

On the Training of Nurses in Institutions for the Insane.

Abstract of a paper by BEDFORD PIERCE, M.D., M.R.C.P.,
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ALL will agree in the wish to secure the services of intelligent high-principled women upon the nursing staff of our institutions for the insane. I myself, and no doubt many will agree with me, believe that we are more likely to obtain this kind of woman from amongst the middle class than from the artisan or domestic servant class ; and I am prepared to go further, and say that the well-educated portion of the former (the upper middle class) is most likely to supply the best type of woman for our purpose. It is generally admitted that this is so as regards our general hospitals, and, in my opinion, the same considerations apply to our hospitals and asylums for the insane.

The present position of affairs is peculiar—the sick poor are nursed by educated women, often of gentle birth, whilst insane gentlewomen are frequently nursed by those not far removed in culture from their maid-servants. Our efforts in the Retreat have been directed to remove this paradox. In the nursing world to take up asylum work is generally looked upon as taking a step downhill professionally, a prejudice not without some justification in the past. In the future, in my opinion, the nursing of the insane will become a branch of the profession in no way behind other branches. It will become a vocation for cultured women, wherein they will find ample scope for the exercise of their powers.

Such women will not merely become more competent and the better able to render intelligent obedience than often obtains at present, but the wants of our patients will be more readily anticipated, and their mental outlook and peculiar difficulties will be better understood.

In these remarks I do not for one moment wish to suggest that women who have had few educational advantages may not make good nurses, or that amongst the less educated classes we do not find as much kindness of heart as exists higher in the social scale. We all know that virtue is not confined to one class. But I venture to think that, if the

nursing in asylums is left as it has been, we practically exclude the class of women most likely to help us in our work.

It is found wise in general hospitals not to be too strict in insisting that gentlewomen only need apply, and I believe, that in the best of them, women of very different social position are working side by side. This should be the case in our institutions for the insane. We should provide an opening for any conscientious woman with refined instincts and the necessary qualities of intelligence, tact, and patience.

In order to obtain the services of the women I have in view, it is, in the first place, necessary to provide the nurses with greater privacy and comfort when free from duty than generally obtains at present. To this end the Committee of the Retreat built, in 1898, a nurses' home, the first, I believe, in any institution for private patients in Great Britain. At the same time the hours on duty at the Retreat have been reduced, the holidays lengthened, and it has been found wise to give each nurse on every full working day an hour free from duty in addition to meal-times. The salaries of the senior nurses have been raised, but the probationers receive rather less than formerly. No doubt in course of time, when the value of a sound training is better recognised than at present, the junior nurses will be glad to come at a much reduced salary. But at the same time the more responsible posts must be much better paid than is now usual.

With regard to the organisation of the staff, I find myself at variance with Dr. Robertson, who, in his excellent paper in the April number of the *Journal of Mental Science* on "Hospital Ideals in the Care of the Insane," advocates the introduction of a number of assistant matrons, each of whom superintends the work of a ward or group of wards. These are in his scheme hospital nurses, often without any asylum experience, and are additional members of the staff. Dr. Robertson claims that they do not interfere with position and promotion of the other nurses, though they are superior officers and receive a higher salary. The wiser course appears to me to follow the organisation of a general hospital. The head of the nursing staff is the matron, who, in a large institution, will doubtless require one or possibly more assistants, to whom she will assign certain duties, such as oversight of linen, clothing, and the service of meals. The assistant matron, however, does

not form an intermediate officer between the nurses and the matron, and has no special territorial sway, but rather constitutes an extension of the matron's faculties where one person cannot possibly undertake all the duties of the position.

Each ward is under the charge of a thoroughly qualified nurse, who, at the Retreat, following the practice of general hospitals, is called the Ward Sister. She receives the instructions of the medical officers as to the treatment of her patients, and generally is mistress of the ward. She should be well educated, and experienced in both hospital and mental work. The sisters at the Retreat form a class by themselves, they have meals together, and possess several privileges that the nurses do not enjoy.

The nurses are divided into staff nurses, who hold the Association certificate, and probationers. The sisters, staff nurses, and probationers wear distinctive uniforms.

There is in this organisation little difference from that usual in most institutions for the insane, the chief distinction being that the ward sister under this arrangement becomes a more important officer than the charge-nurse was apt to be, there is more decentralisation of authority, and she bears a title which emphasises the fact that she holds a distinct and important place upon a hospital staff.

