

from which they were never allowed to be moved all day. He declared that this form of treatment resulted in the brutalising of the nursing staff, both men and women, that instead of looking after their patients, they would drink and play cards, and if any unfortunate patient gave the least trouble they would at once, rather than disturb their amusement, subject the poor man to restraint in order to keep him from annoying them. Dr. Conolly visited Lincoln and introduced Dr. Gardiner Hill's reforms into the Hanwell Asylum. In place of restraint he introduced Seclusion and Padded Rooms on the principle that the practice was more humane and less irksome to the patient, and that the patient would do himself less harm by being allowed the freedom of a small room than by restraint of any kind. What was the result of these tremendous innovations in the treatment of the insane? Instead of murders which were predicted would be perpetrated by the patients on the nursing staff, in two years Lincoln and Hanwell had become the model institutions in England and led the van for other Superintendents and Boards to institute reforms of a similar nature.

A new era of reform was originated in Scotland in 1856 by the visit of an American woman, Miss Dorothea Dix, who on visiting the Scottish Asylums found—not the Royal Asylums—but the private institutions for the care of pauper patients in such a deplorable condition that she did not rest till she had compelled the Government to appoint a Commission; the result of this was the passing of the Lunacy Laws for Scotland in 1857, which are a model of their kind. The law now does not allow Restraint or Seclusion except for medical reasons and by order of a physician and the restraint is officially reported to the Commissioners of Lunacy, so that the patient is safeguarded.

At the present day there are many alienists in Great Britain, Europe and America who have absolutely abolished Restraint and Seclusion. By Seclusion I mean a patient being locked into a room alone in the day time. This necessitates an augmented and a more intelligent nursing staff, but the results would appear to fully justify the changes made.

Now I shall pass to the subject of the use of female nursing on the male side. The underlying principle of the introduction of female nurses on the male side of mental hospitals is based upon the social conditions under which men and women live. Sane men in their daily life associate with women. In merely physical illness they are nursed by women, why then, because of a mental illness, entirely exclude them from the society and acknowledged better nursing of women? It is true that there are certain cases whose type of insanity prevents them being with women and these are the cases who, although they may be in the women's wards during the day, are under the supervision of men at night. We all know these cases exist, but is that any reason to exclude the majority of men suffering from

mental diseases from the kindlier and possibly more beneficial nursing of the woman nurse?

If men are entirely confined to their own sex they are more likely to continue with bad habits, and also an insane shyness of the opposite sex, which may already exist, may become intensified. Some men if they are entirely excluded from the society of women are apt to become rough and forget the many little refinements of life which go to make up the whole fabric of society and the complementary conditions which exist between men and women. How much more then is it necessary to keep the conditions in mental hospitals as natural as possible. To take my point, in some larger rate-paid Asylums in Scotland, as well as having nurses on the male side, there are what are called "association tables" in the dining halls where the men and women sit together.

Dr. Samuel Hitch, Superintendent of the Gloucester General Lunatic Asylum in 1841, was the first man in this country to introduce female nurses for the male infirm patients and for this class of patient such nurses have been more or less employed ever since. Some alienists have considered that there should be no reason why all male patients, provided their type of insanity did not absolutely exclude them, should not be nursed and looked after by women. Thus the staff of the Admission Wards of such an Asylum, would be largely composed of women with a few male nurses. Only the chronic healthy out-door working patients, who require no nursing, would have male attendants. From this, it was only one step further to introduce the hospital system of organization in Asylums and replace the older system of mentally trained head nurse and head attendant by that of the hospital and mentally-trained Matron. Now, as you know, in hospitals each ward has a Sister who is responsible to the Matron for the behaviour and discipline of the nurses, just as the Matron is responsible for the behaviour of her nursing staff to the Superintendent. Why not then have this system in Mental Hospitals where you have a younger nurse to train than the average hospital nurse, the usual age being twenty, and also a girl of a lower social position and less education. She is nursing in the Hospital and Infirm Wards, along with male nurses, insane men, some convalescing and some convalescent; now the advocates against such a system as this have adequate grounds to maintain that there might be a great abuse of discipline between male and female nurse and between female nurse and male patient. What has to be done to prevent such an abuse taking place? In Scotland where many asylums are now organized like hospitals each ward has a trained hospital nurse in charge who is either called a Sister or an Assistant Matron. They are on duty at the same time as the nurses in the morning and go off duty at the same time at night and under the Matron have control of that ward. So that, as in Hospital, the discipline of a ward depends on the capability of the Sister in

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