

cially any of the meat extracts, all of which are most irritating both to the kidneys and to the smaller blood vessels throughout the body. As a matter of fact, it would be better if every patient whose kidneys are weak, or whose arteries are older than he is himself would become a vegetarian, but these diseases exist in just the class of men who would as soon think of joining the blue ribbon army, though that or any other method by which they could be induced not to regard alcohol as a necessary accompaniment not only to each meal, but whenever they are not actually buying and selling, would be good for their health.

In practice, the dieting of these people is a very difficult matter, but the principle to aim at is to cut down, firstly, the total quantity of solid food—they always overeat themselves—and then the proportion of nitrogenous food which their diet contains.

(To be concluded.)

A Survey of the Nursing of Mental Diseases.*

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No branch of medicine or nursing can be more important and dignified than that which has to do with mental diseases. To minister to a mind diseased demands all that a nurse can muster of skill, fortitude, and delicacy. And yet, of all branches of nursing, none has 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 is apparently looked upon as something quite apart from those interests and activities with which it is worth their while to concern themselves. Few articles on the subject have been written by nurses, and it is entirely ignored in the books they have produced. Indeed, it is safe to say that by many nurses the care of insane persons is regarded as a work for which the qualifications are inferior to those needed in general nursing, and to a large proportion, probably the majority, it does not appear to be nursing at all. This attitude, however, merely reflects that of society in general which, under the influence of traditional views and methods and the lack of enlightened guidance, has not yet learned to demand for mental diseases the high standards of medical and nursing attention provided for other forms of illness.

* Presented to the International Congress of Nurses, London, 1909.

THE ASYLUM SYSTEM.

The lack of intelligent interest in mental disease, which prevails so generally, may, in part at least, be explained by a glance at the history of the care of the insane. A century ago, many of the accepted methods of treatment for insane persons were cruel and stupid. Emancipation from chains, dungeons, whippings, and gross neglect was begun by Pinel in France and Tuke in England in the latter part of the 18th century, but has scarcely reached its complete fulfilment even now. The demand for more humane provision for the insane led, however, to the development of what is known as the asylum system, by which institutions were established as a refuge or asylum where at least humane care might be received. This system grew rather slowly in this country, and as late as 1850, only 20 of the 230 public institutions for the insane which now exist had been established.

Valuable as the asylum system has been, it has not contributed much to the dispelling of popular ignorance concerning mental diseases and the best ways of dealing with them. The institutions are, in many instances, remote from large centres, and even those near by are, by most persons, known only to be shunned. No yellow journal story in regard to them is too exaggerated to find credence, and little regarding the true nature of mental diseases and the real treatment received by the patients reaches the public. Such a strange alteration in speech and behaviour is produced by diseases which affect the mind that the sufferers are generally looked upon with wonder, fear, and perplexity. Frequently they are regarded as subjects for ridicule. To be afflicted with mental disease, or to be a near relative of one thus afflicted is considered a disgrace which must be carefully concealed if possible. The more obvious forms lead, therefore, to early seclusion, at first in the home, and, when management there becomes too difficult, in the asylum. The less pronounced types are not recognised as disease at all. Thus a profound ignorance in regard to mental diseases and their proper treatment pervades every community. From this ignorance neither physicians nor nurses are exempt. The public has not yet learned to expect much in the way of knowledge and skill in these diseases from the average doctor and nurse, who have consequently not been brought face to face with any great obligations in regard to them. The study and treatment of mental diseases have, in fact, been extremely specialised. This has been necessary, no doubt, and has served a most useful purpose. Now, however, a wider diffusion of knowledge of the speciality is called

[previous page](#)

[next page](#)