

refined, cultured women were nursing unrefined and uncultured patients he was struck with the fact that in hospitals for the insane uncultured women were nursing ladies of refinement, and, more than this, were placed in authority over them to a far greater extent than obtained in a general hospital.

He therefore determined to do his best to alter this state of affairs and received the cordial support of his Committee, who built a nurses' home and provided the nurses with greater comforts. The main burden of carrying through this revolution fell upon the Matron, Miss C. E. Thomasson, who went to the Retreat, sixteen years ago, having been for a long time Night Superintendent at the Queen's Hospital, Birmingham.

Dr. Pierce then described the course of training given at the Retreat, York, of which he is Medical Superintendent.

In regard to examinations, he was of opinion that the important thing was the training and study which they stimulated. He found it difficult, he said, to explain wherein the training of a nurse in a hospital for the insane essentially differed from that in a general hospital. In both cases patience, self-control, and all the Christian virtues were required, as well as intelligent obedience, but it seemed to him the faculties needed in mental nursing covered a wider range than those required in a sick ward. Much less technical skill was needed, and the nurses' duties to only a limited extent consisted of actually doing things calculated to give relief. There were no fixed rules, and very few general principles. In diseases of the mind the whole realm of intelligence was involved, something far more subtle and mysterious than the symptoms of the most obscure disease of the body.

The speaker then proceeded to show that there were two schools of thought in relation to the causation of mental disorders. In one it was assumed that insanity depended upon structural changes of the brain and nervous system. Disciples of this school openly stated that all insanity was either traumatic or toxic. Mental disorder therefore was due to some definite injury or to the effects of poisons which might be introduced from without, or developed within the body.

The other school considered that insanity was due in large measure to psychical causes, and was directly caused by fear, disgrace, bereavement, or any other adverse influences that caused shock or mental stress. Modern developments of this school indicated that symptoms might arise unconsciously from the indirect effects of repressed desires, and it was claimed that no cure could be effected until the whole train of morbid thoughts were analysed and the symptoms traced to their source in the past life of the patient.

Both these widely differing views were correlated to the twofold aspect of the mental nurses' training. In regard to the physical side of the question, a mental nurse must have some knowledge of nursing, and be trained to observe any departure

from health. In a sick ward there was a natural tendency to treat only the ailment for which the patient was admitted, and to pay little attention to other morbid conditions. Such a limited outlook was a serious matter in a hospital for the insane where the utmost care must be taken to investigate, search out, and remove factors disturbing the bodily health, none of them sufficiently obvious to justify admission to a general hospital. For instance, many weeks might be spent in combating the consequences of malnutrition. In time the tongue would clear, the bodily weight creep up, until all at once the horrors of melancholy disappeared, to be replaced by a joy in convalescence unequalled in any other disease. The change in the bodily health, however, preceded the alteration in the mental outlook.

The speaker emphasised the need for observation in the care of the insane. They often did not complain, and the existence of disease might easily be overlooked. He once noticed a chronic patient, during an interview with her relatives, breathing rapidly, and on examining her chest found one side almost full of fluid; yet neither nurse nor doctor had observed anything amiss. A nurse whose powers of observation were acute would recognise early the first indications of disease, and save valuable time, and prevent disastrous developments.

The second part of the subject was concerned with the psychical influences which directly affected the minds of the patients—psychical treatment as opposed to physical. The ground here was much less certain, for there was little definite to teach. It was not possible to say what ought or ought not to be done in any particular emergency, for in dealing with mental symptoms so much depended on circumstances. There were, consequently, few rules to guide the nurse.

Nevertheless there was no doubt as to the value of training, especially if supported by long experience. Anyone who compared a mental nurse's equipment, her general outlook, and her ability to help and control her patients, before and after a course of training, would have no doubt that there had been developed an extraordinary increase in strength and capacity. The speaker then discussed the question of the nurse's influence on her patients under three heads—

(1) *Understanding the patient.*—The first step was to win the patient's confidence. Many persons otherwise the soul of honour would think any deception perfectly justified when a patient's mind was disordered. Dr. Mercier had said that he could conceive of circumstances which might render it right to deceive a sane person, but could think of none that justified the deception of an insane person.

It was no easy matter to ascertain the nature of a patient's difficulties. Here experience told. Fundamental qualities of character such as sympathy also came in, but unless the nurse had much experience of the symptoms of mental disorder her native insight and natural sympathy

[previous page](#)

[next page](#)