In many institutions where private patients are received ladies' companions are employed to assist in the occupations of the patients. Though for special reasons we have two companions still in the Retreat, I consider it a necessary corollary to the introduction of well-educated women as nurses and probationers, that no untrained officer be placed over them in any capacity, to do the more agreeable part of the duties and escape the more unpleasant.

It is also essential that a thoroughly good training be given the staff. I look upon the engagement of a probationer in the light of a contract with two sides to it; she undertakes to give her best services and to take every pains to learn how to become an efficient nurse, and the Committee of the institution undertakes to give her every reasonable opportunity of doing so. But the usual terms on which nurses are engaged are much the same as those for domestic servants, and no undertaking is given to provide any training whatever. If a person

is engaged by the month, the engagement gives no suggestion of a long course of instruction and training for the acquisition of a profession. It, moreover, has the hurtful effect of the nurse feeling free to leave directly she thinks she knows her work, a result that has too frequently followed success in obtaining the Association certificate.

I therefore strongly recommend the adoption of the hospital system of receiving probationers for a definite term of years. At the Retreat, after a period of trial for two months, the nurses enter for a four years' engagement. The agreement that the nurses sign after the time of trial has elapsed may not be very binding in the legal sense, and it is not intended to compel a nurse to stay who does not want to, for such an one would be of little use; but it constitutes a clear understanding quite sufficient for honourable persons. The Committee reserve the right to terminate the engagement at any time, and if a nurse wishes to be relieved before the end of the period agreed upon she must apply to the Committee, who will, no doubt, liberate her if sufficient reason be assigned.

On entering, the nurse is provided with a statement setting forth the conditions of service, the character of the training, and is informed that she is expected to enter for the Association examination at the end of her second year, and at the end of the third year for the examination for the Special Certificate of Training at the Retreat.

In deciding to engage nurses for such a long period as four years, twice as long as is thought necessary to qualify for the certificate of proficiency given by this Association, I was influenced by the following considerations:

1. I satisfied myself that two years was too short a time to turn an untrained woman into a qualified nurse, and that in reality four years' experience of mental diseases was necessary.
2. A four years' engagement would tend to secure the services of a greater number of experienced nurses in the institution, by preventing the resignation of those who had obtained the Association certificate.
3. I considered it probable that a four years' engagement, as is commonly the case in good general hospitals, would in reality be more attractive than a shorter period to the kind of woman whose services I wanted to secure.

It should, however, be explained that it is understood that

the training, so far as lectures and classes and examinations are concerned, is complete in three years, and that during the fourth year the nurse either takes up a position of greater responsibility in the wards or enters the private nursing department, where she will gain self-reliance and additional experience. In the latter case she receives a commission upon her earnings in addition to her salary.

The teaching that the nurse receives at the Retreat during the first two years corresponds to that laid down in the *Hand-book*. If an average woman is to understand what is there set forth she will require to work hard through two winter sessions. In the course of the forty lectures and demonstrations given by the medical officers of the Retreat in these two years every effort is made to avoid theoretical subjects, and to deal with practical matters. The matron and ward sisters also give the nurses instruction in the wards.

In considering this one cannot but realise that the real training the nurse receives depends upon the discipline in the wards, the cultivation of orderly habits, of obedience, and the development of powers of self-control and patience; and the question naturally arises in respect to the dogmatic teaching upon the outlines of anatomy and physiology, *cui bono?* The answer appears to me to be precisely the same as that we give the medical student, who asks what is the good of learning the anatomy of the amphioxus or the development of the chick.

It is evident that much that we have learnt as students, and much we teach the nurses, is purely educational, and has often no direct utility. It affords part of the equipment which enables us to perform our work intelligently. A knowledge of the composition of the atmosphere may not be needful to enable a nurse to ventilate a room properly, yet acquaintance with this makes the simple duty more interesting, and may add to her influence over a patient who objects, as she is no longer ignorantly carrying out an instruction.

