

The Care and Management of the Insane.

A most useful book which is not so well known as it deserves to be by nurses trained in general hospitals is the "Handbook for Attendants on the Insane," published by the authority of the Medico-Psychological Association, for there is much in it which is useful to all nurses to know.

To quote in part from the instruction given as to the care and management of the mental condition of the patient, we read as follows:—It is very important to consider how far, and to what extent, an insane person differs from a sane individual. Formerly it was the universal custom, and it is not uncommon even nowadays, to look on a person who becomes insane as having entered an entirely separate division of humanity, incapable of being trusted, and a subject of wonder if he retains any signs of intelligence or orderliness. Now, of course, we know that this is mostly wrong; an insane person is a sane person gone wrong in his mind, more or less. In only one respect does he differ essentially from his former self—he becomes non-responsible. In all other matters we should try to deal with him as an ordinary man, as far as his illness will permit. At first, of course, until some idea of the case is formed, it is necessary to be on guard against possibilities.

On taking charge of him the attendant should at once try to obtain his confidence by kindness and sympathy of manner, by watching over his comfort, and by explaining the misapprehensions which so commonly exist in the minds of the insane. In this way his ideas and feelings, the character of his delusions, and the probable nature of his conduct may be learned. The attendant will then be better able to guide and control him in a suitable manner. An attendant will do the same in taking charge of any case, recent or chronic, which is unknown to him, and in both it will probably be found that the treatment of a patient as a *reasonable being*, as far as may be, will make the management of him easier. . . . If he finds a real friend—unexpectedly, perhaps—in his attendant, he will probably be only too glad to lean on him for advice and assistance to the benefit of all concerned.

It does not require a long residence in the asylum ward to discover a leading fact which works against recovery or real improvement. In almost every case an insane person is an *intensely selfish man*. It is not meant that he necessarily wants to have more than his neighbours of food, space, and comfort. But *self* is

his only study; all his thoughts, feelings, and actions are judged by his own conditions. It comes about in this way: The first instinct of man is to live and have his being, and for this end he studies his own interests only. To that first instinct are added others of a finer nature, with higher desires and wider feelings, each addition lifting him higher above the mere animal. The last and finest of these are a desire to do good to others, affection for friends, and reliance on religion. When the brain storm comes these last additions go by the board, self is raised above others, friends are forgotten and uncared for, and though there may be prating about lost souls, etc., true personal religion is not found even, perhaps, where once it stood most strongly. The unfortunate man is driven in on himself; he can only ponder over himself and his grievances; and unless relief is brought to take his mind on to brighter and better subjects, he can but go from bad to worse. It may be said that the majority of the old chronic patients who line the walls of a ward, silent, surly, and resistive, have gone through these stages.

It must be obvious that the best remedy, the best means to cut short downward progress, is occupation, both mental and physical, which acts by substituting a worthier subject than self for thought. That is where a skilled attendant can do so much towards restoration. When the right time comes he will find means or opportunity, for instance, for the patient to give him a little help, or perhaps to get him to take charge of some trifling matter that will flatter him; or he may get him to give a helping hand with some other sufferer, thus encouraging a feeling of responsible usefulness, and leading him to think of others.

One of the great difficulties in the daily life of the ward is the dealing with the false ideas of patients. These include delusions, illusions, and hallucinations. The treatment of them must mostly depend on their own nature, as well as on the character of the patient and his illness. It is of no use discussing them with veritably obstinate men, nor with one who states his delusions to start an argument, or perhaps to pick a quarrel. So, too, with patients who have nourished a fixed delusion for years discussion is hopeless.

But on the other hand it is not right to say that an attendant shall never argue about delusions with any of his patients. One of them may look to him as his best friend, and, in fact, the attendant may be the only one who gets a favourable opportunity of saying the right thing at the right moment. When then a "sensible" patient appeals to him for aid can he send him away with flat denial, with no attempt to explain his difficulties?

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