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Editorial.

THE CARE OF THE INSANE IN PRIVATE ASYLUMS.

The inquests on two patients during the past week who met with their deaths in private asylums under most shocking circumstances draw attention to the lack of adequate supervision in some of these institutions and the need for action on the part of the public to ensure that their relatives who are incarcerated in private asylums shall not meet with violent deaths at their own hands, or by accident, before the attention of their attendants is directed to their condition.

The first inquest to which we refer was held by Mr. Troutbeck at the Priory Private Asylum, Roehampton, on the body of a Roman Catholic priest, who had been an inmate of the asylum since December 18th.

The evidence given by his attendant at the inquest was as follows:—"I was in the room with the deceased and had my back turned to him. When I last saw him he had his hands up as though he were praying. He was using such language as one would associate with an insane person. I turned round in a few seconds and saw blood running down from his eyes."

Dr. John Morrison, acting medical officer, said that when called to the deceased, who was in bed and being restrained by two attendants, he found serious injury to the eyes, both orbits being empty. He died from exhaustion, in consequence of shock, and broncho pneumonia, which had set in.

In summing up, the Coroner directed the jury that they should say that the deceased, being mad and not knowing what he was doing, took his eyes out and death followed, and the jury returned a verdict as suggested by the Coroner.

In the second case the inquest was held by the West Kent Coroner on Miss Mary

Lund, a patient at the private asylum, West Malling, aged sixty-five. Flames were discovered in her bedroom by a night attendant, and when they had been subdued Miss Lund was found on the floor badly burned and lifeless.

The Medical Superintendent explained that Miss Lund had been an inmate of the asylum for thirteen years and was allowed many privileges, amongst others she was allowed to do her own cooking.

The Coroner stated that no blame whatever attached to the attendant, and the jury returned a verdict of accidental death.

We ask any trained nurses accustomed to the care of insane and mental patients whether they would consider they had done their duty by a patient on whom they were in attendance if he had gouged both his eyes out before they were aware that he was attempting this injury. The work of an attendant is arduous and exacting, but alertness and close observation is one of the first and most important duties required of him.

In the second instance it seems incredible that the responsible authorities should permit an insane patient to do her own cooking, and the fact draws attention to the conditions which prevail in some private asylums, and to the urgent need that exists for much more effective public control than at present exists, or for their complete abolition.

The qualifications of the nursing staff employed in many of these asylums is a question which needs to be enquired into. It is by no means unusual for domestic servants, who have never had a day's training, to be put into uniform and employed as attendants in private asylums, and we unhesitatingly say that the management of many of them calls for strict investigation in the interests of both the patients and their friends.

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