

On this ground the status of the asylum nurse should receive adequate recognition. Her duties are exacting and onerous in the extreme, calling forth all her powers of sympathy, tact, resourcefulness, with the power of infusing hope,—qualifications different in kind to some extent from those demanded in the hospital nurse, yet necessarily essential for obtaining successful results.

The principle of subdivision of labour lies at the base of all attainment of high efficiency, and the concentration of effort upon a certain field of manifestation of human disease is necessary for attaining that skill which is so essential for success in mental nursing. Hospital and asylum nurses are co-operators in the work of alleviating that pain and misery which exist so largely in the world. The work of each is correlated with the other. The mental is intimately conjoined to the physical in the human organism, and efficiency in nursing can only be fully attained by the recognition of this relation between the physical and mental.

As it has been laid down that knowledge of mental disease should be regarded as a necessary qualification in the trained nurse, so equally must it be insisted that the mental nurse should go through a course of training on the general lines of the hospital nurse. In the infirmary wards of our large asylums there are always a number of cases requiring medical nursing, which can only be given with efficiency by the asylum nurse after a period of training on the lines laid down for hospital nurses. This has been almost universally recognised in the asylums of the United Kingdom. The medical staff in every important asylum deliver lectures and give demonstrations on the subject of the nursing of the sick. The syllabus of the Medico-Psychological Association is comprehensive, and if thoroughly worked will give a good elementary knowledge of the requirements for efficient nursing in the infirmary wards of an asylum.

It is indispensable for efficiency in an asylum nurse placed in charge of an infirmary ward that she should have this general insight into the requirements for successful medical and surgical nursing. This information should be gained in the early stages of her experience before the study of the psychological phases of insanity as a disease be entered upon. It will enable her to get a better grasp of the relation between the psychical and physical and of the interaction which takes place between them.

In most asylums of the Kingdom there has been made during the last few years by the medical staffs of these institutions a sustained effort to impart a general knowledge of the nursing of the sick. It is now regarded as essential in the nurses of the infirmary wards that they should know

something of elementary anatomy and physiology, of the care of the sick and the management of helpless and bedridden patients; the making, moving, and changing of beds and body-linen; the prevention and treatment of bed-sores; application of fomentations, poultices, counter-irritants, etc.; the giving of baths; administering enemata; using the catheter; preparing food and feeding helpless patients, with the observation of the effects of diet, stimulants, medicine, etc.; the laws of cleanliness and ventilation; the disinfection of utensils, and modes of disinfection in cases of phthisis and fevers; bandaging; first aid in cases of accident; the observation of mental symptoms, such as hallucinations, delusions, stupor; etc., with the special treatment of epileptic, excited, violent, and suicidal patients, and the care of those requiring diversion and companionship; also management of the convalescent.

The following quotations from a speech by Dr. Clouston, of Morningside Asylum, Edinburgh, on the occasion of a presentation to the head nurse of the infirmary wards of that institution, after twenty-six years' service, may be interesting as showing the strides made not only in Scotland, but throughout the Kingdom:

"We have met together to show our respect and regard for Mrs. Findlay, head nurse in the female hospital, and to show our appreciation of twenty-six years of faithful service to the institution and to its sick. At the beginning of that time the sick were not as well treated, not as carefully nursed, as they are now. At that time all institutions had no doubt what was called a sick ward, or a sick dormitory, but not a fully equipped and staffed 'hospital.' Shortly after Mrs. Findlay came here we were making great changes in this institution, and we had under a separate roof a building that used to be called 'The Separates.' This building was intended for the very worst class of the female patients, as it was thought that they were not fit to mix with the others at all, and whether curable or incurable; a troublesome patient was sent down to the 'Separates.' Now, the actual effect of gathering together such an explosive element as this was that each patient made the other worse. It was a veritable pandemonium. Following the general ideas of the time, it occurred to me that this building by a thorough alteration could be made into a small hospital, just like a pavilion of the Edinburgh Infirmary, which could be utilised for the nursing of the newly admitted and weak patients, the keynote of its management being nursing and cure, and not detention. This was carried out, and for the first time really in the history of asylums a building fully equipped was used with open doors, with ordinary arrangements, with a full staff of trained

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