

## History of Mental Nursing

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(Concluded from page 77.)

The idea that the mental nurse was an inferior person is now obsolete, as many nurses are now both general and mental trained and their work now compares very favourably with other occupations, representing something more than just a means of livelihood. It develops sympathy with an insight into the human mind and should be of inestimable value to the nurse beyond simply professional relationship.

In 1913, provisions were made for mental defectives; they did not come within the scope of the Lunacy Act.

The idiot, imbecile, the congenital feeble-minded and moral defective, although long recognised, had been slow to receive attention.

The mentally infirm, due to age or decay of faculties, were also included.

All these classes of mental defectives may be placed in a certified institution or placed under guardianship, and a Board of Control exercises general supervision over them.

In this branch of nursing, also, the male and female nurses can study and take the certificate of proficiency in the nursing of mental defectives. The course of training is of three years' duration and lectures are given on similar lines as the Medico-Psychological Association.

In 1919 the Nurses Registration Act received the Royal Assent, and mental nursing attained the status of a profession, a state examination being necessary, which required further knowledge in all subjects, especially hygiene and nursing.

An examination for nurses for mental defectives was held on similar lines.

The General Nursing Council for England and Wales gave these examinations to candidates who had received their training in an approved institution.

In some of the mental hospitals it was optional whether the nurses sat for this examination, but most hospitals expect their nurses to enter the state examination and to qualify for registration as mental nurses, so long as the General Nursing Council recognises the hospital as an approved school for the nurse.

In 1926 the University of London decided to grant a diploma in this particular branch of nursing, largely due to the intervention of Sir C. Hubert Bond, Commissioner, Board of Control.

Further improvement in caring for the insane took place. Instead of being housed on the barrack principle, the patients were classified on arrival to various houses or villas built in the grounds of the hospital, according to their phase of mental illness. Thus many were spared the distress which may have resulted had they come in contact with the more acute cases. Individual patients were more closely analysed, psychological laboratories were established.

Hobbies and occupations were devised to interest the patients, including sports and recreation in which the nurse joined. In some respects the mental nurse is more favourably situated than the nurse in a general hospital.

Local authorities have given a great deal of consideration to the provision of social entertainments for patients in mental hospitals in this country, probably more than

in any other country in the world, and the nursing staffs of the hospitals now realise the benefit of the success of their work in being able to rouse the interest of the patients in both work and play.

The tendency of the patients to injure themselves or others was said to be lessened, the number requiring restraint diminished, the health of the patient increased and a certain amount of benefit accrued to the hospital.

After the war of 1914, occupational therapy was developed in addition to the patients being employed on agricultural work, laundries and kitchens.

There are many varieties of occupations suitable for mental patients, and the work of teaching is organised and carried out by the existing nurses and staff, who have been trained, or specially trained. Occupational officers are employed and separate workshops are provided for male and female patients.

Dr. Simon, the Medical Superintendent of the Mental Hospital at Gutersloch, Westphalia, was the first to show how idle patients could be induced to do some work provided there was a systematic grouping into classes and proper supervision. The success of his method was so marked that it was soon introduced into the Dutch Mental Hospitals by Dr. Van der Scheer, the Medical Superintendent at Santport, near Haarlem.

Occupational therapy became in this country a definite treatment and not merely a means of cheap labour, various types of sufferers from dementia could be occupied, and even some of the acute cases.

Institutional dress has long since been abandoned and the patients encouraged to express their likes and dislikes of new clothes. A full time hairdresser is employed in some hospitals.

Swimming pools and gymnasiums are erected for their benefit, and all the modern methods of treatment, including X-ray, ultra-violet ray, hydrotherapy, massage, operating rooms and laboratories are included in the hospital's equipment.

During the last thirty years there has been a considerable change in the view that is taken of "nervous disorders," neurasthenia, neurosis and so-called "functional" disease, and a gradual spread of knowledge of psychological ideas is evident.

It was in 1900 that Sigmund Freud published his book "The Interpretation of Dreams," which marked the first real beginning of psychology and opened up the way to a new understanding of mankind. Dream analysis became an essential part of his technique. Also, according to Freud, sex is the strongest instinct, as it is barred by convention and therefore most liable to repression.

Although many English psychologists do not agree with all his theories, there is none who does not acknowledge indebtedness to him.

In the years immediately after the war of 1914, psycho-analysis became generally accepted. It was from that time that the "unconscious mind" and "inferiority complex" became everyday expressions.

In 1906, August von Wassermann and his associates Neisser and Bruck discovered what is known as the Wassermann Reaction for the sero-diagnosis of syphilis, which followed almost immediately upon another discovery by Metchnikoff and Roux that syphilis could be introduced in apes, and in 1905 came the discovery by Schaudinn and Hoffmann of the organism of the

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