treatments in massage, are urged if the patient is not too resistive. Sleep may be induced by warm baths or hot wet packs, though occasionally a sleep producing agent will be necessary. In some cases there is much danger from over-exhaustion, but if food be given

[previous page](#)

[next page](#)