

Asylums are hospitals for that disease, skilled nursing is required there as elsewhere, and the mental nurse of to-day should possess the qualifications of the trained nurse and many more.

Mental work differs from hospital work, in that nine out of ten cases, present no physical symptoms to treat, though the mental state may be due to physical degeneracy, and the mind much influenced by the condition of the body. Most of the cases just require to be fed and clothed, broken of their bad habits and brought back to normal ways of life. This sounds very simple. But as a matter of fact it is by no means easy even to keep an able-bodied patient clothed, in ordinary garments, against his or her will, nor is it easy to feed a patient who is determined to die by starvation. And it is a most difficult thing to keep a determined suicide from getting his wish. Such people are so clever that they will at times put the most experienced attendants off their guard, and their methods are so ingenious. I knew a man supposed to be recovering, sitting in the open ward, deliberately working away at the blood vessels of his wrist, trying to open them with a pin.

Technical skill in nursing is of course an advantage, but it is useless to know how to apply treatment unless you know how to get your patient to consent to it. An hospital patient can be sent out if he refuses, but you have no hold on the mental case. In hospital work the trouble is over when the splint is in place. In mental work the trouble just begins then. It may be fixed most scientifically, but the patient may take it into his head he is being tied to a telegraph pole, and the art of the mental nurse consists, not in convincing him of his error—that is impossible—but in persuading him that a telegraph pole is the very thing he needs and wants. Mental nursing consists in knowing how to observe and manage individual cases, and gently, firmly, and tactfully to coax them back to the normal. To do this a thorough knowledge of the various forms of insanity is a necessity, in order to know what symptoms to watch for, and to be prepared for changes, which, slight in themselves, indicate so much, to those who understand them. It is a most interesting branch of our work, and affords scope for the highest intelligence. And I am sure it is worthy of it, for the mind being so much more than the body, surely its cure is a greater, and, indeed, the greatest work there is; and time and talent are well spent, in assisting to palliate the greatest of human ills.

In the modern treatment of mental cases women play a much larger part than formerly,

and it is sought to do away with restraint and evidences of it. In many institutions hospital trained nurses are chosen to fill the administrative posts, and women are put in charge of the infirm and hospital wards of both male and female departments. This innovation has been found to work right well. The subject of women working in male wards is still much discussed, and some time ago a "Matron of twenty years' asylum life" wrote, quite warmly, to the *Asylum News*, deprecating the practice, and there was a good deal of correspondence on the subject. I would have replied to the Matron, had I not been rather busy just then, for though I could not boast of such a long spell of asylum service, I could have spoken from personal experience of male wards, which she certainly did not; for not so long before I had charge of a block containing infirm, epileptic, and various other men, and after had the distinction, shared by only one other trained nurse, I think, of being matron of the male department, and I should like to say as a nurse I really see no reason why women should not have charge of men in asylum as well as in hospital wards. In both institutions there are a small percentage who are better not under women, but taken on the whole, and in my experience, I found the men quieter, more self-restrained, less violent and less abusive by a long way, than the women. I found them much more easily managed, and I greatly prefer them to the women. Also I think I am right in saying this was the opinion of all our male-side nurses; and there was always great distress, and, in fact, some flatly declined to go, when required to work on the female side.

The demand which has arisen for more skilled nursing for mental cases is creating a supply, and most institutions now seek to obtain educated women, and train them theoretically and practically in their duties. The introduction of so many hospital trained nurses to asylums is causing many of them to be worked much upon hospital lines, also as regards the care, etc., of the nursing staff, and girls of education who desire to gain their own livelihood, and often find they must wait months for acceptance at a general hospital, would do well to find out what openings are now to be had in an up-to-date mental hospital.

DISCUSSION.

Dr. Shuttleworth, the Hon. Secretary of the Asylum Workers Association, said that he might perhaps be allowed to mention that this Association to which the Chairman had referred had been in existence some ten years. It aimed at improving the education of Asylum nurses, of providing for members who

[previous page](#)

[next page](#)