

## History of Mental Nursing.

BY L. GODDARD, S.R.N.

More than 2,000 years ago, in the time of Hippocrates, a few types of mental diseases were classified; these were mania, dementia and melancholia. Little advance, if any, was noted till Willis, in the seventeenth century, and Haslam, towards the eighteenth century, laid the foundations for a much wider classification.

It was not till the end of the eighteenth century that some cases of speech and other muscular defects were found to be associated with insanity.

Tuke, in 1892, based his classifications on the divisions of the motor, sensory and ideational centres, and also made classifications easier by enumerating all disorders associated with known organic conditions.

Morel and Pritchard, in 1860, were the first to describe hereditary, toxic, idiopathic and moral insanity, also sympathetic, impulsive and the insanity of the degenerate.

Skoe classified his patients according to the type of physical disorder causing mental disturbance, such as gout and tuberculosis.

It was Clouston who added a few more to these, including anaemia and diabetes.

Causes are classified under the following groups:—

**Toxic.**—Alcohol; drug habit, morphia, cocaine, etc.; lead and other such poisons; tuberculosis, influenza, puerperal sepsis; other specific fevers; syphilis acquired; syphilis congenital; other toxins.

**Traumatic.**—Injuries, operations, sunstroke.

**Diseases of the Nervous System.**—Lesions of the brain; lesions of the spinal cord and nerves; epilepsy; other defined neuroses, limited to hysteria, chorea, neurasthenia, spasmodic asthma; other neuroses which occurred in infancy or childhood limited to convulsions and night terrors.

**Other Bodily Affections.**—Haemopoietic system; anaemia; cardio, vascular degeneration, valvular heart disease; respiratory system (excluding tuberculosis); gastro-intestinal system; renal and vesical system; generative system (excluding syphilis); diabetes; myxoedema.

**Heredity.**—Insane heredity; epileptic heredity; neurotic heredity, including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea; eccentricity, in marked degree; alcoholism.

**Mental Instability,** as revealed by moral deficiency.—Congenital mental deficiency, not amounting to imbecility and eccentricity.

**Deprivation of Special Sense.**—Smell and taste (either or both); hearing and sight.

**Critical Periods.**—Puberty and adolescence; climacteric and senility.

**Mental Stress.**—Sudden mental stress and prolonged mental stress.

**Child Bearing.**—Pregnancy; puerperal state (not septic); lactation.

**Physiological Defects and Errors.**—Malnutrition in early life (signs of rickets, etc.); privation and starvation; over-exertion (physical); masturbation; sexual excess.

In most cases of mental breakdown, the past history of the patient is now considered in all probability to have some relation to the attack of the mental disorder. Sometimes the beginning is in early childhood or even before birth; environment during life from childhood, the influence of parents and teachers, obstacles in the path of ambition, and heritage from parents. The history of all these factors is now used to help in tracing the cause.

If the environment and training during early life has been happy, the child should be mentally stable and able later to face life's problems with equanimity and courage. But if the environment is unhappy, parents harsh at one time and indulgent at another, and there is tension between members

of the family, the child is liable to develop characteristics of mental instability.

Thus it is that in all mental hospitals, case taking is carried out, by the Medical Officer, who obtains the history from the relatives.

This information, treated as confidential, helps the doctors to understand the case and so promotes recovery.

The patient's family history and the patient's personal history from the time of birth to the present mental illness (as far as the relatives are able to give), are required to help find the cause of the illness.

The causes of all certified cases are carefully considered by the doctors and the information gathered from them is sent to the Board of Control, who tabulates statistics. They contain facts of sufficient value, from which correct inference can be deduced.

**Heredity.** Some laws of heredity have been established by the work of a Moravian priest named Mendel, the study being known as Mendelism. He became an abbot in 1860 and experimented on the hybridisation of plants in the monastery garden. His experiments were published in 1865, but small notice was taken of them, till De Vries and Tschermak rediscovered and confirmed his work.

The basic facts of inheritance in the Mendelian sense is that some qualities or weaknesses bequeathed by parents or ancestors to their offspring may arise in the two original cells from which the body develops, the product of the fusion of the male and female germ cell.

A person with a bad inheritance from both parents has the risk of inheritance considerably increased. When a morbid heredity influence is not very strong, many of the offspring remain normal.

It has long been recognised that there is always a possibility of defective parents breeding defective children. Sometimes the disease reappears after missing one or two generations; this is known as atavism.

A suicidal tendency is particularly liable to be transmitted, and it has been known often to manifest itself at the same time of life as in the previous generation.

Alcoholism also shows itself in the same way, although it is said to be not infrequently due to imitation.

Heredity is therefore now regarded as a most important factor in producing insanity.

This taint is supposed to be present in the relatives of 70 per cent. of mentally sound people and of 77 per cent. of insane people, and the percentage is higher in the unmarried than in the married.

The marriage of cousins, nephews and nieces, at one time was considered liable to lead to the occurrence of mental disease in their children. The Board of Control excluded the marriage of cousins, nephews and nieces being a cause, but it is a fact that the more closely people are related, the more likely they are to resemble each other in both strong and weak points of character.

Toxins which cause mental diseases are many and varied and based more on physical signs.

1. Endogenous. Exhaustion from haemorrhage or starvation and fatigue, uraemia, eclampsia, goitre, acute yellow atrophy and chronic constipation, are said now to be occasional causes. Fatigue overwork, especially mental overwork, was once thought to lead to chronic fatigue. Psycho-neurotic and depressed patients who have a tendency to overwork are of the type that is not actually ill, but when anxiety attains morbid intensity the symptom of overwork is exalted into a cause.

2. Exogenous. Chemical, such as alcohol, which is considered the most important, produces several well-marked forms of insanity and is more prevalent in males than in females.

Chronic mental disorders which alcohol produces are, Korsakow's psychosis, delirium tremens, alcoholic dementia, alcoholic pseudo-paresis and chronic hallucinatory psychoses.

[previous page](#)

[next page](#)