One difference between the nursing of the sick and the nursing of the insane is that, in the latter case, many more faculties are called into play. Thus social gifts and accomplishments, as they are called, fill an important place in asylum life, and they should be assiduously cultivated. Moreover the medical treatment covers a wider field, and there are a number

of special methods of treatment of value in certain cases that rarely are used in general hospitals. These two facts seem to me to make it clear that we should train our own nurses, and not look to general hospitals for assistance. So far we have been compelled to do this, as there were so few well-trained and well-educated women, with asylum experience, available for responsible posts, but I trust this will not long be the case.

Among the special methods of treatment I may mention open-air treatment as for phthisis, massage and various forms of medical gymnastics, the use of special dietaries, Turkish and electric baths; and in all these we require the assistance of intelligent nurses.

Whilst one can hardly expect any nurse to be familiar with all these, and the many other "cures" that may be thought specific in mental cases, it has been decided at the Retreat to give systematic instruction in medical gymnastics and massage to the nurses in their third year after they have obtained the Association certificate.

In America this is a recognised method of treatment, and considered of great therapeutic value. So far as I have tried it, I can confirm this. In America and on the Continent many asylums have well-equipped gymnasia which, I fear, are not found at present in England. I further think it would be a wise departure to require all the junior attendants and nurses to take a regular course of Swedish drill. Its value does not depend upon the muscle it may develop, or on the hygienic results as regards health, so much as upon the training of the attention. It is an essential part of the Swedish system that prompt obedience to commands be given, which cultivates an alertness of mind of much educational value. Arrangements have already been made to hold classes of this kind at the Retreat, under the care of qualified instructors, for men and women respectively, in addition to the classes in medical gymnastics and massage which the senior nurses attend.

A class in invalid cooking has also been held for the instruction of the senior nurses, and the medical officers have given them an additional short course of lectures on the nursing of mental and nervous diseases.

Dr. Robertson, in the paper I have already mentioned, suggested that nurses upon the insane should first train in general hospitals, and afterwards take up their special branch

of work. Life is too short for this. A course of training in one of the larger hospitals occupies four years, and includes much surgical work not necessary in an asylum. We can hardly expect all our nurses to devote six years to their training. It seems to me much wiser for the probationer to commence amongst the insane, and find out early whether she possesses the needful qualities. It must be remembered that the duties in a general hospital are entirely unlike those in an asylum; the discipline is quite different, and by no means necessarily assists the nurse in learning how to manage properly the insane. On the contrary, on undertaking mental work the hospital nurse has to unlearn not a little. It is evident, however, that the training undergone in hospital, on the whole, is helpful, and should materially shorten the time necessary to obtain proficiency in mental nursing.

In order to cope with the bodily disorders that so frequently accompany mental disease, it is certainly desirable that nurses upon the insane should have some hospital experience, but it is not easy to secure this without incurring considerable expense. I hope, however, that some co-operation between the hospitals for the sick and for the insane will be possible before long, so that nurses intending to undertake mental work may obtain on easy terms a year's experience in a large hospital or infirmary.

But it must, in the first place, be thoroughly understood that a nurse trained as I have suggested is not qualified to undertake the nursing of bodily illness unless she has taken a full course of hospital training; nor, on the other hand, must the fully trained hospital nurse be considered qualified for mental work unless she has undergone an adequate course of training in a well-equipped asylum.

If there is to be co-operation between the two branches of the nursing profession, neither branch must assume proficiency without proper justification.

I make no claim for originality as regards the proposals in this paper; many of them have been practised in America, and many are but an adaptation of hospital methods to asylum life. I can only say that the scheme sketched out has, up to the present, been attended with success. It has largely attained the end I had in view, *viz.*, the introduction of a greater number of well-educated women upon the nursing staff of the Retreat,

and this has, in my opinion, proved to be an unmixed benefit to the patients under my care. /

DISCUSSION

At the Meeting of the Northern and Midland Division, October 8th, 1902.

The CHAIRMAN (Dr. Pope) expressed his admiration of the work which Dr. Bedford Pierce had accomplished in securing the services of educated women and in training them as mental nurses. He fully recognised the value of such a procedure, but feared that at present it would not be practicable to carry it out to any extent in county and borough asylums.

Dr. McDOWALL said it was a mistake to make people believe that the women who would take charge of them were gentlewomen when they were not. In a very well known private asylum it was found that women of distinguished birth and education stood the restraints necessary in mental treatment more readily from persons who were socially very much their inferiors than from women approaching their own position in life; and he knew this, that in a public asylum where it was a boast that the staff consisted of gentlewomen they were not gentlewomen at all—they were of the poorer professional and commercial class.

