

remarked that he had found uncultured and uneducated women nursing educated ladies in a mental hospital. The problem which Miss Carse had had to solve at Monyhull, and had solved successfully, was to find cultured people to nurse the patients there, and every one of them put forward, on behalf of the lowest, the highest qualities of mind and heart.

It was supposed that in a place like Monyhull the nursing of the patients was easier than that of acute cases, and, since the colony had opened, one or two of the attendants, when they first came, had thought the task easier than looking after the mentally defective.

He was an absolute non-believer in the sane epileptic. No epileptic was absolutely sane, and none were less sane than those coming from the lowest classes. The attendants at Monyhull found that to draw out the little bit of mind possessed by these patients took more out of them than to nurse the insane in asylums. That they could be taught was proved by the specimens of drawn thread and other work done by colonists, after a couple of years training, on view in the Exhibition.

He had talked chiefly of Monyhull, because he was proud to be connected with this pioneer colony.

Mrs. Bedford Fenwick said that she was glad to hear the chairman plead for the representation of the class of mental nurses under a Nurses' Registration Act. The Nurses' Registration Bill, in charge of Dr. Chapple, provided that a representative of the Medico-Psychological Association should have a seat upon the General Nursing Council, and that the nurses registered in the Mental Nurses Register should elect a direct representative. The examination of mental nurses was left in the hands of the pioneer society.

She would like to see as little distinction as possible between the various branches of nursing. She could not understand why nursing of diseases of the brain should be treated absolutely differently from that of any other organ of the body. Reciprocal training could only be enforced by a Nurses' Registration Act. She deprecated the necessity for any nurse to have eight years' training, it was prohibitive. A variety of curricula must be defined. It was not necessary for all nurses to have exactly the same training so long as they had a sound basis of general training.

When the Central Committee for State Registration was formed the Asylum Workers' Association was the only body representative of nurses' special interests, which did not nominate, as requested, representatives on to the Committee. Nevertheless the necessity for recognizing the claims of mental nurses was realised, and representation provided for them on the Governing Body as defined in the Nurses' Registration Bill.

Miss Musson said that reciprocal training had been discussed for years. The Metropolitan

Asylums Board, when they were desirous of establishing reciprocal relations with general hospitals, found it hard work to get any hospital to meet them. The great Miss Isla Stewart, at St. Bartholomew's Hospital did so, and there were nurses now who held the joint certificate of St. Bartholomew's and the Metropolitan Asylums Board. The Committee of the General Hospital, Birmingham, had also joined the scheme, and M.A.B. nurses came there as second year nurses. The hospital could not, however, open its doors to all who wanted to come on these terms, or it would have no first year nurses. A difficulty was that the teaching which nurses coming from special hospitals had had was not sufficiently uniform, some came in of great use, others not only knew little, but had much to unlearn. Greater uniformity of training was wanted—a standard textbook and standardised training.

One reason why she found it difficult to take asylum-trained nurses was that the asylums in the neighbourhood took a rough class of nurses, such as the hospitals took as wardmaids. If she dismissed a ward maid she was not at all sure that she would not be taken on as a nurse at an asylum. This should be altered. The best could be achieved by all working together for the common good.

In the course of his reply Dr. Bedford Pierce said that he had followed the discussion with great interest. He admitted that there was an extraordinary difference in the personnel of asylums, and emphasised also that there was no uniform standard in hospital nursing. It would be very beneficial if general nurses knew more of mental nursing. As Mrs. Bedford Fenwick had indicated it was unfortunate to draw a sharp line of distinction between mental and bodily disease. A mental patient could not go to a general hospital, he must be segregated. He thought that general hospitals should have pavilions for early mental cases, a method adopted at the Charité Hospital, Berlin, and in America, where special pavilions were assigned to these cases, and they had every advantage of a fully equipped general hospital.

The Asylum Workers' Association was not a large or influential body. Comparatively few nurses belonged to it. He was gratified to hear that the Medico Psychological Association was recognised as the body which should examine mental nurses under a Nurses' Registration Act.

NURSING IN PRISONS.

Mrs. Maxwell St. John, R.R.C., who presented the next paper, said that, so far as she had been able to ascertain, there was in the prisons of England and Wales to-day one nurse with a three years' training doing hospital duty. She had trained an assistant who had worked under her for some years. This was in Aylesbury Women's Convict Prison. In Holloway Prison the maternity nurse had had nineteen years, and the other charge nurse fourteen years, prison hospital experience. In the men's prison the nursing was done by old R.A.M.C. men, and ex-sick-berth

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