

Insanity and the Nursing of the Insane

(BY T. J. W. BURGESS, M.D., in the *Canadian Nurse*.)

During the early dawn of human history, insanity was regarded as of divine origin, and its treatment was confided to the priests, who, as a rule, treated those so afflicted with kindness and consideration.

In the fifth century, B.C., for a period known as the Hippocratic period, there were enlightened views of insanity, owing to the wise and advanced teaching of Hippocrates, justly designated "The Father of Medicine." He first recognised the true nature of mental disorder, *viz.*, that it is only a manifestation of actual bodily disease, the brain being the part affected, and laid down rules for the humane and rational treatment of those mentally afflicted.

The world, however, was entirely unprepared to follow the course advocated by Hippocrates, and from the commencement of the Christian era down to nearly the beginning of the past century, there was a return to primitive superstition, but with this great difference--insanity was no longer looked upon as of divine origin, but regarded as due to demoniacal possession. In consequence, lunatics were almost universally treated in the most brutal and barbarous way.

It is only during the last century that insanity has again come to be recognised as a bodily disease, or that rational treatment of it has been practised. In fact, during the past 70 years the advance in the care and treatment of the insane has been greater than for two thousand years previously.

Among the advances made in recent times, not the least has been the nursing of the insane, or, as it is now often termed, mental nursing. The problem of the proper nursing of this deeply afflicted class arose with Pinel and Tuke in 1791. For many years after their time, however, it was doubted by the majority of alienists whether the humane and sympathetic service required for the insane would ever be gained unless it were prompted by a purely religious spirit.

Mental nursing proper, though said to date back over 70 years, that is, even prior to the development of the nursing of physical ailments, nevertheless received no great attention until the period from 1880 to 1885,

during which years the movement to establish training schools for mental nurses, as well as emphasize the general hospital idea in asylum work, was successfully inaugurated by Dr. Edward Cowles, of the McLean Asylum, at Somerville, Mass. Since then the movement has grown so largely that to-day, the mental nurse differs as much from the "keeper" of 50 years ago, as does the sick nurse of the present time from the "Sairy Gamp" of the immortal Dickens.

As a rule the nurse trained only in general hospital work does not take kindly to the care of the insane. There seems to her to be little to do for a patient who has no appreciable bodily ailment, and so she is prone to think that the work is not calculated to call into activity the highest qualities of the nursing profession. Never was greater mistake. In the whole category of ill that flesh is heir to, there is no disease that requires more skilful and careful nursing than mental disease. Patience, tact, watchfulness, courage, fertility of resource, forbearance under the severest provocation, ability to assert authority without violence, and to command the affection as well as the respect of a patient, presence of mind and judgment in emergencies, capacity to carry out intelligently the details of treatment as directed by the physician—all these qualities are required for the proper treatment of the insane in even a much higher degree than for those afflicted only physically.

Some of you may feel disposed to dispute this. Take however, for example, the matter of nutrition, and you will see at once how much greater an importance it assumes, when the object of your care is insane instead of sane. In the case of the latter, your patient is anxious to assist your efforts for his comfort, to meet you half way in all measures for his care—lack or capriciousness of appetite is all you will have to contend against. In other words, the sane patient, as a general rule appreciates his condition, is anxious to get well, and helps all he can in any treatment that may be prescribed for him. Not so with the insane. Here, while there may still be lack or capriciousness of appetite, we