Dr. HITCHCOCK said he should be very glad indeed to try some of the proposals mentioned by Dr. Pierce, but he did not see where the money was to come from.

Dr. MILLER said there was a question in connection with the training of nurses which it would be interesting to the branch to know, and that was the number of asylum attendants who held the qualifications of the Association. He had received a letter from a Continental physician asking for some information. He found there were some 2200 trained attendants and nurses in the rate-supported institutions in this country. He was now sending out circulars inquiring as to the numbers in licensed houses acknowledged as training institutions. There were also a great many who, having received the training necessary to qualify them, gave up asylum work and joined some nursing institution. He did not wish to throw any cold water on Dr. Pierce's enterprise in this matter, but were he in Dr. Pierce's shoes he should dread the completion of the term of four years, when these people could leave and join some more lucrative institution. Of course we have to face the monetary question in rate-paying asylums. We could never hope to pay the salary which Dr. Pierce now pays his people. It would be outside the capability of a rate-supported institution.

Dr. PIERCE explained that only the ward sisters received £30 to £40. The salaries of the nurses were £16 for the first year, £18 for the second, £22 for the third, and £25 for the fourth. The salaries must be higher than now usually obtains, if we are to secure the right type of women on the nursing staff.

Dr. HEDLEY said, on behalf of Dr. Walker, Dr. Townsend, and himself, that they had been very much gratified by the invitation they received to meet a branch of the profession which he, at any rate, had not had the advantage hitherto of having much communion with. He had been very much interested in the discussion on the paper, and he could quite see what energy and enterprise and enthusiasm there was among that branch of the profession, whose task he was sure was exceedingly difficult and, if he might add, very unpleasant to perform. He hoped they would accept their very best thanks for their very kind reception.

Dr. MIDDLEMASS said the class they drew from in the county and borough asylums was not the class he should like to see. He agreed with Dr. Pierce that there was room for very considerable improvement. He wished they could bring the arrangements in asylums into harmony with those in hospitals. He did not think it mattered whether they called the women gentlewomen or anything else. What they wanted was women with a certain mind and intelligence, and, above all, a sense of duty.

Dr. BEDFORD PIERCE, replying on the discussion, said Dr. Miller had asked about the women going away to private nursing institutions. Of course a certain number did go away. There were, however, two good reasons why a nurse would prefer to be associated with a recognised institution rather than with a private association which

might be devoid of any soul, and whose only object was to make money. One reason was that the nurses knew they had the support of the institution behind them. Whenever they were placed in any unfortunate position, or their work was unduly hard or more severe than was reasonable, they knew that the authorities of the institution would support them—would withdraw them, or see that things were put right. An institution could make better conditions of service with employers than an association. Another thing, which applied to men, and which was the real reason why men stayed with them for so many years, was that the trustworthy attendant could marry and have a home of his own; and to such, private nursing and constant travelling about were naturally distasteful. He thanked the members for the kind way in which they had listened to and criticised the paper. As to whether the nurses would undertake to stay in a county asylum for three or four years, he thought it very likely that if Dr. Middlemass were to try the experiment he would have little difficulty in carrying it through satisfactorily.

Case-taking in Large Asylums. By DANIEL F.
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IN the very large asylums, where the insane are counted by thousands, there will always be a difficulty in keeping an accurate record of the mental and physical condition of the patients, and the changes which occur from week to week in these conditions. Unless some method is adopted in case-taking many records will be omitted and many interesting and important changes will be overlooked.

The assistant medical officer, who proceeds through the wards of an asylum with his note-book in his hand, will doubtless obtain much information of value, but those suffering from acute forms of insanity—the demonstrative, the unfortunate—will force themselves upon him, to the exclusion of the retiring, the tranquil, and the hard-working. Without some system in note-taking patients will be passed over—will, in fact, be never seen, except by the wide-angled, vague, routine official gaze.

Without a system by which each patient's state is thoroughly investigated at regular stated intervals, and by which notes are made immediately after each examination of a patient, our case-books are bound to become a mass of useless writing, from which no scientific fact can be obtained, which would give no data for a diagnosis or a prognosis, and are wholly valueless to the medical statistician.

I have seen case-books in which cases were written up by fifty at a sitting. Who is there who has not seen such notes