

A Survey of the Nursing of Mental Diseases.*

By WILLIAM L. RUSSELL, M.D.,
Medical Inspector of the State Commission
in Lunacy, New York.

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THE PERSONAL CARE OF MENTAL CASES.

In this final analysis, the success of any system of treatment of disease depends upon the character of attention given to each individual case. This is conspicuously so in the treatment of mental disease, which is largely a nursing problem. Through the efforts of the physicians, the medical needs of the cases have been emphasised and provided for with increasing efficiency, and the nursing has been greatly improved. Training schools have been established and placed on a creditable and promising footing. It is time now for the 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 has yet been possible. To be convinced of the need and the opportunities for improvement, one does not have to believe fully the newspaper accounts of abuses. A little knowledge of the history of the care of the insane and the prevailing views and ignorance, with the conspicuous absence of any strong popular movement for better personal service, such as the Nightingale movement brought to the sick in general, is sufficient. Some insight into the situation from the standpoint of a patient may be obtained from a most interesting and instructive book entitled "A Mind that Found Itself," the author of which, Mr. Clifford W. Beers, recovered from an attack of mental disease after successive periods of treatment in three different institutions, each of which represents a type. It is surely time for the nursing profession to take up the evident needs of mental cases from the nursing standpoint, just as for years physicians have been wrestling with them from the medical standpoint. The nursing of mental diseases should now become a distinct nursing problem.

Those who wish to be of real service must, however, first obtain an intelligent insight into what they are dealing with, and practical knowledge of the needs of the cases. To many, insanity signifies a single disorder. Those who see the cases thus classed know, however, that they represent a great variety of conditions, which differ in their characteristics, origin, and outcome, and in the requirements for their

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management. Some of them are due to gross organic changes in the brain, such as tumours and hæmorrhages; others are manifestations of the effects of toxic substances such as alcohol, opium, or the products of bacteria; others are associated with such familiar forms of nervous disease as chorea, epilepsy, hysteria, and neurasthenia; others still are the outcome of inherited or acquired constitutional states which render the subjects peculiarly susceptible to the upsetting influences of incidental physical disturbances and of personal mental experiences which present difficulties in adjustment. Every nurse is familiar with acute delirium, and looks upon it as a feature of the physical disorder which she is engaged in dealing with. This is, however, merely a point of view. If the delirium should dominate the clinical picture to the exclusion of the accepted evidence of a recognised type of physical disease, the case would be regarded as one of mental disease, and, if protracted, would probably be transferred to an institution for the insane. Many of the cases admitted to these institutions are in a state of delirium either as an essential feature of the disease, or as an episode in a more fundamental disturbance. Other cases show a special type of physical and mental over-activity, spoken of as maniacal excitement. Others are overcome with a profound depression of spirits and of physical inadequacy. In still others the mental disease consists in a thinking disorder which leads to misinterpretations and false ideas concerning the experiences and ordinary affairs of life, often without much or any physical evidences of disease. In many there is a general mental enfeeblement, often accompanied by pronounced physical changes due to old age or to organic disease. In conservative tabulations of the mental disorders from which the cases admitted are suffering, which are published in the annual reports of the hospitals for the insane, between 20 and 30 forms are mentioned. From the medical and nursing standpoints a reference to the insane as a class means no more than would a reference to the sick as a class.

The extent to which the knowledge and resources of the well-trained general nurse are required in the care of mental cases can be only partially demonstrated by reference to a few facts relating to the work in the institutions for the insane. That a large proportion of the patients admitted are extremely ill is shown by the high death-rate, which is four or five times that of the general population, and by the fact that nearly half of the deaths occur during the first year of residence.

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