

charitable institutions. From whence will arise the philanthropic Moses who will organise this great commissariat department?

Medical Matters.

HOSPITAL TREATMENT OF THE INSANE.

At a clinical meeting of the Northern Counties of Scotland Branch of the British Medical Association, held at the District Asylum, Inverness, Dr. T. C. Mackenzie, Medical Superintendent, presented an interesting paper on the above subject, which is published in the supplement to the *British Medical Journal*. He said, in part:—

The treatment of the certified insane in our public asylums is a subject with fairly well defined limits, and I should like to offer the following few remarks upon the hospital treatment of the insane as it affects (1) the patient, (2) the nurse, (3) the physician, (4) the public.

If it is asked what is meant by the hospital treatment of the insane, the answer is that the patient on admission to an asylum is put to bed in a ward staffed by trained nurses, that his physical condition is carefully examined and recorded, and also his mental state. Thus he is placed in the circumstances most favourable to the study of the particular requirements of his case, and obtains the most suitable means of treatment at the hands of skilled and careful attendants.

Treatment in bed is desirable in all such cases and is possible in most. The rest in bed is good in itself.

It is not, however, only the acute and recently admitted cases of mental disease that are interested in and benefited by the hospital treatment of the insane. The sick ward is intended for such, but its usefulness extends to two other quite distinct and separate classes of asylum patient. There is first the patient who is permanently enfeebled in mind but able-bodied, and who suffers from some intercurrent organic disease, such as an attack of lobar pneumonia, lumbago, etc., or who sustains some injury, such as a broken leg, that requires confinement to bed, with careful nursing and supervision. Such a patient is also given his or her place in the sick ward, and there receives exactly the same treatment as would be provided in the wards of a general hospital or infirmary.

The actual carrying out of treatment in such cases is liable to be complicated and often rendered more difficult by the mental condition of the patient, but such difficulties are not

allowed to frustrate or prevent the endeavour to treat the case as it deserves.

Food may be refused or it may be rejected after it has reached the stomach. A case who has been operated on for appendicitis may require physical restraint in some form to prevent the removal of bandage dressings and stitches, and a man with fracture of both bones of the leg may remove his splints and jump out of bed and give some trouble before he is caught, as I once saw happen in the case of an epileptic patient. Such difficulties, however, only call for high qualities in the asylum nurse and attendant, and are not allowed to interfere with the proper treatment of the patient.

The second class of patient who benefits is to be found among those who are subject to recurrent attacks of mental disorder associated with some change in their bodily condition. There is a patient in this asylum who periodically becomes acutely excited and dangerously impulsive. Associated with this change in conduct there is always to be found, if it is looked for, a very foul condition of the tongue and breath, and the best treatment for the case, and the best sedative for the excitement, is a large dose of castor oil.

There is yet another and apparently increasing class of asylum patient whose position has been improved since the introduction of hospital methods into asylum practice. I refer to the senile insane, many of whom are bed-ridden. If the doctor can do little for them, the nurse can do very much. I have been assistant physician in an asylum in which the aggregate age at death in twelve consecutive deaths amounted to 900 years—an average of 75 years per patient. The declining years of these patients were soothed and their sufferings diminished by the devotion and attention of nurses who were dealing with one of the most trying and exacting class of patients with which any nurse can have to do—the complaining and failing and querulous old man or woman.

There is a further aspect of the hospital treatment of the insane as it affects the patient that merits attention. It is what I may be allowed to call the reflex effect upon the patient if he or she is sufficiently conscious to be capable of appreciating their surroundings. They realise that they are in bed; that their surroundings are those of a hospital; that they are attended by nurses, and that they have fellow-patients, that they have a medical attendant who takes an interest in them individually; and that, in short, they are treated as patients and not as prisoners.

[previous page](#)

[next page](#)