

SOME PRINCIPLES OF MENTAL NURSING

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IN the selection of the profession of a hospital nurse, there should be only one main determinant, namely, real sympathy with human suffering. Given this, the other attributes of character and temperament necessary to make a woman a good nurse follow almost of their own accord. Of course, there are born nurses just as there are born artists, musicians and mathematicians, but they are so exceptional that we need not trouble ourselves with them here. Now to become a good nurse of patients suffering from mental disorders, a woman needs all the attributes essential for a good surgical or medical nurse, that is to say, she need have sympathy, diligence, loyalty and devotion to duty. But in addition to these character traits, to become a good mental nurse, a woman needs also that god-given gift of saying and doing, without hesitation or apparent effort, exactly the right thing in the right way and at the right time. It is not always the cleverest or the best educated woman who has this power, but no woman without it is suited to the care of the insane. Then again, she must have limitless patience which must be real and of a high order for it will be terribly taxed. For example, an excited patient is very trying to his nurse by reason of his constant noise, restlessness, destructiveness and lack of cleanliness. A depressed patient is trying, because of his resistiveness to necessary attentions and his tendency to self-destruction. The epileptic is dangerous to himself and often to others. The demented patient is trying through loss of social decencies and general degradation of character. And so on. The mental nurse has to care for men and women who by the very nature of their disease are irritable, insolent and abusive. On this account a mental nurse has to be prepared for and get accustomed to ingratitude, abuse, vile language and foul accusations, the latter made not only against herself, but very often against those nearest and dearest to her. In any hospital for mental patients, there are always a few cases who have a positively diabolical skill in finding the raw spots in the minds of their nurses and in taking a delight in rubbing into them the salt and pepper of their ill-humour. To all this there is only one answer, silence and again, silence.

To manage successfully insane patients one must cultivate assiduously gentleness and tact and listen to all complaints. No complaint must ever be treated as nonsense. Nothing commands the respect of a patient more than attention to little details, and this is especially true of mental patients who are often very acute judges of those in attendance upon them. In

mental nursing no detail is too small for the attention of the nurse. The late Sir George Savage, some time Superintendent of Bethlem Hospital, used to say it was well to say grace before using the nose tube or stomach pump. By that he meant to emphasize that every attention to a mental patient should have its due ceremony. Patients may be so impressed by the ceremony of warming and oiling the tube as to take the meal without it.

Never, in any circumstances, should a nurse attempt to coax a mental patient with a lie or pretend that she is going to do other than she intends to do. A lie may tide over a temporary difficulty but, in the end, it will lead to difficulties ten times worse. A nurse may tell a patient who will not go to bed that he is to go upstairs to change to go to a concert or a dance. This lie may get him upstairs, but he will soon find out that he has been deceived with the result that he will become resistive and full of resentment, and, what is much worse, he will have an abiding distrust of that nurse that she will never be able to dissipate. Worst of all, the patient will have lost confidence in the hospital as a whole, its doctors, its nurses and all others with whom he comes into contact.

A nurse of mental patients must never, in any circumstances, indulge in favouritism for certain patients, but let all under her care feel that she has an equal interest in them.

There is one virtue which, whether in hospital or practice outside, must be always kept in mind, and that is absolute reticence about the patients under treatment. The mention of the fact that an individual has been under care in a mental hospital may, so great is still the horror in which mental disorder is held by the lay public, do him, or her, irreparable harm when restored to the outer world, for many persons still have a very deep horror of any sort of mental disorder.

As nurses are in much closer touch with patients than are the doctors, a mental nurse should cultivate the attitude of taking accurate notes. Notes should always be taken as soon after the observation as possible so as to avoid as far as may be the effects of distortion of memory. Further, mental nurses should always bear in mind that apart from the great clinical importance of their notes, what they record may, at any time, be wanted as evidence in a court of law. On this account notes should be taken with scrupulous accuracy and should always be statements of fact and never the expressions of opinion.

Mental nurses should be warned of the dangers to themselves and to their patients that may arise through what is termed in psychology "projection". By this term is understood that form of mental functioning which leads a person to be particularly down on others who shew defects of character and temperament which are possessed in some degree

by themselves. Thus, a nurse who may be experiencing difficulty in controlling an ungratified and ungratifiable sexual impulse, may be harsh towards a patient who, by word or deed, recalls to the nurse her own conflicts. Similarly, nurses who may have had a great struggle to control a tendency to take too much alcohol or to control feelings of a sexual nature towards their own sex, may become agitated and distressed whenever they have to deal with a patient whose history shews him (or her) to have suffered from like conflicts. Even so harmless a feeling as a dislike for tobacco smoke may result in a nurse being a bit irritable towards a patient who smokes near to her, so that if the patient happens to become aware of this weakness, he (or she) has such a nurse at his (or her) mercy whenever he (or she) chooses.

From the foregoing it might appear that it is a hard and thankless task to nurse the mentally sick, so that any form of nursing is better than mental nursing. For some, namely, the weaker of us, this is probably true; but for those who are made of sterner stuff and have a deeply tender sympathy with suffering, there need be no such thought. Let me conclude by quoting Dr. Conolly, the pioneer among British psychiatrists in the matter of introducing humane treatment for the insane. Writing after long experience of asylum life, he says :

"None but those who live amongst the insane can fully know the pleasure which arises from imparting trifling satisfactions to impaired minds; none else can appreciate the reward of seeing reason returning to a mind long deprived of it; none else can fully know the value of infusing comfort, and all the blessings of orderly life, amongst those who would either perish without care, or each of whom would, if out of an asylum, be tormented or a tormentor."

My Nurse

She lives and breathes—a life of prayer,
And daily builds surpassing fair,
A wall of loving deeds and rare,
With jewels interlined.

Her daily tasks both great and small,
As unto Him she does them all,
And fruits hang down athwart her wall,
With leaves and flowers entwined.

JEAN A. BROWN.

I wrote my troubles every day,
And after a few short years
When I turned to the heartaches passed away
I read them with smiles, not tears