

Professional Review.**REPORT OF THE COMMISSIONERS IN LUNACY.**

WE have before us the fifty-second report of the Commissioners in Lunacy to the Lord Chancellor.

NEED OF A FEMALE COMMISSIONER.

The first point that strikes us is, that, in view of the large number of female patients in the asylums, visited by the commissioners, that it is highly desirable and indeed imperative, that one or more of the Commissioners should be qualified medical women. It is to these Commissioners that the patients are referred with any complaints or remarks that they may wish to make, and it is conceivable that there are many subjects from which female patients would shrink from bringing before a male Commissioner.

Setting this aside, the various domestic details, as well as sundry matters, relating to the nursing of the patients, appear to us to fall more properly to the province of a woman than a man, for instance, it strikes us as unsuitable for male Commissioners to report upon wet beds, soiled sheets, and mattresses needing recovering. How does it strike our readers?

NURSING STAFF.

With regard to the nursing, the large number of suicides which are officially reported, appear to us to indicate that the nursing staffs of many asylums need strengthening. In the Oxford Asylum it is reported that on the occasion of the visit of the Commissioners, there were in one female ward, 77 patients, seven suffering from epilepsy, and one actively suicidal, under the care of two nurses.

At Colney Hatch, the proportion is one attendant to 13 1-7th males, and one nurse to over fifteen women.

At the Lancaster Asylum the Commissioners report that in a ward of 26 patients, eight suffering from epilepsy, and nine actively suicidal, there are only two nurses. One nurse must occasionally, even if it be only for a few minutes, leave the ward; if one of the suicidal patients leaves the ward the other eight would be unsupervised, or *vice versa*, so that suicides may, undoubtedly, occur without any fault on the part of the attendants, beyond the initial one of undertaking duties which it is quite impossible they should adequately discharge.

AN INDEFENSIBLE CRUELTY.

Another point with regard to the nursing of suicidal patients, as revealed in the report to which we desire to draw attention, is the cruelty and danger (the latter both to nurse and patient) of keeping one nurse in attendance on a suicidal patient night and day. What most surprises us in this connection is that any nurse, male or female, should be found to undertake this duty. As to the results of this practice we quote two instances from the report.

"A patient at Otto House committed suicide by hanging in September. She had been admitted in the latter end of July on an urgency order, the ground for urgency being that the certifier had reason to apprehend her making an attempt to commit suicide." A nurse sat up with the patient the night of her arrival, but afterwards *slept in the patient's room.** No written instructions had been given to any nurse as to the amount or nature of the supervision to be exercised."

On the night the suicide was committed, the nurse,

* The italics are ours.

when she went to bed, placed her bunch of keys, including the key which opened the bedroom door, in the pocket of her dressing-gown, which she rolled up and placed at the foot of her bed. Early the following morning the patient was found dead, hanging to a vertical bar which had been placed in a window to prevent egress. The nurse's keys were found on the floor of the bedroom.

An inquiry was held and the opinion expressed "that, in future, specific instructions should be issued to nurses having charge of a suicidal patient as to the amount and character of the supervision to be exercised over the patient; and *that the key opening into a bedroom, occupied by nurse as well as patient, should be attached to the nurse while in bed.*"*

A other case is reported in which a single patient, residing with a medical man at Tunbridge Wells, committed suicide by jumping from a window on the morning of July 25th. *She was sleeping in the same room with her nurse, who locked the bed-room door at night and hid the key.** The nurse woke in the morning and found the patient in bed awake, and spoke to her. She then went to sleep again, and on waking found the patient had left the room and the door was open. The patient was found on the ground dead. The jury returned a verdict of suicide whilst of unsound mind, and that all proper care and attention had been paid to her; but *we* (the Commissioners) *felt obliged to express our opinion that the nurse ought to have kept the key fastened round her body at night, and not trusted to hiding it in the room.*"*

We cannot refrain from hoping and believing that had one of the Commissioners been a woman, the cruelty of making a nurse, who has the care of a suicidal patient in the day, responsible for her in her sleep also, would have been commented upon, as well as the danger resulting to the patient from this practice.

CONVICTIONS FOR CRUELTY AND THEFT.

There are black sheep in every profession, but the number of attendants convicted for cruelty to patients appears somewhat large. In one private asylum, a man who obtained his post by forged certificates, was subsequently prosecuted and imprisoned for stealing a patient's watch.

BED-SORES.

The percentage of bed-sores in the cases, as revealed at post mortem examinations, seems to show that there is room for improvement in nursing in most asylums, "12 per cent. of bed-sores," "out of the 22 male bodies which were the subject of autopsy, two presented bed-sores, whilst out of the 15 females, six had bed-sores," "the post mortems have been 55, and the instances in which bed-sores were found to exist were nine," "in no less than 31 of the deaths (out of 153 post mortems), or in the proportion of over 11 per cent. bed-sores were found to exist," "bed-sores are still undesirably frequent, one in every six of the deaths," are statements which we take at random from the report. In one asylum in which the Commissioners report that the attendants struck them as "intelligent and active," they yet record 21 per cent. of bed-sores.

DEATH FROM POISONING.

One death occurred after a man had been discharged as recovered, owing to the fact that the patient, when in the Asylum, "had been employed with the dispenser, and thus had access to the poison by which he ended his life."

* The italics are ours.

[previous page](#)

[next page](#)