

be better informed in regard to the nature and causes of mental diseases, and to the proper methods of dealing with them.

THE PRESIDENT OF THE SESSION said that Dr. Russell had shown nurses their clear duty to get into touch through their nursing organisations, and through the general training schools for nurses, with the insane hospitals to care for their sick. Nurses should not for a moment think they were conferring any favours by so doing. On the contrary, they would find such action resulting in benefits received, and that a finer, better care of the general patient would result from each general nurse having had experience in the care of the insane.

THE PRESIDENT OF THE SESSION then called on Miss Cadmus, R. N., to read the paper contributed by Miss Sara E. Parsons, R.N., Superintendent of Nurses, Sheppard and Enoch Hospital, Baltimore, U.S.A.

THE MODERN SYSTEM OF NURSING THE INSANE.

MISS PARSONS said that the name lunatic or insane asylum had till recently designated institutions where people mentally disturbed have been cared for. Protection of windows by iron bars, heavy locked doors, a variety of mechanical appliances for restraint, a limited number of attendants, and insufficient supervision by medical officers, whose charges were so numerous that they could give little time or consideration to individuals, had made an illness classed as insanity a thing of unspeakable horror. Slowly but surely an awakening had taken place. Insanity was recognised as sickness, the sick as patients, not inmates, and the institutions in which they were treated as hospitals rather than asylums. Lastly, those who attended them were called, and should be, nurses, not attendants. Describing a modern and well endowed hospital for the insane in the United States, Miss Parsons said that whatever treatment was prescribed was never given as punishment; the patients were attended by well-bred, well-educated nurses, who were taught how to handle violent persons without harshness or abuse, how to improve their physical condition by rest treatment, special diet, exercise, occupation, and massage.

Violently excited patients were usually kept in continuous baths or wet packs alternately with prolonged baths, and often slept and ate while resting in tub or pack, the tepid prolonged pack being one of the very best hypnotics used. With proper facilities for the water treatments, and a sufficient number of nurses, restraint could be almost entirely abolished.

In addition to the care of the body, the nurses realised that they must study and care for the mind of the patient; psycho-therapy, *i.e.*, the diversion of the mind from morbid to wholesome and hopeful thoughts was practised. The best nurse in psychiatry was, therefore, one with a mature type of mind, varied mental resources, and a sympathetic imagination. To say that a patient had a psychosis, organic or functional, did not mean that in all respects the normality was lost—quite the contrary in many instances.

The schools for mental nursing were usually

affiliated with general hospital schools, where the students could enlarge their experience by the care of medical, surgical, and obstetric cases.

The gain to patients of the improved system of nursing was enormous, and was resulting in a large percentage of voluntary admissions to the hospitals—over 50 per cent. in some instances. It also opened up a large and remunerative field of activity for the nurse. The good work, however, was in its infancy, and required the service, interest, and sympathy of all intelligent people.

THE PRESIDENT OF THE SESSION said that after hearing the splendid set of papers just presented she wanted to go straight home and train in mental nursing. She then asked Miss Wells to tell the Congress of the work done by the After Care Association for poor persons discharged recovered from asylums for the insane.

THE AFTER CARE ASSOCIATION.

MISS WELLS said she spoke with some diffidence because the work of the Association in which she was interested could not claim to be nursing, as it began when a person was discharged recovered. Similar work was also being done very well in France, Germany, and America. The Association aspired to be a comfortable stepping-stone from a silent life to ordinary existence; they strove that valuable curative work should not be wasted; they tried to be to these poor patients what a protective dressing was to a newly-healed wound, to protect them from any burden of anxiety until the new convalescent could take the cares that infest the day as part of the day's work, and not as an unendurable trial.

How was this done? It was found most effective for the new convalescent to come straight from the hospital to one of the cottage homes of the Association for four or six weeks; there they got to know her, to understand the kind of work which would be suitable for her requirements and character; she learnt to confide in her friends of the Association, and that confidence helped them to put straight a number of small private worries. The Association specialised on worries; they were its strong point, and they were ready to deal with them all, and tried hard to keep all care from their dear people till they were quite ready to bear it. When situations were found for girls, employers were told the whole truth. There was no secrecy, but the illness was treated as a matter of course, a sort of thing that might happen to anyone. When the situation was found, the patient, of course, was a free woman. She could keep in touch with the Association or not as she pleased. A large number of cases did keep in very close touch, and for many years consulted it on every conceivable subject. It was rather like watching a child learning to walk; the hands that held so tightly at first gradually got looser and looser, until in two or three years you realised your child was quite independent of you. The work was neither showy nor easy, but it was most encouraging.

NURSING OF THE INSANE IN GERMANY.

SISTER MARTHA OESTERLEN, R.N., said that looking back only a few decades, when there was little possibility of cure in asylums, when brute force was considered necessary to subdue a raving

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