

County Council and the public of London, he wished to extend their most hearty thanks, and welcome in their deliberations, to the Congress, especially to those members who were devoting their lives to the care of the insane.

THE PRESIDENT OF THE SESSION conveyed the thanks of the Congress to Mr. Rowe for his very cordial invitation to visit the asylums of London. She then called on Miss Goodrich, R.N., to present the next paper on the programme on behalf of Dr. William L. Russell, Medical Inspector of the State Commission in Lunacy, New York, U.S.A., and member of the Advisory Council of that State, which considers nursing questions under the Bureau of Education.

#### A SURVEY OF THE NURSING OF MENTAL DISEASE.

DR. RUSSELL, in a most interesting paper, claimed that no branch of medicine or nursing could be more important and dignified than that which has to do with mental diseases. To minister to a mind diseased demanded all that a nurse could muster of skill, fortitude, and delicacy. He pointed out that notwithstanding, of all branches of nursing none had received so little attention from the leaders in the field of nursing, and from the benevolent supporters of nursing. By the average general nurse, and by nurse teachers as well, mental disease was apparently looked upon as something quite apart from those interests and activities with which it was worth their while to concern themselves. Few articles on the subject had been written by nurses, and it was entirely ignored in the books they have produced. Indeed, it was safe to say that by many nurses the care of insane persons was regarded as a work for which the qualifications were inferior to those needed in general nursing, and to a large proportion, probably the majority, it did not appear to be nursing at all.

This attitude merely reflected that of society in general which had not learned to demand for mental diseases the high standards of medical and nursing attention, provided for other forms of illness. For the sick in general the acknowledged requirements were the physician, the nurse, and the hospital, and these were practically everywhere available; for the mentally sick, the overseer of the poor, the constable, and the lock-up were accepted with seldom a protest, until the cases were certified insane. During the past year, in New York State alone, nearly 1,000 of the cases admitted to the State hospitals were found by the nurses sent for them to have been grossly ill-treated or neglected at home, or, pending their transfer, to have been confined among criminals in gaols and lock-ups.

While the asylum system had been in some ways valuable, it had not contributed much to dispelling the popular ignorance concerning mental diseases, from which ignorance neither physicians nor nurses were exempt. A wider diffusion of knowledge was needed to bring about the better management of the whole problem of insanity.

More was needed than simply provision for humane care, and, as a result of the efforts of asylum physicians, asylums had gradually developed along hospital lines. The suppressive and more neglectful methods of the past were giving way to more rational and active methods of treatment, and classification was adopted, with separate buildings for

the reception of new and acute cases, with active medical and nursing treatment for those who needed them. Other classes were the chronically infirm and feeble, the tuberculous, the acutely infectious, the epileptic, and the suicidal.

Nothing had contributed more to the hospitalisation of the asylums than the establishment of training schools for nurses. Even up to the present, however, the grade of intelligence needed for building up an efficient nurse organisation for teaching and supervision had only exceptionally been available. Competent candidates for the higher positions as Superintendents of Nurses were scarce. General hospital graduates with merely an incidental or short experience in the care of mental cases could not measure up to the full requirements of these positions which could only be satisfactorily filled when able women decided to specialise in the work, and face the difficulties and unpleasantness which, in the present stage of nursing in mental diseases must be met in preparing themselves for it. Such would, however, eventually secure good positions and find an extremely interesting field of work.

In New York State the schools had developed sufficiently to secure registration by the State Education Department, and the State registration of nurses had been of assistance to the schools, by its stimulating effect, and by bringing to their support, and to the support of the better nursing of the insane, the sympathetic, intelligent, interest of the able body of nurses who acted as advisers to the Education Department in executing the law. The pupil nurses of these schools received a part of their training in general hospitals, and affiliation between a well hospitalised institution for the insane, and a general hospital school was a mutual advantage.

In the final analysis the success of any system of treatment of disease depended on the character of attention given to each individual case. This was conspicuously so in the treatment of mental disease, which was largely a nursing problem.

Through the efforts of physicians training schools had been established; it was now for nurses to take a more definite and active part in pointing the way and shaping the plans for a still higher standard of personal care of the insane than had yet been possible.

For this an intelligent insight into the needs of the situation was essential. To many insanity signified a single disorder—but from the medical and nursing standpoints a reference to the insane as a class meant no more than reference to the sick as a class.

In conclusion, Dr. Russell emphasised the following points:—

(1) That though a great deal of splendid work is done by the attendants and nurses in the hospitals for the insane, nurse leaders are needed for dealing more efficiently with the care of the insane as a distinct nursing problem, and for the better organisation of nurse training for the work.

(2) That for humanitarian reasons, and for the earlier treatment of mental cases, provision for at least temporary care should be made at the general hospitals.

(3) That physicians and nurses in general should

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