

Asylum Nursing.*

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The increase of insanity in the United Kingdom of Great Britain during the last decades of the nineteenth century is an ominous fact, and one to be seriously considered by all those interested in the progress of the nation.

On the authority of the Lunacy Commissioners, as expressed in their report for 1900, it is stated there existed as a registered lunatic one in three hundred of the total population. This fact ought to be sufficient to enable anyone to realise the gravity of the situation. Notwithstanding, there is a great deal of apathy among the general public as regards this development of the various forms of mental disease. It is not as yet recognised widely that cases of mental break-down require equal care and skill in their treatment at the hands of the mental nurse as those which are treated in the ordinary hospital. The efficiency and ability which have slowly come to be regarded as the necessary qualifications of the hospital nurse are not as yet expected to the same degree in the asylum nurse by the public. Much has been done by co-operation and methodical instruction to raise the general standard of hospital nursing and attain the highest efficiency, but with the exception of the efforts made by the Medico-Psychological Association of Great Britain and Ireland, and some isolated schemes at two or three asylums, very little has been inaugurated by the authorities responsible for the maintenance and for the efficient working of the asylums under their control. Here for years has been a policy of "laissez nous faire."

The stimulus which the educational movement in England has experienced the last few years is beginning to arouse interest in circles outside that which is actually engaged in asylum work. The value of systematic training in any profession is now recognised, and the great body of ratepayers, who support these institutions for the care of the insane, are slowly awakening to the fact that the highest economic efficiency is to be obtained by the promotion of the intellectual efficiency of all those engaged in the work of asylums. There is forming a consensus of opinion that to deal adequately with the problems of mental disease and of its alarming increase intelligence must be allied with experience, and that the perceptive powers of the nurse, in order to meet the varying psychological manifestations of mental disease readily

and resourcefully, must be trained to a high degree. Asylums should not be regarded as places where unskilled labour may find a congenial outlet for its energies. The indifference of the past has been great, but the rising interest in the question of efficient mental nursing in our asylums now being manifested is a source of encouragement and hope to the advocates of a better order of things.

There is need to refute the opinion that a nurse may consider herself adequately equipped for her profession without any knowledge of mental disease. If nursing is to be viewed comprehensively, surely all phases of disease should be included in the curriculum of studies laid down for training the intelligence of the nurse. Any system which devotes its attention to only one side of the phases of human disease lacks comprehension. Attention solely directed to the care and treatment of disease as manifested in an ordinary hospital cannot give a complete view of the maladies to which the human organism is subject; rather what is attained is a specialised form of knowledge. It would be interesting to have the opinions of those who have passed through the normal period of training in a hospital as to the completeness of their qualifications. Can they regard themselves as fully trained nurses? Many probably have not viewed the subject in this light, yet if the term "trained nurse" is to have a comprehensive connotation, some doubts must arise in their minds. The hospital-trained nurse cannot regard herself as having had a complete training for her profession as a general nurse unless she has had some experience in mental nursing. The medical superintendent of a large asylum writes on this subject to this effect:

"Looking back on my hospital experience, I cannot help recollecting what a number of 'naughty' patients the nurses in the hospitals insisted on my discharging. Of course, I know now that nearly all these 'naughty' persons were patients with mental symptoms, whom the trained hospital nurse did not know how to manage. They mistook 'madness' for 'badness.' Medical men now are obliged to take a course of lectures on mental disease before they can be qualified for practice. Why should hospital nurses be exempt?"

The experience here stated, probably, is not unique. It points to the fact that there are diseases whose symptoms are not recognised by those whose training is restricted to the hospital sphere alone. The term "trained nurse" has been too long exclusively appropriated by one section of the community of the nursing world. The limitations in the experience gained in the hospital wards should be recognised. That gained by another section in the sphere of mental nursing equally justifies the appellation "trained."

* Read by title at the International Congress of Nurses, Buffalo, 1901.

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