

would avail little. In this question she must be educated, or her sympathy would certainly lead her to take risks that would lead to disaster.

*The Removal of Disturbing Factors.*—These fell under two heads (1) those external to the patient; and (2) those internal. The former included the general conditions under which the patient lived, many of which a nurse could not alter, but she could encourage the patient to meet adverse conditions in a proper spirit. Internal disturbing factors might not fall within the province of the nurse, and the patient might resent enquiry into his affairs. Yet it not rarely happened that a patient would give his confidence to the nurse, and to no one else.

In recent years the consequences of internal conflict had been more fully studied. It had been shown that repressed desires, the long maintained struggle between pleasure and duty, in other words the stress of unhappy conditions of life, caused unexpected mental symptoms.

Apart from this, strange conduct, violence, every kind of mental derangement arose from some definite cause if we could succeed in tracing it. Only the understanding mind had any hope of finding a remedy.

*Re-education.*—The nurse must not be content with understanding her patient. New interests must be awakened, old ones revived, confidence restored, self-control acquired. In countless ways the resourceful nurse must strive to combat the consequences of mental disease. She would take comfort by noting that the proportion of recoveries was quite as large as in most other forms of disease. Fully 40 per cent. of the new cases admitted recovered, and though no doubt many relapsed the results of treatment were in reality very satisfactory.

#### THE WELFARE OF THE MENTAL NURSE.

The speaker said he was satisfied that the time had arrived when co-operation between the various branches of the nursing profession was urgently needed. Some understanding must be reached as to what the term trained nurse meant, and what was the true value of a certificate. A central authority was required to decide first what the training was to be, secondly what institutions were qualified to give it, and thirdly under what circumstances a nurse already trained in one department of nursing could continue training in another. No doubt some institutions would stand aside when any such arrangement was proposed, and would consider themselves all sufficient; but this should not deter the nursing statesman or stateswoman, from going forward. In time all would be obliged to come into line. When mental nursing was first organised several institutions declared their system of training far better than that proposed by the Medico Psychological Association. Yet few if any could afford to neglect its certificate now, as they would lose the services of promising nurses, who rightly demanded a recognised qualification.

The speaker suggested that nurses who intended to devote themselves to mental work should be encouraged to obtain a year's training in a good general hospital. Further, it would add greatly to the efficiency of nurses trained in general hospitals to spend twelve or at least six months in a hospital for the insane, and take out a course of lectures on mental nursing. It would greatly widen their outlook, so that infirmity of mind and temper, and waywardness of conduct, would be seen in an altogether different light. Secondly, that any nurse who wished to obtain a double qualification should be able to obtain the second in less time than a totally untrained person, say the two in five or six years. A nurse who was just leaving the Retreat after four years' mental training would have to spend four years on her general training. Five or six years was quite long enough to learn the work, and to earn only a nominal salary.

#### DISCUSSION.

Miss Carse, Matron of the Monyhull Colony for Epileptics, King's Heath, opening the discussion said that from the time she had any knowledge of nursing she had heard the mental nurse disparaged. She had never been able to understand why this attitude was adopted.

When she was appointed Matron of the Monyhull Colony she was asked what nurses she was going to employ, and she at once said asylum trained nurses. What was the use of appointing those accustomed only to the care of acute general cases to care for these chronic epileptic cases? She must have someone to understand their special need, and meet it intelligently. The Committee agreed with this view, and nurses trained in mental work were appointed. In cases of acute illness, an Assistant Matron took charge of the case.

She did not think that either hospital or infirmary nurses had been fair to the asylum trained nurses, who, of late years, had been as well educated as hospital nurses.

When State Registration of Nurses came into force, she hoped there would be a special branch for mental nurses. She did not say mental nurses were fit for operation work, but they were specially suited for the care of the feeble-minded and of epileptics. These poor patients, when they came to Monyhull, had no ideals, except sleeping, eating, and getting through the day. It took tact and patience to break down this indifference, and to teach them to take their share of the work of life. It took five colonists at Monyhull to do one normal person's work; but with care and patience they could be taught. She had to thank the nurses in direct touch with the colonists for the good results attained at Monyhull.

Miss Mary Gardner, Matron of the Midland Counties Sanatorium, Blackwell, said that she was not a mental nurse, but she realised that, of all nursing, the care of mental patients was the most arduous and exhausting.

Dr. Bert Jordan, Medical Officer to the Monyhull Colony for Epileptics, said that Dr. Pierce

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